

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

Molina Healthcare of New York, Inc Essential Plan

Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

Aviso:

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

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



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 - Skilled sign language interpreters
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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.

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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 করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)।
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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).
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Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
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Drug Formulary and Guide

What is a Formulary (drug list)?

A drug list is a list of covered drugs. We work 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

To get updated information about the drugs covered by your plan, please visit: www.molinahealthcare.com or call Customer Service at 1 (800) 223-7242 Monday through Friday between 8:00 am and 6:00pm EST. TTY/TDD users, please call 711.

Using the Drug Formulary and Guide

How do I use the Drug List?

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

1. Medical Condition

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 drug list
- 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 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. You can also get more information about the restrictions for specific covered drugs by visiting www.molinahealthcare.com. 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 Drug List?" in this document.

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 for more information. Covered OTC drugs are marked as "OTC" on the drug list.

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 Customer Service at 1 (800) 223-7242 Monday through Friday between 8:00 am and 6:00pm EST. TTY/TDD users, please call 711.

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 plan. 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 plan.
- You can ask the plan 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 Drug List?

You can ask the plan 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 plan 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 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 www.molinahealthcare.com.

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

The drug list gives coverage information about some of the drugs covered by the plan. 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.

Legend

What are the Requirements and Limits on the drug list?

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

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

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

2025

Formulario y guía de medicamentos

(Lista de medicamentos cubiertos)

Molina Healthcare of New York, Inc

Essential Plan

MolinaHealthcare.com



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Formulario y guía de medicamentos

¿Qué es un formulario (lista de medicamentos)?

Una lista de medicamentos es una lista de medicamentos cubiertos. Trabajamos con un equipo de proveedores de atención médica para elegir medicamentos que brinden un tratamiento de calidad. El plan cubre medicamentos en la lista de medicamentos, siempre que se cumpla lo siguiente:

- El medicamento es médicamente necesario.
- La receta se surte en una farmacia de la red.
- Se siguen otras reglas del plan.

Para obtener más información sobre cómo surtir sus recetas, revise su contrato de suscriptor.

¿Puede cambiar la Lista de Medicamentos?

Informamos a los miembros afectados sobre los cambios al menos 60 días antes de que entren en vigencia. Algunos ejemplos de cambios son:

- Eliminar medicamentos de nuestra lista de medicamentos cubiertos
- Agregar la necesidad de aprobación o autorización previa (cuando su médico necesita explicar por qué necesita un medicamento específico y proporcionar razones por las cuales un medicamento preferido no funcionará para usted)
- Agregar límites de cantidad (cuando solo puede obtener una cantidad específica de un medicamento a la vez)
- Agregar restricciones de terapia escalonada (cuando tiene que probar un tipo de medicamento como primer paso en el tratamiento de su afección, antes de probar otro tipo de medicamento)
- Pasar un medicamento a un nivel de costo compartido más alto (cuando tiene que cubrir una mayor parte del costo del medicamento)

¿Qué más podría dar lugar a cambios en la lista de medicamentos cubiertos?

Eliminamos los medicamentos de nuestra lista de medicamentos de inmediato y les informaremos a los miembros cuando suceda lo siguiente:

- La Administración de Alimentos y Medicamentos de EE. UU. (FDA) decide que un medicamento no es seguro
- El fabricante de medicamentos retira el medicamento del mercado.

Para obtener información actualizada sobre los medicamentos cubiertos por su plan, visite: www.molinahealthcare.com o llamar Servicio al Cliente al 1 (800) 223-7242 de lunes a viernes entre las 8:00 am y las 6:00 pm EST. Usuarios de TTY/TDD, llamen al 711.

Uso del formulario y la guía de medicamentos

¿Cómo utilizo la lista de medicamentos?

Hay dos formas de encontrar su medicamento en la lista de medicamentos:

1. Afección médica:

Los medicamentos de esta lista de medicamentos están agrupados por el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en “ANTIHIPERTENSIVOS”.

- Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista de medicamentos.
- Luego busque debajo del nombre de la categoría de su medicamento.

2. Listado alfabético

Si no está seguro de en qué categoría buscar, busque su medicamento en el índice al final del documento. El índice es una lista ordenada alfabéticamente de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están en el índice.

- Busque en el índice y encuentre su medicamento.
- Junto a su medicamento, consulte el número de página donde puede encontrar información de cobertura.
- Vaya a la página que figura en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

El plan cubre tanto medicamentos de marca como medicamentos genéricos según se enumeran en el formulario. La FDA aprueba que un medicamento genérico tenga el mismo ingrediente activo que el medicamento de marca. Los medicamentos genéricos generalmente cuestan menos que los de marca, pero brindan la misma calidad de tratamiento.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener más requisitos o límites de cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa (PA):** El plan necesita que usted (o su médico) obtenga aprobación o autorización previa para ciertos medicamentos. Esto significa que necesita obtener la aprobación del plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que el plan no cubra el medicamento.
- **Límites de cantidad (QL):** Para ciertos medicamentos, el plan limita la cantidad del medicamento que cubrirá. Por ejemplo, el plan proporciona 15 comprimidos cada 25 días de zolpidem.
- **Tratamiento escalonado (ST):** El plan necesita que usted pruebe ciertos medicamentos como primer paso para tratar su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que el plan no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, el plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites especiales consultando la lista de medicamentos. También puede obtener más información sobre las restricciones para medicamentos cubiertos específicos visitando www.molinahealthcare.com. Puede solicitarle al plan que haga una excepción a estas restricciones o límites. Consulte la sección "¿Cómo solicito una excepción a la Lista de medicamentos?" en este documento.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre son medicamentos de venta libre que generalmente no están cubiertos por un plan de medicamentos recetados. El plan paga ciertos medicamentos de venta libre, pero su costo puede diferir entre los medicamentos de venta libre cubiertos. Consulte la tabla de lista de medicamentos para obtener más información. Los medicamentos de venta libre cubiertos están marcados como "OTC" en la lista de medicamentos.

¿El Plan cubre medicamentos recetados que se consideran “Servicios Preventivos” según la Ley de Atención Médica Asequible?

El Departamento de Salud y Servicios Humanos de EE. UU. (HHS) ha adoptado pautas para servicios preventivos según la Ley de Atención Médica Asequible (ACA). Según la ACA, algunos planes de beneficios de farmacia pueden brindar una variedad de servicios preventivos por \$0 de costo compartido para miembros y están designados como nivel 0 en este documento. Estos pueden incluir lo siguiente:

- Aspirin para prevenir enfermedades cardiovasculares
- Suplementos de fluoride y/o iron en niños
- Suplementación de folic acid para mujeres que esperan o planean estar embarazadas
- Asesoramiento sobre el consumo de tabaco e intervención para dejar de fumar
- Vacunación
- Servicios preventivos de salud de la mujer (es decir, anticonceptivos, anticoncepción de emergencia)
- Otros medicamentos según lo exige la ley estatal (p. ej., mifipristone y misoprostol)

Si lo solicita, se le enviará por correo una lista de los servicios preventivos cubiertos por el Plan. Puede solicitar la lista llamando a Servicio al Cliente al 1 (800) 223-7242 de lunes a viernes entre las 8:00 am y las 6:00 pm EST. Usuarios de TTY/TDD, llamen al 711.

¿Qué pasa si mi medicamento no está en la Lista de medicamentos?

Si su medicamento no está en esta lista de medicamentos, llame a Servicios para Miembros y asegúrese de que su medicamento no esté cubierto. Si se entera de que la lista de medicamentos del plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que están cubiertos por el plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por el plan.
- Puede pedirle al plan que haga una excepción y cubra su medicamento. Siga leyendo para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción a la Lista de medicamentos?

Puede solicitarle al plan que haga una excepción a las reglas de cobertura. Hay muchos tipos de excepciones que puede solicitarnos que hagamos:

- Puede solicitarnos que cubramos su medicamento, incluso si no está en nuestra lista de medicamentos.
- Puede solicitarnos que anulemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, el plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene este límite de cantidad, puede solicitarnos que anulemos el límite y cubramos más para sus necesidades de atención médica.

¿Qué posibilidades hay de que obtenga una excepción?

Generalmente, el plan solo aprobará su solicitud de excepción si los medicamentos preferidos incluidos en la lista de medicamentos del plan si es posible que suceda lo siguiente:

- El medicamento no es tan efectivo en el tratamiento de su condición.
- El medicamento le ocasiona efectos médicos adversos.

¿Cómo puedo saber si se concede mi excepción?

Cuando solicite una excepción a la lista de medicamentos, envíe la declaración de su médico que respalde su solicitud. Entonces, es posible que suceda lo siguiente:

- Tomaremos nuestra decisión dentro de los 3 días hábiles posteriores a la recepción de la información necesaria para tomar una decisión.
- Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse seriamente perjudicada si espera hasta 3 días hábiles para recibir una decisión.
- Si se concede su solicitud acelerada (rápida), le daremos una decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico.

Obtener más información

Para obtener más información sobre la cobertura de medicamentos recetados de su plan, consulte su contrato de suscriptor y otros materiales del plan.

Si tiene alguna otra pregunta sobre Plan, llame a Servicio al Cliente al 1 (800) 223-7242, de 8:00 am a 6:00 pm, de lunes a viernes. Usuarios de TTY/TDD, llamen al 711. O visite www.molinahealthcare.com.

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

La lista de medicamentos brinda información de cobertura sobre algunos de los medicamentos cubiertos por el plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice al final de este documento. La primera columna del gráfico indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (p. ej., JANUVIA). Los medicamentos genéricos aparecen en cursiva minúscula (p. ej., metformin). La información en la columna Requisitos/Límites le indica si el plan tiene algún requisito especial para la cobertura de su medicamento.

La siguiente tabla le indica el monto del copago* o coseguro (es decir, la parte del costo del medicamento que usted pagará) para los medicamentos en cada nivel.

Esto es específico del estado de Nueva York para una estructura de 3 niveles.	Farmacia de la red minorista preferida (suministro para 30 días como máximo)	Farmacia especializada y por correo (suministro para 90 días como máximo)
Nivel 1 de costo compartido (medicamentos genéricos)	\$0-\$6	\$0-\$15
Nivel 2 de costo compartido (medicamentos de marca preferidos)	\$0-\$15	\$0-\$37.50
Nivel 3 de costos compartidos (Medicamentos de marca no preferidos y medicamentos de nivel especializado)	\$0-\$30	\$0-\$75
Medicamentos preventivos (PREV) y otros medicamentos con costo compartido de \$0	\$0	\$0

*Los copagos variarán según el diseño del plan; puede comunicarse con el Servicio de atención al cliente al 1 (800) 223-7242 entre las 8:00 a. m. y las 6:00 p. m. EST de lunes a viernes. Los usuarios de TTY/TDD deben llamar al 711 para obtener información sobre copagos específicos de los miembros.

LEYENDA

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

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

Requisitos/Límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma de dosificación para ciertos grupos de edad según la información sobre la seguridad, eficacia y costo del medicamento.
MAIL	El medicamento es elegible para pedidos por correo y otros programas de surtido de 90 días en farmacias minoristas participantes. Es su elección si desea utilizar programas de pedidos por correo. No hay descuento en los costos compartidos por usar programas de suministro de 90 días.
MED	Se aplican límites de dosis equivalente de morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina por día de suministro.
OTC	Las formas farmacéuticas de venta libre están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere una autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen.
QL	Se aplican límites de cantidad. Pagaremos una cantidad diaria máxima según la información sobre el uso y el costo médicamente aceptados del medicamento.
ST	Se requiere terapia escalonada. Si hemos pagado para que usted tenga los medicamentos de terapia escalonada requeridos en el pasado, este medicamento se pagará en la farmacia sin necesidad de una autorización previa o una solicitud de excepción de terapia escalonada. La lista de medicamentos le mostrará qué medicamentos se requieren primero y por cuánto tiempo.

Los medicamentos especializados pueden tener un comentario en la columna "Requirements/Limits" que diga "Medical Necessity PA". Esto significa que existen otros medicamentos especializados que se prefieren. Hay otros medicamentos especializados con el comentario "Preferred Brand" que pueden tratar la misma afección. Requerimos que el medicamento marcado como "Preferred Brand" se considere primero o en lugar del medicamento de especialidad no preferido, si corresponde.



Molina Healthcare New York Essential Plan

2025 Formulary Changes Effective January 1, 2025

The following list of medications and supplies will be available to members with a diagnosis of diabetes at no cost. The list includes both available brand name and approved generic formulations. Note: These medications and supplies are subject to usual coverage rules. Certain formulary products are subject to coverage requirements (e.g., PA, ST, QL) where applicable; non-formulary products are subject to clinical review for medical necessity for approval.

If you have diabetes and your prescription for one of the covered items on this list has an out-of-pocket cost, please check that the pharmacy included your diabetes diagnosis when the claim was submitted. You can also call member services for assistance.

Testing & Supplies

Acetone (Urine) Test Strips

Alcohol Swabs/Sheets

Blood Glucose & Blood Cholesterol Monitors

Blood Glucose & Blood Lipid Monitors

Blood Glucose Calibration Supplies

Blood Glucose Meter Disposable with Test Strips

Blood Glucose Monitor & Blood Pressure Monitors

Blood Glucose Monitoring Software

Blood Glucose Monitoring Supplies

Blood Glucose/Ketone Monitoring Supplies

Cholesterol and Glucose Test Strips

Continuous Glucose Monitor Supplies

Continuous Glucose System Receiver

Continuous Glucose System Sensor

Continuous Glucose System Transmitter

Ethyl Alcohol (Rubbing)

Glucose Blood Strips

Glucose Urine Test Strips

Glucose-Cholecalciferol Liquid

Hydrogen Peroxide

Insulin Administration Supplies

Insulin Pen Needles

Insulin Syringes

Isopropyl Alcohol

Lancet Devices

Lancet Kits

Lancets

Lipid and Glucose Test Strips

Urine Glucose Monitoring Supplies

Urine Glucose-Ketones Test Strips

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



Medications

Actoplus Met (Pioglitazone-Metformin)
Actos (Pioglitazone)
Adlyxin (Lixisenatide)
Amaryl (Glimepiride)
Avandia (Rosiglitazone)
Baqsimi (Glucagon)
Brenzavvy (Bexagliflozin)
Bydureon (Exenatide ER)
Byetta (Exenatide)
Cycloset (Bromocriptine)
Diabeta (Glyburide)
Duetact (Pioglitazone-Glimepiride)
Farxiga (Dapagliflozin)
Fortamet (Metformin ER)
Glucagon Emergency Kits
Glucophage (Metformin)
Glucose Chews
Glucose-Vitamin C Chew
Glucotrol (Glipizide)
Glucotrol XL (Glipizide ER)
Glucovance (Glyburide-Metformin)
Glumetza (Metformin ER)
Glynase (Glyburide Micronized)
Glyset (Miglitol)
Glyxambi (Empagliflozin-Linagliptin)
Gvoke (Glucagon)
Inpefa (Sotagliflozin)
Insulin (All)
Invokamet (Canagliflozin-Metformin)
Invokana (Canagliflozin)
Janumet (Sitagliptin-Metformin ER)
Januvia (Sitagliptin)
Jardiance (Empagliflozin)
Jentadueto (Linagliptin-Metformin)
Kazano (Alogliptin-Metformin)
Kombiglyze (Saxagliptin-Metformin ER)
Korlym (Mifepristone)
Liraglutide (Liraglutide)

Metaglip (Glipizide-Metformin)
Micronase (Glyburide)
Mounjaro (Tirzepatide)
Nesina (Alogliptin)
Onglyza (Saxagliptin)
Oseni (Alogliptin-Pioglitazone)
Ozempic (Semaglutide)
Prandin (Repaglinide)
Precose (Acarbose)
Proglycem (Diazoxide)
Qtern (Dapagliflozin-Saxagliptin)
Riomet (Metformin ER)
Rybelsus (Semaglutide)
Segluromet (Ertugliflozin-Metformin)
Soliqua (Insulin Glargine-Lixisenatide)
Starlix (Nateglinide)
Steglatro (Ertugliflozin)
Steglujan (Ertugliflozin-Sitagliptin)
SymlinPen (Pramlintide)
Synjardy (Empagliflozin-Metformin)
Tadjenta (Linagliptin)
Trijardy (Empagliflozin-Linagliptin-Metformin ER)
Trulicity (Dulaglutide)
Victoza (Liraglutide)
Xigduo (Dapagliflozin-Metformin ER)
Xultophy (Insulin Degludec-Liraglutide)
Zegalogue (Dasiglucagon)
Zituvimet (Sitagliptin Free Base-Metformin)
Zituvio (Sitagliptin)

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Molina Healthcare New York Essential Plan

2025 Formulary Changes Effective July 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Calcium + D3 TABS 250-3MG-MCG	Adding to Formulary, Generic Tier	
Calcium CHEW 500-2.5MG-MCG	Adding to Formulary, Generic Tier	
Cholestyramine Light PACK 4 GM	Adding to Formulary, Generic Tier with QL	
Cholestyramine PACK 4 GM	Adding to Formulary, Generic Tier with QL	
Descovy Tab 120-15MG	Updated to Preferred Brand Tier	
Descovy Tab 200-25MG	Updated to Preferred Brand Tier	
Eslicarbazep Tab 200MG	Adding to Formulary, Generic Tier	
Eslicarbazep Tab 400MG	Adding to Formulary, Generic Tier	
Eslicarbazep Tab 600MG	Adding to Formulary, Generic Tier	
Eslicarbazep Tab 800MG	Adding to Formulary, Generic Tier	
Etodolac CAPS 300MG	Adding to Formulary, Generic Tier with QL	
Ferrous Sulfate Solution 300 MG/5ML	Adding to Formulary, Generic Tier	
FreeStyle Libre 2 Plus Sensor MISC	Remove Age Limit	
FreeStyle Libre 3 Plus Sensor MISC	Remove Age Limit	
Glassia SOLN 4GM/200ML	Added to Specialty Tier with PA	
Glassia SOLN 5GM/250ML	Added to Specialty Tier with PA	
IPOL INJ	Adding to Formulary, Preventive Tier	
Miudella IUD Copper	Adding to Formulary, Preventive Tier with QL	
Nilotinib HCl Cap 50 mg	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Nilotinib HCl Cap 150 mg	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Nilotinib HCl Cap 200 mg	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Novolin R Flexpen	Adding to Formulary, Preventive Tier with QL	
Novolog Flexpen Relion	Adding to Formulary, Preventive Tier with QL	
Pyzchiva SOLN	Adding to Formulary, Non-Preferred Brand	

Drug Name	Description of Formulary Change	Notes/Alternatives
130MG/26ML	Tier with PA	
Pyzchiva SOSY 45MG/0.5ML	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Pyzchiva SOSY 90MG/ML	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Rexulti Tab 0.25 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 0.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 1 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 2 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 3 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 4 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rivaroxaban Tab 2.5 MG	Adding to Formulary, Generic Tier with QL	
Rybelsus Tab 1.5MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 4MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 9MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Se-Natal 19 Chew 29-1 MG	Adding to Formulary, Generic Tier with QL	
Simlandi 1 Pen Kit 80/0.8 ML	Adding to Formulary, Preferred Brand Tier with PA; QL	
Tacrolimus OINT 0.03%	PA Removed; QL Updated	100g per 30 days
Tacrolimus OINT 0.1%	PA Removed; QL Updated	100g per 30 days
Tazarotene Cream 0.05%	Adding to Formulary, Generic Tier with PA; QL	
Techlite Insulin Syringe MISC 29G X 1/2"1 ML	Adding to Formulary, DME Tier with QL	
Techlite Pen Needles MISC 29G X 12MM	Adding to Formulary, DME Tier with QL	
Thrivite Rx TABS 29-1 MG	Adding to Formulary, Generic Tier	
Ticagrelor TABS 60 MG	Adding to Formulary, Generic Tier with PA and QL	
Ticagrelor TABS 90 MG	Adding to Formulary, Generic Tier with PA and QL	
Tremfya Crohn's INJ 200/2ML	Adding to Formulary, Non-Preferred Brand Tier with PA	
Tremfya INJ 200/2ML	Adding to Formulary, Non-Preferred Brand Tier with PA	



Drug Name	Description of Formulary Change	Notes/Alternatives
Vraylar Cap 1.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 3 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 4.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 6 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Yesintek SOLN 130MG/26ML	Adding to Formulary, Non-Preferred Brand Tier with PA	
Yesintek SOLN 45MG/0.5ML	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Yesintek SOSY 45MG/0.5ML	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Yesintek SOSY 90MG/ML	Adding to Formulary, Non-Preferred Brand Tier with PA; QL	
Zolmitriptan SOLN 2.5MG	Adding to Formulary, Generic Tier with QL; ST	

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

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

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

Drug Name	Formulary Status	Requirements/Limits
Dextroamphetamine Sulfate (Dexedrine Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dextrostat Oral Tablet 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	QL (120 mL per 1 lifetime); AGE (Max 1 Years)
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>modafinil oral tablet 200 mg</i>	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		
*Alternative Medicine - Me's***		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 1	OTC
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 1	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 1	OTC
*Alternative Medicine Combinations - Two Ingredients***		
<i>melatonin oral tablet 3-2 mg</i>	Tier 1	OTC
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine er oral tablet extended release 10-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine oral tablet 1-10 mg</i>	Tier 1	OTC
<i>melatonin-vitamin b-6 oral tablet 3-1 mg</i>	Tier 1	OTC
Aminoglycosides		
*Aminoglycosides***		
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 1	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 3	PA; QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand

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

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	QL (2 EA per 1 day)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>etodolac oral capsule 300 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen infants drops oral suspension 50 mg/1.25ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen junior strength oral tablet 100 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>ibuprofen oral tablet 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	PA; MAIL
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	PA
<i>meloxicam oral tablet 15 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen kit oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	OTC; QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	Tier 1	PA; MAIL; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Tier 1	PA; MAIL; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
Diclofenac Potassium (Cataflam Oral Tablet 50 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
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***		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 3	PA; Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 3	PA; Preferred Brand
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
Analgesics - Nonnarcotic		
*Analgesics Other***		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Tier 1	OTC
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Tier 1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	OTC
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	OTC
<i>acetaminophen oral capsule 500 mg</i>	Tier 1	OTC
<i>acetaminophen oral elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Tier 1	OTC
<i>acetaminophen oral suspension 80 mg/0.8ml</i>	Tier 1	OTC
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	OTC
<i>acetaminophen oral tablet chewable 80 mg</i>	Tier 1	OTC
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Tier 1	OTC
<i>acetaminophen rectal suppository 120 mg, 325 mg, 650 mg</i>	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
*Analgesics-Sedatives***		
<i>butalbital compound/asa oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>marten-tab oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>repan oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day)
Butalbital-APAP-Caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	Tier 1	QL (6 EA per 1 day)
Butalbital-APAP-Caffeine (Bac Oral Tablet 50-325-40 Mg)	Tier 1	QL (6 EA per 1 day)
*Salicylates***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<i>aspirin adult oral tablet 325 mg</i>	Tier 1	OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<i>diflunisal oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Salsalate (Salflex Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	Tier 1	AGE (Min 12 Years); MED
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (8 EA per 1 day); MED
Butalbital-APAP-Caff-Cod (Phrenilin W/Caffeine-Codeine Oral Capsule 50-325-40-30 Mg)	Tier 1	QL (8 EA per 1 day); MED
*Hydrocodone Combinations***		
<i>hydrocodone/acetaminophen oral tablet 10-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	MED
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lortab Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 10-200 Mg)	Tier 1	PA; QL (6 EA per 1 day); MED
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 7.5-200 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Ibuprofen (Xylon Oral Tablet 10-200 Mg)	Tier 1	PA; QL (6 EA per 1 day); MED
*Opioid Agonists***		
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl)	Tier 3	PA; MED
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl)	Tier 3	PA; MED
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (Oxycodone HCl)	Tier 3	PA; MED

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Drug Name	Formulary Status	Requirements/Limits
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (10 EA per 25 days); MED
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	QL (12 EA per 1 day); MED
<i>meperidine hcl oral solution 50 mg/5ml</i>	Tier 1	AGE (Max 64 Years); MED
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	AGE (Max 64 Years); MED
<i>meperitab oral tablet 50 mg</i>	Tier 1	AGE (Max 64 Years); MED
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); MED
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (360 EA per 25 days); MED
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	Tier 1	QL (15 EA per 1 day); MED
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier 1	QL (15 ML per 1 day); MED
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day); MED
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); MED
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	MED
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; QL (120 EA per 25 days); MED
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; MED
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 EA per 1 day); MED
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 EA per 1 day); MED
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED
Methadone HCl (Methadose Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (360 EA per 25 days); MED
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	QL (8 EA per 1 day); MED

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Drug Name	Formulary Status	Requirements/Limits
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1	PA; MED
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	PA; QL (15 ML per 25 days); MED
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years); MED
Androgens-Anabolic		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>danazol oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methitest oral tablet 10 mg</i>	Tier 1	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	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***		
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 1	OTC
*Rectal Local Anesthetics***		
<i>dibucaine rectal ointment 1 %</i>	Tier 1	OTC
*Rectal Steroids***		
<i>hemorrhoidal-hc rectal cream 2.5 %</i>	Tier 1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5 %</i>	Tier 1	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Hydrocortisone (Proctocare-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Kit Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)	Tier 1	
Antacids		
*Antacid & Simethicone***		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	OTC
*Antacid Combinations***		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Tier 1	OTC
<i>antacid oral tablet chewable 80-20 mg</i>	Tier 1	OTC
<i>calcium rich supreme antacid oral suspension 400-135 mg/5ml</i>	Tier 1	OTC
<i>gavis-care oral suspension 95-358 mg/15ml</i>	Tier 1	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	OTC
*Antacids - Calcium Salts***		
<i>calcium antacid ultra oral tablet chewable 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet chewable 750 mg</i>	Tier 1	OTC
<i>childrens pepto oral tablet chewable 400 mg</i>	Tier 1	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
Anthelmintics		
*Anthelmintics***		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
<i>albendazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days)
<i>mebendazole oral tablet chewable 100 mg</i>	Tier 1	
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 1	OTC
<i>praziquantel oral tablet 600 mg</i>	Tier 1	PA
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Nitroquick Sublingual Tablet Sublingual 0.3 Mg, 0.4 Mg, 0.6 Mg)	Tier 1	MAIL
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	QL (3 EA per 1 day)
*Benzodiazepines***		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
<i>diazepam oral solution 1 mg/ml</i>	Tier 1	QL (120 EA per 25 days); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	QL (120 ML per 25 days); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
Diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
LORazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MAIL
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MAIL
*Antiarrhythmics Type Iii***		
MULTAQ ORAL TABLET 400 MG (Dronedaron HCl)	Tier 3	PA; MAIL
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	MAIL
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 1	PA
*Adrenergic Combinations***		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 2	QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BEVESPI INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 EA per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (60 EA per 25 days)
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 1	QL (20.4 GM per 28 days)
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 1	QL (20.4 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Tier 1	MAIL; QL (60 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	MAIL; QL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	MAIL; QL (1 EA per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	MAIL; QL (360 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 1	MAIL; QL (1 EA per 30 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	MAIL; QL (1 EA per 25 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 3	PA; QL (5 EA per 24 days)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
*Beta Adrenergics***		
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 2	MAIL; QL (0.14 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (6.7 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (18 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (6.7 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (8.5 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	MAIL; QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier 1	MAIL; QL (150 ML per 28 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	MAIL; QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	Tier 1	MAIL; QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	MAIL; QL (150 EA per 28 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	QL (120 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	ST; MAIL; QL (150 ML per 25 days)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (Ipratropium Bromide HFA)	Tier 2	MAIL; QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 GM per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 EA per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MAIL; QL (10 ML per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Tier 1	QL (30 EA per 25 Days)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 3	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 3	PA; QL (3 EA per 23 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 9 Years)
<i>montelukast sodium oral tablet chewable 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 14 Years)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	PA
*Steroid Inhalants***		
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)

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Drug Name	Formulary Status	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 ML per 25 days); AGE (Max 9 Years)
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Tier 1	QL (12 GM per 30 days); AGE (Max 11 Years)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Tier 1	QL (10.6 GM per 30 days); AGE (Max 11 Years)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	MAIL
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	MAIL
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	MAIL
Theophylline (Elixophyllin Oral Elixir 80 Mg/15ML)	Tier 1	MAIL
Theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg, 450 Mg)	Tier 1	MAIL
Anticoagulants		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	MAIL
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (Rivaroxaban)	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (Rivaroxaban)	Tier 2	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1	QL (310 ML per 30 Days); AGE (Max 11 Years)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1	PA
*Low Molecular Weight Heparins***		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 3	PA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	QL (3 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Tier 1	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Tier 1	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Tier 1	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 1	QL (1.2 ML per 1 day)
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	PA
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 3	
*Anticonvulsants - Benzodiazepines***		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Anticonvulsants - Misc.***		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MAIL
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MAIL
<i>carbamazepine oral tablet chewable 200 mg</i>	Tier 1	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	MAIL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MAIL
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral tablet 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MAIL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MAIL
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	MAIL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	MAIL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	MAIL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
CarBAMazepine (Eptol Oral Tablet 200 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
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***		
felbamate oral suspension 600 mg/5ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
*Gaba Modulators***		
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1	
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***		
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***		
ethosuximide oral capsule 250 mg	Tier 1	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 1	MAIL
methsuximide oral capsule 300 mg	Tier 1	MAIL
*Valproic Acid***		
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		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
mirtazapine oral tablet 15 mg	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 100 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 150 Mg)	Tier 1	MAIL; QL (3 EA per 1 day)
BuPROPion HCl (Budeprion XI Oral Tablet Extended Release 24 Hour 150 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 3	PA; MAIL
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 3	PA; MAIL
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	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)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years)
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Serotonin Modulators***		
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
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	PA
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 3	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 3	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>miglitol oral tablet 100 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>miglitol oral tablet 25 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
<i>miglitol oral tablet 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 3	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 3	PA; MAIL
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Diabetic Other - Combinations***		
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	Tier 1	OTC
*Diabetic Other***		
<i>glucagon emergency kit 1 mg injection</i>	Tier 2	QL (2 EA per 25 days)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
GLUCAGEN INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
<i>glucagon emergency kit 1 mg injection</i>	Tier 1	QL (2 EA per 30 days)
<i>glucose oral tablet chewable 4 gm</i>	Tier 1	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST; MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>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</i>	Tier 1	ST; MAIL; QL (1 EA per 1 day)
*Human Insulin***		
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	MAIL; OTC; QL (30 ML per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 3	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 3	MAIL; QL (30 ML per 25 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	MAIL; QL (30 ML per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (18 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)

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

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Drug Name	Formulary Status	Requirements/Limits
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	PREV	OTC; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	PREV	QL (30 ML per 25 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 28 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 Day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; QL (2 ML per 24 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	ST; QL (9 ML per 25 Days)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linagliptin-Metformin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linagliptin-Metformin)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Sulfonylureas***		
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glycron oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>bismuth subsalicylate oral suspension 262 mg/15ml, 525 mg/30ml</i>	Tier 1	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
KAOPECTATE ORAL TABLET 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
MAALOX TOTAL RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
*Antiperistaltic Agents***		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
<i>anti-diarrheal oral capsule 2 mg</i>	Tier 1	OTC
<i>diphenatol oral tablet 2.5-0.025 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 0.025-2.5 mg, 2.5-0.025 mg</i>	Tier 1	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Tier 1	OTC
<i>lofene oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	OTC
Diphenoxylate-Atropine (Lonox Oral Tablet 2.5-0.025 Mg)	Tier 1	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 3	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 1	PA
*Opioid Antagonists***		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (Naltrexone)	Tier 3	QL (1 EA per 25 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	QL (4 ML per 25 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 1	QL (0.8 ML per 28 days)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 3	PA
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (50 ML per 25 days); AGE (Max 12 Years)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 3	PA
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	OTC
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>meclizine hcl oral tablet chewable 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet 50 mg</i>	Tier 1	OTC
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	QL (4 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral 80 & 125 mg</i>	Tier 1	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 1	PA
Antifungals		
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL (1 EA per 1 day)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (105 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 25 days)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	PA
Antihistamines		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	OTC
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	Tier 1	PA
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 1	OTC
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine oral elixir 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphenhydramine oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>di-phen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>di-phen oral liquid 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphenhydramine hcl oral tablet 25 mg, 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5ML)	Tier 1	
Carbinoxamine Maleate (Arbinoxa Oral Tablet 4 Mg)	Tier 1	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl childrens alrgy oral syrup 1 mg/ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine oral solution 5 mg/5ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
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)
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***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	AGE (Max 64 Years)
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 3	PA; MAIL
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 3	PA; MAIL
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	QL (4 EA per 1 day)
<i>triklo oral capsule 1 gm</i>	Tier 1	QL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	QL (240 EA per 25 days)
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	MAIL; QL (240 GM per 25 days)
<i>cholestyramine oral packet 4 gm</i>	Tier 1	QL (240 GM per 25 days)
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	MAIL; QL (378 GM per 25 days)
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1	QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	MAIL; QL (16 EA per 1 day)
<i>micronized colestipol hcl oral tablet 1 gm</i>	Tier 1	MAIL; QL (16 EA per 1 day)
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 1	MAIL; QL (240 GM per 25 days)
*Fibric Acid Derivatives***		
<i>choline fenofibrate oral capsule delayed release 135 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>lovastatin oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); PREV for ages 40-75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day); PREV for ages 40-75
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>simvastatin oral tablet 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<i>simvastatin oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	PA
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
*Nicotinic Acid Derivatives***		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 1	QL (4 EA per 1 day)
*Pcsk9 Inhibitors***		
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

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

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Drug Name	Formulary Status	Requirements/Limits
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 1	ST; MAIL; QL (1.5 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	ST; QL (4 EA per 25 days)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Antihypertensives - Misc.***		
INVERSINE ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	MAIL

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

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Drug Name	Formulary Status	Requirements/Limits
*Glycopeptides***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	Tier 1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (Vancomycin HCl)	Tier 1	
*Leprostatics***		
<i>dapsone oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
*Monobactams***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 3	PA
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	PA
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
Antimalarials		
*Antimalarial Combinations***		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (20 EA per 25 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (10 EA per 25 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	Tier 1	PA; QL (21 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	QL (30 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 3	
TRECTOR ORAL TABLET 250 MG (Ethionamide)	Tier 3	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 2	
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 2	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antineoplastics And Adjunctive Therapies		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; ONC; QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 3	PA; ONC
*Antiandrogens***		
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	
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	ONC; QL (3 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; ONC

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<i>toremifene citrate oral tablet 60 mg</i>	Tier 1	PA; ONC; QL (1 EA per 1 day)
*Antimetabolites***		
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 3	PA; ONC
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; ONC; QL (4 EA per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	ONC
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	QL (10 ML per 30 days)
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
*Antineoplastic - Alk Inhibitors***		
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***		
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
<i>nilotinib hcl oral capsule 50 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 3	PA; ONC; QL (1 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)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA; ONC; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 3	PA; ONC; QL (4 EA per 1 day)
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 3	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
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)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1	PA; ONC; QL (1 EA per 1 day)

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<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
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***		
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***		
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***		
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)
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; ONC; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
<i>everolimus oral tablet soluble 3 mg</i>	Tier 1	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>vandetanib oral tablet 100 mg</i>	Tier 3	PA; ONC; QL (2 EA per 1 day)
<i>vandetanib oral tablet 300 mg</i>	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)
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 1	PA; ONC; QL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 1	PA; ONC; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 1	PA; ONC; QL (4 EA per 1 day)

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<i>sunitinib malate oral capsule 25 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 1	PA; ONC; QL (1 EA per 1 day)
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 3	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 3	PA; ONC
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	ONC
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	MAIL
<i>exemestane oral tablet 25 mg</i>	Tier 1	
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	ONC; QL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 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)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 3	PA; ONC; QL (1 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	ONC
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; ONC
*Janus Associated Kinase (Jak) Inhibitors***		
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***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Nitrogen Mustards And Related Analogues***		
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 3	PA; ONC
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	PA; ONC
<i>melphalan oral tablet 2 mg</i>	Tier 1	PA; ONC
*Nitrosoureas***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 3	PA; ONC

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Drug Name	Formulary Status	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Lomustine)	Tier 3	PA; ONC
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
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***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	ONC
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	ONC
*Retinoids***		
tretinoin oral capsule 10 mg	Tier 1	PA; ONC; QL (9 EA per 1 day)
*Selective Retinoid X Receptor Agonists***		
bexarotene oral capsule 75 mg	Tier 1	PA; ONC; QL (6 EA per 1 day)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 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		
*Antiparkinson Anticholinergics***		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	MAIL; AGE (Max 64 Years)

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*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	QL (6 EA per 1 day)
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	PA
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
*Levodopa Combinations***		
<i>atamet oral tablet 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-200-75 mg, 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 1	QL (6 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***		
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (Rotigotine)	Tier 3	PA; MAIL
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 1	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MAIL
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Tier 1	QL (8 EA per 1 day)
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)

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

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Drug Name	Formulary Status	Requirements/Limits
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	AGE (Min 6 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	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***		
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Brexipiprazole)	Tier 3	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	AGE (Max 11 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
Antiseptics & Disinfectants		
*Chlorine Antiseptics***		
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day); PREV when used for prevention
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
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)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine)	Tier 2	QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day); PREV when used for prevention
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1	QL (1 EA per 1 day); PREV when used for Prevention
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	QL (1 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (12 EA per 1 day)

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<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (6 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 2	QL (900 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days)
*Antiretrovirals - Protease Inhibitors***		
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 3	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 3	QL (16 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 2	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals Adjuncts***		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day)
*Antiviral Combinations***		
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***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA
*Hepatitis B Agents***		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 3	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 3	PA
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
*Hepatitis C Agent - Combinations***		
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 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)
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	Tier 2	PA; QL (1 EA per 1 day); Preferred
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Tier 2	PA; QL (1 EA per 1 day); Preferred
*Hepatitis C Agents***		
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)
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER (Zanamivir)	Tier 2	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (25 ML per 1 day); AGE (Max 12 Years)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 2	QL (1 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	MAIL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MAIL
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl af oral tablet 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL
<i>Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)</i>	Tier 1	MAIL
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>dilt-cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 420 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isradipine oral capsule 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Tier 1	PA
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	PA; MAIL
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
NIFEdipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 90 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiotonics		
*Cardiac Glycosides***		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
*Peripheral Vasodilators***		
<i>niacin flush free oral capsule 500 mg</i>	Tier 1	MAIL; OTC
*Prostaglandin Vasodilators***		
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
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 3	PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
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)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	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***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	QL (20 EA per 10 days)
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Tier 1	
Contraceptives		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Desogestrel-Ethinyl Estradiol (Pimtreea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
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)
AVERI ORAL TABLET 0.15-0.03 MG (Desogestrel-Eth Estrad-FE)	PREV	QL (1 EA per 1 Day)
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-0.03 Mg, 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (Norethindrone Acet-Ethinyl Est)	PREV	QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Gianvi Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Gildagia Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
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)

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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)
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)

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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)
Norethindrone-Eth Estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Norethin-Eth Estradiol-Fe (Zeosa Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Transdermal***		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (3 EA per 21 days)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	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***		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Dolishale Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 Days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	PREV	MAIL; QL (1 EA per 1 day)

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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***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
*Progestin Contraceptives - Implants***		
IMPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PREV	QL (1 ML per 75 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	PREV	QL (1 ML per 75 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)

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Drug Name	Formulary Status	Requirements/Limits
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jolivette Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
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***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
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)

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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)

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Norgestim-Eth Estrad Triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	MAIL; QL (1 EA per 1 day)
Corticosteroids		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	PA
<i>cortisone acetate oral tablet 25 mg</i>	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Oral Solution 15 Mg/5MI)	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5MI)	Tier 1	
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5MI)	Tier 1	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5MI)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
PredniSONE (Deltasone Oral Tablet 20 Mg)	Tier 1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>gani-tuss dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>gani-tuss nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	OTC
<i>myci-gc oral solution 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>mytussin ac oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pulexn dm oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>robafen ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
Guaifenesin-Codeine (Romilar Ac Oral Solution 100-10 Mg/5ML)	Tier 1	QL (240 ML per 25 days)
*Decongestant & Antihistamine***		
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	Tier 2	OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>loratadine-pseudoephedrine er oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Decongestant W/ Expectorant***		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	OTC
*Expectorants***		
<i>ganidin-nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>guaifenesin nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Tier 1	OTC
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Tier 1	OTC
GuaiFENesin (Organidin Nr Oral Tablet 200 Mg)	Tier 1	
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
Sodium Chloride (Nebusal Inhalation Nebulization Solution 3 %)	Tier 1	
Sodium Chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 1	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>genebrom dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Bromfed Dm Oral Syrup 30-2-10 Mg/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***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Dermatologicals		
*Acne Antibiotics***		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	QL (60 ML per 25 days)

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<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1	QL (60 ML per 25 days)
<i>sodium sulfacetamide external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium external suspension 10 %</i>	Tier 1	
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***		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Tier 1	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	PA
<i>sulfacetamide-sulfur wash external emulsion 10-4 %</i>	Tier 1	
Sulfacetamide-Sulfur in Urea (Claris Clarifying Wash External Emulsion 10-4 %)	Tier 1	
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 1	PA
*Acne Products***		
<i>acne medication-5 external gel 5 %</i>	Tier 1	
<i>adapalene treatment external gel 0.1 %</i>	Tier 1	OTC
<i>benzoyl peroxide external gel 10 %</i>	Tier 1	
<i>benzoyl peroxide external gel 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide external liquid 10 %</i>	Tier 1	QL (240 EA per 28 days)
<i>benzoyl peroxide external liquid 5 %</i>	Tier 1	QL (240 EA per 25 days)
<i>benzoyl peroxide external lotion 10 %, 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Tier 1	QL (240 GM per 28 days)
<i>benzoyl peroxide wash external liquid 5 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>bp foaming wash external liquid 10 %</i>	Tier 1	QL (240 GM per 28 days)
<i>bp gel external gel 10 %</i>	Tier 1	OTC
<i>bp wash external liquid 10 %</i>	Tier 1	OTC; QL (240 GM per 28 days)
<i>del-aqua external gel 5 %</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	ST; 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	ST; QL (45 GM per 25 days); AGE (Max 35 Years)

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Tretinoin (Avita External Gel 0.025 %)	Tier 1	ST; 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)
Benzoyl Peroxide (Ethexderm Bpw-10 External Liquid† 10 %)	Tier 1	QL (240 GM per 28 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 (Solucenz 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***		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 3	PA
*Antibiotic Mixtures Topical***		
<i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</i>	Tier 1	OTC
<i>first aid antibiotic external ointment 3.5-500-10000</i>	Tier 1	OTC
<i>hm triple antibiotic external ointment 3.5-400-5000</i>	Tier 1	OTC
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus max st external ointment 1 %</i>	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (Neomycin-Bacitracin-Polymyxin)	Tier 1	OTC
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 3	PA
<i>antibiotic external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	OTC
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 GM per 25 days)
*Antifungals - Topical***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 1	OTC
<i>antifungal external solution 1 %</i>	Tier 1	OTC
<i>antifungal foot external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>butenafine hcl external cream 1 %</i>	Tier 1	OTC
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (90 GM per 25 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>naftifine hcl external cream 1 %</i>	Tier 1	PA
<i>naftifine hcl external gel 1 %, 2 %</i>	Tier 1	PA
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>pedi-dri external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>tolnaftate external aerosol powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external cream 1 %</i>	Tier 1	OTC
<i>tolnaftate external powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external solution 1 %</i>	Tier 1	
Ciclopirox Olamine (Ciclodan External Cream 0.77 %)	Tier 1	QL (90 GM per 25 days)
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOZYL AL EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	
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***		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Tier 1	OTC
*Anti-Inflammatory Agents - Topical***		
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	OTC; QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
VOLTAREN TRANSDERMAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Tier 1	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Antipsoriatics - Systemic***		
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Tier 3	PA; QL (1 ML per 56 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 3	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days); Preferred Brand
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-ttwe)	Tier 3	PA; QL (1 ML per 56 Days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 3	PA; QL (1 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 3	PA; QL (0.5 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 3	PA; QL (1 ML per 56 days); Preferred Brand
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 3	PA; Preferred Brand
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 3	PA; QL (0.5 ML per 84 Days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 3	PA; QL (1 ML per 56 Days)
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	PA
*Antipsoriatics***		
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 1	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	PA; QL (100 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tier 1	PA; QL (60 GM per 25 days)
<i>tazarotene external gel 0.05 %</i>	Tier 1	PA; QL (100 GM per 25 days)
<i>tazarotene external gel 0.1 %</i>	Tier 1	PA
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 1	PA
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Tier 1	OTC
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Tier 1	PA
<i>docosanol external cream 10 %</i>	Tier 1	OTC; QL (2 GM per 25 days)
<i>penciclovir external cream 1 %</i>	Tier 1	PA
*Burn Products***		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 3	QL (454 GM per 25 days)
<i>mafenide acetate external packet 5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd Af External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Thermazene External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
*Corticosteroids - Topical***		
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)
<i>ala-cort external cream 1 %</i>	Tier 1	QL (60 GM per 28 days)
<i>ala-cort external cream 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ala-cort external lotion 1 %</i>	Tier 1	QL (120 ML per 25 days)
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alphatrex external gel 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>amcinonide external lotion 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>amcinonide external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	QL (454 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	QL (50 ML per 25 days)
<i>del-beta external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>desonide external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desoximetasone external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 1	QL (60 GM per 25 days)
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 1	PA; QL (60 GM per 25 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (150 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>fluocinonide-e external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>flurandrenolide external cream 0.05 %</i>	Tier 1	QL (30 GM per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	QL (60 GM per 25 days)
<i>halcinonide external cream 0.1 %</i>	Tier 1	PA; QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone anti-itch external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 28 days)
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 1 %</i>	Tier 1	QL (60 GM per 28 days)
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>hydrocortisone external lotion 1 %, 5 mg/ml</i>	Tier 1	OTC; QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone intensive heal external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 28 days)
<i>hydrocortisone max st external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 28 days)
<i>hydrocortisone max st external ointment 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone/aloe max str external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 28 days)
<i>isovate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (15 GM per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (15 GM per 25 days)
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)
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)
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 28 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 28 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)

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Triamcinolone Acetonide (Triderm External Ointment 0.1 %)	Tier 1	QL (454 GM per 25 days)
*Emollients***		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
<i>petrolatum & lanolin external ointment</i>	Tier 1	OTC
AMLACTIN EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 1	OTC; QL (280 GM per 25 days)
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 3	PA; QL (60 GM per 25 days)
*Imidazole-Related Antifungals - Topical***		
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 3	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 3	PA
<i>antifungal external cream 2 %</i>	Tier 1	OTC
<i>antifungal external powder 2 %</i>	Tier 1	OTC
<i>clotrimazole af external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole athletes foot external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>econazole nitrate external cream 1 %</i>	Tier 1	PA
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (120 ML per 25 days)
<i>luliconazole external cream 1 %</i>	Tier 1	PA
<i>miconazole nitrate external aerosol powder 2 %</i>	Tier 1	OTC
<i>miconazole nitrate external cream 2 %</i>	Tier 1	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	PA; QL (90 GM per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	Tier 1	PA
<i>sulconazole nitrate solution 1 % external</i>	Tier 1	PA
FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION 1 % (Clotrimazole)	Tier 1	OTC
Ketoconazole (Kuric External Cream 2 %)	Tier 1	QL (60 GM per 25 days)
Miconazole Nitrate (Nuzole External Cream 2 %)	Tier 1	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)

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*Local Anesthetics - Topical***		
<i>capsaicin external cream 0.1 %</i>	Tier 1	OTC
<i>lidocaine external cream 4 %</i>	Tier 1	OTC; QL (90 GM per 25 days)
<i>lidocaine external patch 5 %</i>	Tier 1	PA; QL (90 EA per 25 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine pain relief external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
<i>lidocaine pain relieving external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 1	OTC
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	QL (100 GM per 25 days)
*Misc. Topical Combinations***		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 1	OTC
*Misc. Topical***		
<i>aluminum chloride external solution 20 %</i>	Tier 1	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
*Oxaborole-Related Antifungals - Topical***		
<i>tavaborole external solution 5 %</i>	Tier 1	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
*Rosacea Agents***		
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	PA
<i>metronidazole external cream 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external lotion 0.75 %</i>	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Vitazol External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
*Scabicide Combinations***		
<i>lice killing external shampoo 0.33-4 %</i>	Tier 1	OTC
<i>lice killing maximum strength external liquid 0.33-4 %</i>	Tier 1	OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 1	OTC
<i>lice solution combination kit 0.33-4-0.5 %</i>	Tier 1	OTC
<i>lice solution complete combination kit 0.33-4-0.5 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>lice treatment external liquid 0.33-4 %</i>	Tier 1	OTC
<i>lice treatment max st combination kit 0.33-4-0.5 %</i>	Tier 1	OTC
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 1	OTC
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 3	PA
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	Tier 1	PA; OTC; QL (117 GM per 25 days)
<i>ivermectin external lotion 0.5 %</i>	Tier 1	PA; QL (117 GM per 25 days)
<i>lice control aerosol† 0.5 %</i>	Tier 1	OTC
<i>lice treatment external liquid 1 %</i>	Tier 1	OTC
<i>lindane external shampoo 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>malathion external lotion 0.5 %</i>	Tier 1	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	QL (120 GM per 25 days)
<i>permethrin external liquid 1 %</i>	Tier 1	OTC
<i>permethrin external lotion 1 %</i>	Tier 1	OTC
<i>permethrin lice treatment external lotion 1 %</i>	Tier 1	OTC
<i>spinosad external suspension 0.9 %</i>	Tier 1	QL (120 ML per 25 days)
Permethrin (Acticin External Cream 5 %)	Tier 1	QL (120 GM per 25 days)
*Seborrheic Keratosis Products**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 3	PA
*Skin Protectants***		
<i>dry skin external cream</i>	Tier 1	OTC
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 1	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>lidopril external cream 2.5-2.5 %</i>	Tier 1	QL (60 EA per 25 days)
Lidocaine-Prilocaine (Relador Pak External Cream 2.5-2.5 %)	Tier 1	QL (60 EA per 25 days)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel 1 %</i>	Tier 1	PA
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 1	PA; QL (120 GM per 25 days)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 3	PA; QL (15 GM per 25 days)
Diagnostic Products		
*Diagnostic Tests***		
RELION KETONE IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION KETONE TEST IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC

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Drug Name	Formulary Status	Requirements/Limits
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
*Infection Tests***		
covid-19 at home antigen test in vitro kit	DME	OTC; QL (2 EA per 30 days)
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL
Diuretics		
*Carbonic Anhydrase Inhibitors***		
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***		
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***		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL
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, 20 mg, 5 mg	Tier 1	MAIL
*Potassium Sparing Diuretics***		
amiloride hcl oral tablet 5 mg	Tier 1	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL
triamterene oral capsule 100 mg, 50 mg	Tier 1	
*Thiazides And Thiazide-Like Diuretics***		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	MAIL
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
Endocrine And Metabolic Agents - Misc.		
*Abortifacient - Progesterone Receptor Antagonists***		
<i>mifepristone oral tablet 200 mg</i>	PREV	QL (1 EA per 1 day)
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MAIL; QL (0.143 EA per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.036 EA per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.036 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (0.143 EA per 1 day)
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	MAIL
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MAIL
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	MAIL
MCCARNITINE ORAL TABLET 330 MG (LevOCARNitine)	Tier 1	MAIL; OTC
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 3	PA
*Growth Hormones***		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 3	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	PA
*Homocystinuria Treatment - Agents***		
<i>betaine oral powder</i>	Tier 1	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	MAIL
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	PA
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 3	PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 3	PA
*Ovulation Stimulants-Synthetic***		
ClomiPHENE Citrate (Clomid Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml</i>	Tier 3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 3	PA
*Phenylketonuria Treatment - Agents***		
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	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)***		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 3	PA; QL (1 EA per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 1	PA
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	PA
*Urea Cycle Disorder - Agents***		
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA
*Vasopressin***		
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 3	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (Desmopressin Acetate)	Tier 3	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	PA
Desmopressin Ace Spray Refrig (Minirin Nasal Solution 0.1 Mg/MI)	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
Estrogens		
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogesterone 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-Medroxyprogesterone Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jevantique Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Estrogens***		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; AGE (Min 18 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (4 EA per 23 days); AGE (Min 18 Years)
Estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
Estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 3	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 3	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
<i>gas relief oral tablet chewable 80 mg</i>	Tier 1	OTC
<i>simethicone drops infants oral liquid 20 mg/0.3ml</i>	Tier 1	OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Tier 1	OTC
<i>simethicone extra strength oral capsule 125 mg</i>	Tier 1	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	Tier 1	OTC
<i>simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Tier 1	OTC
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	Tier 1	OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 1	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	PA
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 1 mg/ml, 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA
*Inflammatory Bowel Agents***		
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 3	MAIL
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Ec Oral Tablet Delayed Release 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Oral Tablet 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
*Interleukin Antagonists***		
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	Tier 3	PA
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 3	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 3	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 3	PA; QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 3	PA; QL (2.4 ML per 56 days); Preferred Brand
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 3	PA; Preferred Brand
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 3	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 3	PA
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	MAIL
*Peripheral Opioid Receptor Antagonists***		
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
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
*Phosphate Binder Agents***		
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 3	PA; MAIL
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	ST
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Citrates***		
<i>citric acid-sodium citrate oral solution 334-500 mg/5ml</i>	Tier 1	
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Tier 1	OTC
<i>cytra-k oral solution 1100-334 mg/5ml</i>	Tier 1	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	QL (3 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	Tier 1	
Sod Citrate-Citric Acid (Liqui-Dualcitra Oral Solution 500-334 Mg/5MI)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 3	PA
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
Sodium Chloride (GU Irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
Sodium Chloride (GU Irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 3	PA
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
Phenazopyridine HCl (Phenazo Oral Tablet 200 Mg)	Tier 1	QL (3 EA per 1 day)
*Urinary Stone Agents***		
<i>tiopronin oral tablet 100 mg</i>	Tier 1	PA
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MAIL
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (30 EA per 90 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
Hematological Agents - Misc.		
*Antihemophilic Products***		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 3	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	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

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Drug Name	Formulary Status	Requirements/Limits
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	PA
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***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 1	PA
Icatibant Acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)	Tier 1	PA
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 3	PA
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 3	PA; MAIL; QL (2 EA per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
*Hematorheologic Agents***		
<i>pentopak oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Pentoxifylline (Pentoxil Oral Tablet Extended Release 400 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	PA
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 3	PA; MAIL; QL (1 EA per 1 day)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 3	PA; QL (2 EA per 1 Day)
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ticlopidine hcl oral tablet 250 mg</i>	Tier 1	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 3	PA
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA
*Cobalamins***		
<i>b-12 oral tablet 100 mcg, 250 mcg</i>	Tier 1	OTC
<i>cobal-1000 injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	OTC
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 1	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 1	OTC
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/ML)	Tier 1	QL (10 ML per 25 days)
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 3	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 3	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 3	PA
*Folic Acid/Folates***		
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for age 55 and under
<i>folic acid oral tablet 1 mg</i>	Tier 1	MAIL
<i>folic acid oral tablet 400 mcg</i>	Tier 1	OTC; QL (1 EA per 1 day); PREV for age 55 and under

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<i>folic acid oral tablet 800 mcg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for age 55 and under
<i>kp folic acid oral tablet 1 mg</i>	Tier 1	MAIL; OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-jmdb)	Tier 3	PA; QL (0.6 ML per 14 days)
*Iron Combinations***		
<i>ferocon oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrinic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	OTC
<i>foltrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>martinic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>tl icon oral capsule</i>	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Conison Oral Capsule)	Tier 1	QL (2 EA per 1 day)
Iron Polysacch Cmplx-B12-FA (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Tier 1	
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 1	QL (2 EA per 1 day)
*Iron***		
<i>ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg</i>	Tier 1	OTC
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate cr oral tablet extended release 160 (50 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Tier 1	OTC
<i>ferrous sulfate iron oral tablet 200 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet delayed release 324 mg, 325 (65 fe) mg</i>	Tier 1	OTC
<i>gnp iron oral tablet extended release 45 mg</i>	Tier 1	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>iron high-potency oral tablet extended release 45 mg</i>	Tier 1	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Tier 1	OTC
<i>polysaccharide iron oral capsule 150 mg</i>	Tier 1	
<i>ra slow release iron oral tablet extended release 47.5 mg</i>	Tier 1	OTC
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 1	OTC
<i>wee care oral suspension 15 mg/1.25ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTLET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 3	PA; QL (3 EA per 1 Day)
Hemostatics		
*Hemostatics - Systemic***		
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		
*Antihistamine Hypnotics***		
diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg	Tier 1	OTC
nitettime sleep-aid oral tablet 25 mg	Tier 1	OTC
sleep aid (doxylamine) oral tablet 25 mg	Tier 1	OTC
*Barbiturate Hypnotics***		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	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)
*Benzodiazepine Hypnotics***		
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***		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 1	PA
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
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)

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Drug Name	Formulary Status	Requirements/Limits
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 3	PA
*Selective Melatonin Receptor Agonists***		
<i>ramelteon oral tablet 8 mg</i>	Tier 1	PA
<i>tasimelteon oral capsule 20 mg</i>	Tier 1	PA
Laxatives		
*Bowel Evacuant Combinations***		
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 1	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 1	
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	
*Bulk Laxatives***		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>clear soluble fiber oral powder</i>	Tier 1	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 1	OTC
<i>cvs natural fiber supplement oral packet 58.6 %</i>	Tier 1	OTC
<i>daily fiber oral capsule 400 mg</i>	Tier 1	OTC
<i>daily fiber oral powder 43 %</i>	Tier 1	OTC
<i>fiber laxative oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral powder 28.3 %, 48.57 %, 58.6 %</i>	Tier 1	OTC
<i>fiber oral tablet 625 mg</i>	Tier 1	OTC
<i>fiber therapy oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber therapy oral tablet 500 mg</i>	Tier 1	OTC
<i>konsyl original daily fiber oral packet 100 %</i>	Tier 1	OTC
<i>natural vegetable fiber oral powder 48.57 %</i>	Tier 1	OTC
<i>psyllium husk oral powder 100 %</i>	Tier 1	OTC
<i>psyllium oral powder 33 %</i>	Tier 1	OTC

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KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>glycerin (adult) rectal suppository 80.7 %</i>	Tier 1	OTC
<i>glycerin (child) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (infant) rectal suppository 80.7 %</i>	Tier 1	OTC
<i>glycerin (infants & children) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Tier 1	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	MAIL
<i>peg 3350 oral packet 17 gm</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC; QL (527 GM per 25 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC; QL (527 GM per 25 days)
<i>polyethylene glycol 3350-grx oral powder</i>	Tier 1	OTC; QL (527 GM per 25 days)
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
Polyethylene Glycol 3350 (Pegylax Oral Powder 17 Gm/Scoop)	Tier 1	QL (527 GM per 25 days)
*Laxatives & Dss***		
<i>senna plus oral capsule 50-8.6 mg</i>	Tier 1	OTC
<i>senna s oral tablet 8.6-50 mg</i>	Tier 1	OTC
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
*Lubricant Laxatives***		
<i>mineral oil heavy oral oil</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	OTC
<i>mineral oil rectal enema</i>	Tier 1	OTC
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 3	PA
<i>enema disposable enema 19-7 gm/118ml</i>	Tier 1	OTC
*Saline Laxatives***		
<i>magnesium citrate oral solution , 1.745 gm/30ml</i>	Tier 1	OTC
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 1	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	Tier 1	OTC

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*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Tier 1	OTC
<i>bisacodyl laxative oral tablet delayed release 5 mg</i>	Tier 1	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Tier 1	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	Tier 1	OTC
<i>senna maximum strength oral tablet 25 mg</i>	Tier 1	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	Tier 1	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	OTC
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Tier 1	OTC
<i>docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml</i>	Tier 1	OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	OTC
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	OTC
<i>stool softener oral capsule 250 mg</i>	Tier 1	OTC
COLACE ORAL CAPSULE 50 MG (Docusate Sodium)	Tier 1	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
DOK ORAL CAPSULE 250 MG (Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
Macrolides		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (2 EA per 25 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
*Erythromycins***		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	

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

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

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Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
*Nebulizers***		
PARI ALTERA NEBULIZER SYSTEM (Nebulizers)	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	QL (1 EA per 28 days)
*Needles & Syringes***		
<i>carepoint poly hub needle 18g x 1-1/2"</i>	DME	
<i>carepoint syringe luer lock 3 ml</i>	DME	
<i>hypodermic needle 18g x 1-1/2"</i>	DME	OTC
<i>syringe disposable 3 ml</i>	DME	OTC
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	DME	OTC; QL (150 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
BD SYRINGE SLIP TIP 3 ML (Syringe (Disposable))	DME	

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

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
*Peak Flow Meters***		
<i>peak flow meter device</i>	DME	QL (1 EA per 365 days)
<i>peak flow meter universal rang device</i>	DME	OTC; QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days)
*Respiratory Therapy Supplies***		
<i>nebulizer mask adult</i>	DME	QL (1 EA per 1 Year)
<i>nebulizer mask child</i>	DME	QL (1 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
FLEXICHAMBER ADULT MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 1 Year)
MASK VORTEX (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 3	PA; QL (16 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
*Ergot Combinations***		
<i>ergotamine-cafeine oral tablet 1-100 mg</i>	Tier 1	PA
*Migraine Products***		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 3	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	PA
*Selective Serotonin Agonists 5-Ht(1)***		
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
ZOMIG SOLUTION 2.5 MG NASAL (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (9 EA per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (9 EA per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST; QL (9 EA per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>sumatriptan succinate refill subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (2 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (2 ML per 25 days)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 3	PA; QL (8 EA per 25 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium + d3 oral tablet 250-3 mg-mcg, 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 + d oral tablet 500-125 mg-unit, 500-200 mg-unit</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium 500 +d oral tablet 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Tier 1	OTC
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium carbonate w/vitamin d oral tablet 600-400 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral capsule 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral tablet 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	Tier 1	OTC
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	Tier 1	OTC
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral capsule 600-500 mg-unit</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg</i>	Tier 1	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	OTC
<i>oyster calcium + d oral tablet 250-3.125 mg-mcg</i>	Tier 1	OTC
<i>oyster shell calcium 500 + d oral tablet 500-200 mg-unit</i>	Tier 1	OTC
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 1	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 1	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET CHEWABLE 500-15 MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
*Calcium***		
<i>calcium 600 oral tablet 600 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg</i>	Tier 1	OTC
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	OTC
*Electrolytes Oral***		
<i>oral electrolytes oral solution</i>	Tier 1	OTC
<i>pediatric electrolyte oral solution</i>	Tier 1	OTC
*Fluoride***		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	Tier 1	MAIL; QL (30 ML per 25 days)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>renaf oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodiphluor oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 0.5 mg/ml</i>	Tier 1	MAIL; OTC; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Epiflur Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ethedent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Fluor-A-Day Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Flura-Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Karidium Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>renaf oral tablet chewable 2.2 (1 f) mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PREV	QL (1 EA per 1 day)
Sodium Fluoride (Epiflur Oral Tablet Chewable 2.2 (1 F) Mg)	PREV	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ethedent Oral Tablet Chewable 2.2 (1 F) Mg)	PREV	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	PREV	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Magnesium***		
<i>cvs magnesium oxide oral tablet 500 mg</i>	Tier 1	OTC
<i>magnesium 27 oral tablet 500 (27 mg) mg</i>	Tier 1	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>	Tier 1	OTC
<i>magnesium oral capsule 500 mg</i>	Tier 1	OTC
<i>magnesium oral tablet 250 mg</i>	Tier 1	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>	Tier 1	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 1	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 1	OTC
*Phosphate***		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>vis-phos n oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
K Phos Mono-Sod Phos Di & Mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
K Phos Mono-Sod Phos Di & Mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Potassium***		
<i>ed k+10 oral tablet extended release 10 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>k-effervescent oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>k-vescent oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 20 meq</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	
Potassium Bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
Potassium Chloride (Kaon-Cl-10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	MAIL; QL (5 EA per 1 day)
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
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/15MI (10%), 40 Meq/15MI (20%))	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Sodium***		
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	OTC
*Zinc***		
<i>zincate oral capsule 220 mg</i>	Tier 1	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (Zinc Sulfate)	Tier 1	OTC
Miscellaneous Therapeutic Classes		
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 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***		
<i>d-penamine oral tablet 125 mg</i>	Tier 3	
<i>penicillamine oral tablet 250 mg</i>	Tier 1	
*Cyclosporine Analogs***		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	MAIL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	MAIL
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 1	PA; ONC; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Water For Irrigation, Sterile (Argyle Sterile Water Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	

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*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	PA
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	MAIL
Tacrolimus (Hecoria Oral Capsule 0.5 Mg, 1 Mg, 5 Mg)	Tier 1	MAIL
*Potassium Removing Agents***		
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)
<i>kalexate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Combination 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	
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 1	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60ML)	Tier 1	
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
*Anti-Infectives - Throat***		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 3	PA
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Chlorhexidine Gluconate (Perisol Mouth/Throat Solution 0.12 %)	Tier 1	
*Fluoride Dental Products***		
<i>dentall 1100 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	MAIL
Sodium Fluoride (Cavarest Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Controlrx Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Denta 5000 Plus Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Dentagel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Fluoridex Daily Defense Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Fluoridex Enhanced Whitening Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Just Right 5000 Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel-N Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Neutragard Advanced Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Phos-Flur Dental Gel 1.1 %)	Tier 1	MAIL
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	MAIL
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
<i>b complex-c-folic acid oral tablet</i>	Tier 1	OTC
<i>b-plex oral tablet</i>	Tier 1	
<i>folbee plus oral tablet</i>	Tier 1	OTC
<i>formula b oral tablet</i>	Tier 1	
<i>hylavite oral tablet</i>	Tier 1	
<i>mynephrocaps oral capsule 1 mg</i>	Tier 1	
<i>nephro vitamins oral tablet 0.8 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>renal softgels oral capsule 1 mg</i>	Tier 1	
<i>renal vitamin oral tablet 0.8 mg</i>	Tier 1	OTC
<i>reno caps oral capsule 1 mg</i>	Tier 1	OTC
<i>therobec oral tablet</i>	Tier 1	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	
<i>virt-caps oral capsule 1 mg</i>	Tier 1	
<i>virt-vite plus oral tablet 5 mg</i>	Tier 1	
<i>wescaps oral capsule 1 mg</i>	Tier 1	
B Complex-C-Folic Acid (Dexfol Oral Tablet)	Tier 1	
B Complex-C-Folic Acid (Dexifol Oral Tablet 5 Mg)	Tier 1	
B Complex-C-Folic Acid (Mynephron Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renal Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renalpren Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renaphro Oral Capsule 1 Mg)	Tier 1	
*Multiple Vitamins W/ Iron***		
<i>daily vitamin/iron oral tablet</i>	Tier 1	OTC
*Multiple Vitamins W/ Minerals***		
<i>biocel oral tablet</i>	Tier 1	
<i>b-plex plus oral tablet</i>	Tier 1	
<i>century oral tablet</i>	Tier 1	OTC
<i>choice-tabs oral tablet</i>	Tier 1	
<i>daily vitamin plus oral capsule</i>	Tier 1	OTC
<i>formula b plus oral tablet</i>	Tier 1	
<i>genesupp-500 oral capsule</i>	Tier 1	
<i>genetect plus oral capsule</i>	Tier 1	
<i>genetical oral capsule</i>	Tier 1	
<i>multi vitamin/minerals oral tablet</i>	Tier 1	OTC
<i>multi-b-plus oral tablet</i>	Tier 1	
<i>multipro oral capsule</i>	Tier 1	
<i>multivit/multimineral adult oral liquid</i>	Tier 1	OTC
<i>therobec plus oral tablet</i>	Tier 1	
<i>v-c forte oral capsule</i>	Tier 1	
<i>vica forte oral capsule</i>	Tier 1	
<i>vicap forte oral capsule</i>	Tier 1	
<i>vit b3-azelac-turm-fa-b6-zn-cu oral tablet</i>	Tier 1	
<i>vitamin forte oral capsule</i>	Tier 1	
<i>vitamins/minerals oral tablet</i>	Tier 1	OTC
Multiple Vitamins-Minerals (Corvite Free Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Megavite Rx Oral Tablet)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Multiple Vitamins-Minerals (Nutraavance 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***		
<i>daily vitamins oral tablet</i>	Tier 1	OTC
<i>folika-v oral tablet</i>	Tier 1	
<i>multivitamins oral capsule</i>	Tier 1	OTC
<i>novite oral capsule</i>	Tier 1	
<i>vitaxyme oral tablet</i>	Tier 1	
AMLADEX ORAL TABLET (Multiple Vitamin)	Tier 1	
GENICIN VITA-Q ORAL TABLET (Multiple Vitamin)	Tier 1	
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>phluorivit + fe oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>poly-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>polyvits/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
Ped Multivitamins-Fl-Iron (Escavite Lq Oral Solution 0.25-10 Mg/ML)	Tier 1	QL (50 ML per 25 days)
*Ped Multiple Vitamins W/ Minerals & C***		
<i>polyvitamin/iron oral tablet chewable</i>	Tier 1	OTC
*Ped Multiple Vitamins W/ Minerals***		
<i>complete multi-vitamin oral tablet chewable</i>	Tier 1	OTC
*Ped Mv W/ Fluoride***		
<i>multi vit/fl oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vita-bets/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vita-bets/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi vitamin/fluoride oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multiple vitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multi-vit/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>multi-vitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi-vitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vitamins/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multivitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vits/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mult-vitamin/fluoride oral tablet chewable 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>phluorivit oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>polyvitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>poly-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>re multivit with fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re multivit with fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg)	Tier 1	QL (1 EA per 1 day)
Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	Tier 1	QL (2 EA per 1 day)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (Pediatric Multivitamins-FI)	Tier 1	QL (50 ml per 25 days)
*Ped Mv W/ Iron***		
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Tier 2	OTC
<i>baby vitamin/iron oral solution</i>	Tier 1	OTC
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Tier 1	OTC
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Tier 1	OTC
*Ped Vitamins Acid W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin select/fluoride oral solution 0.25 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>triple-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>vitamins acid-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
*Pediatric Multiple Vitamins***		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (Pediatric Multiple Vitamins)	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)

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LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 1	OTC
*Pediatric Vitamins A & D W/ C***		
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 2	OTC
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>m-natal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal plus oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal-z oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>nutri-tab ob oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>one vite womens plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv fe fum/docusate/folic acid oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenacare oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenaplust oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet 29-1 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal forte oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus/iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>prenatal vitamins plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatvite rx oral tablet 0.8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>preplus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pretab oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re prenatal multivitamin/iron oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal one oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>thrivite 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	Tier 1	
<i>triadvance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal ultra oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra natal oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra tabs oral tablet</i>	Tier 1	
<i>ultra-natal oral tablet</i>	Tier 1	
<i>venatal-fa oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vinate ultra oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-advance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-vite gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vita-natal oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>v-natal oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vol-plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>westab plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Advanced Natalcare Oral Tablet 90-1 Mg)	Tier 1	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CAVAN-FOLATE OB ORAL TABLET 65-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL ADVANCE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL ULTRA ORAL TABLET , 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
LACTOCAL-F ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
M-VIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
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)
O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet)	Tier 1	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	OTC; QL (1 EA per 1 day)
TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	PA; QL (8 EA per 1 day)
*Viscosupplements***		
<i>sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml</i>	Tier 3	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
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; QL (7.5 ML per 180 days)
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
<i>saline nasal spray nasal solution 0.65 %</i>	Tier 1	OTC
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier 1	MAIL; QL (30 ML per 25 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	ST; QL (30 ML per 25 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	ST; QL (30.5 GM per 25 days)
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	OTC; QL (52 ML per 25 days)
*Nasal Steroids***		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 3	PA
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	OTC; QL (8.43 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	ST; QL (25 ML per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	OTC; QL (16.9 ML per 25 days)
*Systemic Decongestants***		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral liquid 30 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral syrup 30 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	OTC
*Topical Decongestants***		
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 1	OTC
Neuromuscular Agents		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
Nutrients		
*Misc. Nutritional Substances***		
<i>dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 1	OTC
<i>fish oil omega-3 oral capsule 1000 mg</i>	Tier 1	OTC
<i>fish oil oral capsule 1000 mg, 300 mg, 500 mg</i>	Tier 1	OTC
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Tier 1	OTC
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Tier 1	OTC
<i>omega-3 fish oil oral capsule 500 mg</i>	Tier 1	OTC
<i>omega-3 oral capsule 300 mg</i>	Tier 1	OTC
<i>prenatal dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 3	MAIL; QL (8 ML per 25 days)

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*Artificial Tear And Lubricant Combinations***		
<i>artificial eye ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %</i>	Tier 1	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	OTC
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 3	PA
*Artificial Tear Solutions***		
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>eye drops ophthalmic solution 0.5 %</i>	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1	QL (60 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	QL (5 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Cycloplegic Mydriatics***		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 28 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 28 days)
<i>atropine-care ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 28 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)

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

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Drug Name	Formulary Status	Requirements/Limits
<i>romycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobramycin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobrasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 1	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 3	PA
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, 500-100000 unit/gm</i>	Tier 1	
<i>neocin ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neocin-pg ophthalmic solution 0.025-2.5-10000</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025</i>	Tier 1	
<i>polycin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	QL (10 ML per 25 days)
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier 1	
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
*Ophthalmic Antivirals***		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 3	PA
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Ophthalmic Hyperosmolar Products***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	OTC
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 1	PA
*Ophthalmic Local Anesthetics***		
<i>parcaine ophthalmic solution 0.5 %</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 3	PA
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 1	QL (15 ML per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
*Ophthalmic Steroid Combinations***		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 3	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>methadex ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	QL (10 ML per 25 days)
<i>triple antibiotic ophthalmic ointment 0.35-10000-0.1</i>	Tier 1	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
*Ophthalmic Steroids***		
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 3	PA
<i>dexasol ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 25 days)
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	PA
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 1	PA
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	Tier 1	PA
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
Fluorometholone (Fluor-Op Ophthalmic Suspension 0.1 %)	Tier 1	QL (15 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	QL (15 ML per 25 days)
*Ophthalmics - Cystinosis Agents**		
CYSTARAN OPTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 3	PA
*Prostaglandins - Ophthalmic***		
LUMIGAN OPTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 3	ST; MAIL; QL (5 ML per 25 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MAIL; QL (5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	ST; MAIL; QL (30 EA per 25 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	Tier 1	
<i>carbamide ear drops otic solution 6.5 %</i>	Tier 1	OTC
<i>ear drops for swimmers otic liquid 95-5 %</i>	Tier 1	OTC
<i>instant ear-dry otic liquid 95-5 %</i>	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone)	Tier 3	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
<i>antibiotic ear otic solution 3.5-10000-1</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	PA
<i>cortomycin otic solution 3.5-10000-1</i>	Tier 1	
<i>cortomycin otic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Oxytocics		
*Oxytocics***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 1	
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 3	PA
*Immune Serums***		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
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, 10 GM/50ML, 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	

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Drug Name	Formulary Status	Requirements/Limits
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 3	PA
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	AGE (Max 12 Years)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 1	
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5ML)	Tier 1	AGE (Max 12 Years)
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 1	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5ML)	Tier 1	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 1	
*Penicillin Combinations***		
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 3	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	QL (20 EA per 10 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	AGE (Max 12 Years)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
Progestins		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
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***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 1	PA
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	Tier 1	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	PA
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	PA; MAIL; AGE (Max 64 Years)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	PA
<i>pimozide oral tablet 1 mg</i>	Tier 1	MAIL; QL (10 EA per 1 day)
<i>pimozide oral tablet 2 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
*Smoking Deterrents***		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PREV	QL (2 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PREV	OTC; QL (8 EA per 1 day)

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<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PREV	OTC; QL (56 EA per 25 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	PREV	OTC; QL (1 EA per 1 day)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	PREV	QL (106 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (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***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 3	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 3	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 3	PA; QL (75 ML per 25 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 3	PA
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral capsule 267 mg</i>	Tier 1	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 1	PA
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	

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

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Drug Name	Formulary Status	Requirements/Limits
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levothroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Toxoids		
*Toxoid Combinations***		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	AGE (Max 64 Years)
*Belladonna Alkaloids***		
<i>colidrops oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax Oral Tablet 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Ft Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-SI Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Spacol T/S Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax Fastabs Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-SI Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
*H-2 Antagonists***		
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 1	OTC
<i>cimetidine oral tablet 200 mg</i>	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	MAIL
<i>famotidine maximum strength oral tablet 20 mg</i>	Tier 1	MAIL; OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	MAIL; QL (5 ML per 1 day); AGE (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MAIL
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Proton Pump Inhibitors***		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1	QL (20 EA per 10 days)
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PREV	QL (4 EA per 1 day)
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin transdermal patch twice weekly 3.9 mg/24hr</i>	Tier 2	MAIL; QL (8 EA per 25 days)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; OTC; QL (8 EA per 25 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; QL (8 EA per 25 days)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1	QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>solifenacin succinate oral tablet 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>solifenacin succinate oral tablet 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Vaccines		
*Bacterial Vaccines***		
<i>penmenvy intramuscular suspension reconstituted</i>	PREV	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
*Viral Vaccine Combinations***		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
*Viral Vaccines***		
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	Tier 1	QL (3 injections per 1 lifetime)
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	PREV	
<i>moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	PREV	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i>	PREV	
<i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i>	PREV	

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

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Drug Name	Formulary Status	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 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 injections per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
IPOL INJECTION INJECTABLE (Poliovirus Vaccine Inactivated)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Months)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	
<i>clotrimazole vaginal cream 2 %</i>	Tier 1	OTC
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC
<i>miconazole 3 vaginal cream 4 %</i>	Tier 1	OTC
<i>miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	
<i>miconazole 7 vaginal cream 2 %</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppository 100 mg</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<i>tioconazole-1 vaginal ointment 6.5 %</i>	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

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

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

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

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

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