

2026 | 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 January 1, 2026.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

Aviso:

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

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



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 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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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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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).
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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.

2026

Formulario y guía de medicamentos

(Lista de medicamentos cubiertos)

Molina Healthcare of New York, Inc

Essential Plan

[MolinaHealthcare.com](https://www.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 “ANTIHYPERTENSIVES”.

- 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 of New York, Inc Essential Plan - Diabetes No Cost-Sharing

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	Lancets
Alcohol Swabs/Sheets	Lipid and Glucose Test Strips
Blood Glucose & Blood Cholesterol Monitors	Urine Glucose Monitoring Supplies
Blood Glucose & Blood Lipid Monitors	Urine Glucose-Ketones Test Strips
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	

Medications

Actoplus Met (Pioglitazone-Metformin)
Actos (Pioglitazone)
Adlyxin (Lixisenatide)
Amaryl (Glimepiride)
Avandia (Rosiglitazone)
Baqsimi (Glucagon)
Brenzavvy (Bexagliflozin)
Brynovin (Sitagliptin)
Bydureon BCise (Exenatide ER)
Byetta (Exenatide)
Cycloset (Bromocriptine)
Diabeta (Glyburide)
Duetact (Pioglitazone-Glimepiride)
Farxiga (Dapagliflozin)
Fortamet (Metformin ER)
Glucagon Emergency Kits
Glucophage (Metformin)
Glucose (Chews/Gel/Liquid)
Glucose-Vitamin C Chews
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)
Invokamet XR (Canagliflozin-Metformin ER)
Invokana (Canagliflozin)
Janumet (Sitagliptin-Metformin ER)
Januvia (Sitagliptin)
Jardiance (Empagliflozin)
Jentadueto (Linagliptin-Metformin)
Kazano (Alogliptin-Metformin)
Kombiglyze XR (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)
Synjardy XR (Empagliflozin-Metformin ER)
Tadjenta (Linagliptin)
Trijardy (Empagliflozin-Linagliptin-Metformin ER)
Trulicity (Dulaglutide)
Victoza (Liraglutide)
Xigduo XR (Dapagliflozin-Metformin ER)
Xultophy (Insulin Degludec-Liraglutide)
Zegalogue (Dasiglucagon)
Zituvimet (Sitagliptin Free Base-Metformin)
Zituvimet XR (Sitagliptin Free Base-Metformin ER)
Zituvio (Sitagliptin)



Molina Healthcare of New York, Inc Essential Plan
Formulary Changes Effective January 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
ACNE MEDICAT LOT 10%	Adding to Formulary, Generic Tier	
ACNE MEDICAT LOT 5%	Adding to Formulary, Generic Tier	
ALOG/PIOGLIT TAB 12.5-15	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-30	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-45	Removing from Formulary	
ALOG/PIOGLIT TAB 25-15MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-30MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-45MG	Removing from Formulary	
AMPHETAMINE TAB 10MG	Adding to Formulary, Generic Tier	Quantity and Age Limits Apply
AMPHETAMINE TAB 5MG	Adding to Formulary, Generic Tier	Quantity and Age Limits Apply
APOKYN INJ 10MG/ML	Removing from Formulary	
ARALAST NP INJ 1000MG	Removing from Formulary	Medical Coverage
ATROVENT HFA AER 17MCG	Removing from Formulary	
AVITA CRE 0.025%	Removing from Formulary	Tretinoin Available on Generic Tier
AVITA GEL 0.025%	Removing from Formulary	Tretinoin Available on Generic Tier
Azelaic Acid GEL 15%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
BEYFORTUS INJ 100MG/ML	Adding to Formulary Non-Preferred Brand with Prior Authorization	Age Limits Apply
BEYFORTUS INJ 50/0.5ML	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Age Limits Apply
BISMTH/METR/ CAP TETRACY	Adding to Formulary, Generic Tier	Quantity Limits Apply
Briviact SOLN 10MG/ML	Adding to Formulary, Preferred Brand Tier	Age Limits Apply
Briviact TABS 100MG	Adding to Formulary, Preferred Brand Tier	
Briviact TABS 10MG	Adding to Formulary, Preferred Brand Tier	
Briviact TABS 25MG	Adding to Formulary, Preferred Brand Tier	
Briviact TABS 50MG	Adding to Formulary, Preferred Brand Tier	
Briviact TABS 75MG	Adding to Formulary, Preferred Brand Tier	
CABOMETYX TAB 20MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
CABOMETYX TAB 40MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
CABOMETYX TAB 60MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Calcipotriene CREA 0.005 %	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CAPTOPR/HCTZ TAB 25-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 25-25MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-25MG	Removing from Formulary	
CIPRO HC SUS OTIC	Removing from Formulary	Ciprofloxacin-HC SUSP 0.2-1% available



Drug Name	Description of Formulary Change	Notes/Alternatives
Ciprofloxacin-Fluocinolone PF SOLN 0.3-0.025%	Adding to Formulary, Generic Tier	Quantity Limits and Age Limits Apply
COMETRIQ KIT 100MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 140MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 60MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
DABIGATRAN CAP 110MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 150MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 75MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DEXMETHYLPHE CAP 5MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 10MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 15MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 20MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 25MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 30MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 35MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DEXMETHYLPH CAP 40MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DIFFERIN LOT 0.1%	Removing from Formulary	
EPROSART MES TAB 600MG	Removing from Formulary	
FANAPT PAK	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 1MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 2MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 4MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 6MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 8MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 10MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 12MG	Removing from Formulary	Adding Rexulti and Vraylar
Farydak CAPS 10MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Farydak CAPS 15MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply

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



Drug Name	Description of Formulary Change	Notes/Alternatives
Farydak CAPS 20MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
FULPHILA SOSY 6MG/0.6ML	Removing from Formulary	
Glassia SOLN 1000MG/50ML	Removing from Formulary	Medical Coverage
Glassia SOLN 4GM/200ML	Removing from Formulary	Medical Coverage
Glassia SOLN 5GM/250ML	Removing from Formulary	Medical Coverage
GLUCAGON KIT 1MG	Changing from Generic Tier to Preventative Tier	Quantity Limits Apply
Imbruvica CAP 70MG	Adding to Formulary, Preferred Brand with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 140MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 280MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 420MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 560MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
INLYTA TAB 1MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
INLYTA TAB 5MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Quantity Limits Apply
Insulin Glargine-yfgn SOLN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Insulin Glargine-yfgn SOPN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Lagevrio CAPS 200MG	Adding to Formulary Preferred Brand Tier	Quantity Limits Apply
LANSOPR/AMOX MIS /CLARITH	Removing from Formulary	
LEVALBUTEROL INH HFA 200	Adding to Formulary, Generic Tier	Quantity Limits Apply
MENEST TAB 2.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MESALAMINE TAB 1.2GM DR	Adding to Formulary, Generic Tier	
MESALAMINE TAB 800MG DR	Removing from Formulary	Mesalamine TBEC 1.2GM Preferred
Miconazole 3 SUPP 200MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Niacin ER TBCR 1000MG	Adding to Formulary, Generic Tier	Quantity Limits Apply **OTC Only
NORVIR POW 100MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
OXYCODONE TAB 10MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
OXYCODONE TAB 15MG ER	Adding to Formulary, Generic Tier with Prior Authorization	

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Drug Name	Description of Formulary Change	Notes/Alternatives
OXYCODONE TAB 20MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
OXYCODONE TAB 30MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
OXYCODONE TAB 40MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
OXYCODONE TAB 60MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
OXYCODONE TAB 80MG ER	Adding to Formulary, Generic Tier with Prior Authorization	
PHENADOZ SUP 12.5MG	Removing from Formulary	
PHENADOZ SUP 25MG	Removing from Formulary	
PROLASTIN-C INJ 1000MG	Removing from Formulary	Medical Coverage
PROLIA SOL 60MG/ML	Removing from Formulary	Medical Coverage
PROMETHAZINE SUP 12.5MG	Removing from Formulary	
PROMETHAZINE SUP 25MG	Removing from Formulary	
PROMETHEGAN SUP 12.5MG	Removing from Formulary	
PROMETHEGAN SUP 25MG	Removing from Formulary	
PYRIME/LEUCO CAP 12.5/2.5	Removing from Formulary	
PYRIME/LEUCO CAP 25/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 25/5MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/20MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/25MG	Removing from Formulary	
PYRIME/LEUCO CAP 75/25MG	Removing from Formulary	
QUINTABS TAB	Adding to Formulary, Generic Tier	
REYVOW TABS 50MG	Removing from Formulary	UBRELVY Preferred
REYVOW TABS 100MG	Removing from Formulary	UBRELVY Preferred
RINVOQ LQ SOL 1MG/ML	Adding to Formulary, Non-Preferred Brand with Prior Authorization	Age Limits Apply
SOMAVERT INJ 25MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	
Somavert SOLR 30MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	
Sprycel TABS 100MG	Removing from Formulary	Generic Available
Sprycel TABS 140MG	Removing from Formulary	Generic Available
Sprycel TABS 20MG	Removing from Formulary	Generic Available
Sprycel TABS 50MG	Removing from Formulary	Generic Available
Sprycel TABS 70MG	Removing from Formulary	Generic Available

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Drug Name	Description of Formulary Change	Notes/Alternatives
Sprycel TABS 80MG	Removing from Formulary	Generic Available
Stelara SOLN 45MG/0.5ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOSY 90MG/ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOLN 130MG/26ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
SYNAGIS INJ 50/0.5ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAGIS INJ 100MG/ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
TASIGNA CAP 50MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 150MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 200MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TAVABOROLE SOLN 5%	Prior Authorization Added	Quantity Limits Added
TAZAROTENE GEL 0.1%	Quantity Limits Added	
TECHLITE INSULIN SYRINGE MISC 30G X 1/2"0.3 ML	Adding to Formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	Quantity Limits Apply
Telmisartan TABS 20MG	Removing Step Therapy	Quantity Limits Apply
Telmisartan TABS 40MG	Removing Step Therapy	Quantity Limits Apply
Telmisartan TABS 80MG	Removing Step Therapy	Quantity Limits Apply
TRETINOIN CRE 0.025%	Remove Step Therapy	Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.05%	Remove Step Therapy	Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.1%	Remove Step Therapy	Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.01%	Remove Step Therapy	Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.025%	Remove Step Therapy	Quantity Limits and Age Limits Apply
TRIZIVIR TABS 300-150-300MG	Removing from Formulary	No Longer Available
Venclexta Starting Pack TBPK 10 & 50 & 100MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Venclexta TABS 10MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Venclexta TABS 50MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Venclexta TABS 100MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Viread POWD 40MG/GM	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 150MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 200MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 250MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 300MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Vraylar CPPK 1.5 & 3MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
XARELTO SUS 1MG/ML	Removing from Formulary	Generic Available
XARELTO TAB 2.5MG	Removing from Formulary	Remove Brand; Generic Available
XOFLUZA TAB 20MG	Removing from Formulary	
ZARXIO SOSY 300MCG/0.5ML	Removing from Formulary	Medical Coverage
ZARXIO SOSY 480MCG/0.8ML	Removing from Formulary	Medical Coverage
ZEJULA TAB 100MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
ZEJULA TAB 200MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
ZEJULA TAB 300MG	Adding to Formulary, Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
ZEMAIRA INJ 1000MG	Removing from Formulary	Medical Coverage
Zenpep CPEP 60000-189600UNIT	Adding to Formulary, Preferred Brand Tier	

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

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Drug Name	Formulary Status	Requirements/Limits
Dextroamphetamine Sulfate (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	QL (120 ML per 999 days); 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 er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<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)
<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)

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Drug Name	Formulary Status	Requirements/Limits
modafinil oral tablet 200 mg	Tier 1	PA; QL (2 EA per 1 day)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Alternative Medicines		
*Alternative Medicine - Me's***		
melatonin er oral tablet extended release 10 mg	Tier 1	OTC
melatonin oral capsule 3 mg, 5 mg	Tier 1	OTC
melatonin oral liquid 1 mg/4ml	Tier 1	OTC
melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg	Tier 1	OTC
melatonin oral tablet dispersible 5 mg	Tier 1	OTC
*Alternative Medicine Combinations - Two Ingredients***		
melatonin oral tablet 3-2 mg	Tier 1	OTC
melatonin tr with vitamin b6 oral tablet extended release 3-10 mg	Tier 1	OTC
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 1	OTC
melatonin-pyridoxine oral tablet 1-10 mg	Tier 1	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 1	OTC
Aminoglycosides		
*Aminoglycosides***		
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
neomycin sulfate oral tablet 500 mg	Tier 1	
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 1	PA
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ LQ ORAL SOLUTION 1 MG/ML (Upadacitinib)	Tier 3	PA; AGE (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 3	PA; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwbd)	Tier 3	PA; QL (0.072 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwbd)	Tier 3	PA; QL (0.072 ML per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (0.072 EA per 1 day); 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

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Drug Name	Formulary Status	Requirements/Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	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 (0.072 EA per 1 day); Preferred Brand
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (3 ML per 365 days); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (3 ML per 365 days); PREFERRED CORDAVIS BRAND
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 ML per 365 days); PREFERRED CORDAVIS BRAND
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 3	PA
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 2	PA; QL (0.072 EA per 1 Day)

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Drug Name	Formulary Status	Requirements/Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 2	PA; QL (2 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 2	PA; QL (4 EA per 365 days)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 2	PA; QL (0.072 EA per 1 Day)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 2	PA; QL (0.072 EA per 1 day)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (Adalimumab-ryvk)	Tier 2	PA; QL (0.072 EA per 1 day)
*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
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 3	PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s***		
all day pain relief oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<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>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen infants drops oral suspension 50 mg/1.25ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<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>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; MAIL; 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; MAIL
<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 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	MAIL; 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</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; MAIL; 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)
ADDAPRIN ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (Ibuprofen)	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
MOTRIN IB ORAL CAPSULE 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
MOTRIN IB ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 1	PA; QL (4 EA per 1 day)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 3	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 3	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (Apremilast)	Tier 3	PA; Preferred Brand
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 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)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
Analgesics - Nonnarcotic		
*Analgesics Other***		
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Tier 1	OTC
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Tier 1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	OTC
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral solution 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral suspension 80 mg/0.8ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
acetaminophen oral tablet 325 mg	Tier 1	OTC
acetaminophen oral tablet chewable 80 mg	Tier 1	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 1	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	OTC
apra oral elixir 160 mg/5ml	Tier 1	OTC
arthritis pain relief oral tablet extended release 650 mg	Tier 1	OTC
childrens aspirin free oral elixir 80 mg/2.5ml	Tier 1	OTC
mapap oral capsule 500 mg	Tier 1	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (Acetaminophen)	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (Acetaminophen)	Tier 1	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (Acetaminophen)	Tier 1	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG (Acetaminophen)	Tier 1	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (Acetaminophen)	Tier 1	OTC
PHARBETOL ORAL TABLET 325 MG (Acetaminophen)	Tier 1	OTC
*Analgesics-Sedatives***		
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
TENCON ORAL TABLET 50-325 MG (Butalbital-Acetaminophen)	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
*Salicylates***		
aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
aspirin oral tablet delayed release 325 mg	Tier 1	OTC
cvs aspirin oral tablet 325 mg	Tier 1	OTC
diflunisal oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
eq aspirin oral tablet 325 mg	Tier 1	OTC
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
salsalate oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
BAYER ASPIRIN ORAL TABLET 325 MG (Aspirin)	Tier 1	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
Analgesics - Opioid		
*Codeine Combinations***		
acetaminophen-codeine oral solution 300-30 mg/12.5ml	Tier 1	AGE (Min 12 Years); MED
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 1	QL (8 EA per 1 day); MED
*Hydrocodone Combinations***		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 1	MED
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 1	PA; QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
*Opioid Agonists***		
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
codeine sulfate oral tablet 30 mg	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (10 EA per 25 days); MED
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	PA; MED
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; MED
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	QL (12 EA per 1 day); MED
meperidine hcl oral solution 50 mg/5ml	Tier 1	AGE (Max 64 Years); MED
meperidine hcl oral tablet 50 mg	Tier 1	AGE (Max 64 Years); MED
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	QL (360 EA per 25 days); MED
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 1	QL (15 EA per 1 day); MED
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	QL (3 EA per 1 day); MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	PA; MED
oxycodone hcl oral solution 5 mg/5ml	Tier 1	MED
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (6 EA per 1 day); MED
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 1	PA; QL (120 EA per 25 days); MED
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	PA; MED
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED
*Opioid Combinations***		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1	QL (8 EA per 1 day); MED

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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
*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</i>	Tier 1	PA
OXANDRIN ORAL TABLET 2.5 MG (Oxandrolone)	Tier 1	PA
*Androgens***		
<i>methitest oral tablet 10 mg</i>	Tier 3	PA; AGE (Min 18 Years)
<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>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA; AGE (Min 18 Years)
<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)
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	
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Rectal Local Anesthetics***		
<i>dibucaine rectal ointment 1 %</i>	Tier 1	OTC
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Antacids		
*Antacid & Simethicone***		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Tier 1	OTC
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	OTC
<i>comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Tier 1	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
*Antacid Combinations***		
<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
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (Alum Hydroxide-Mag Carbonate)	Tier 1	OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (Alum Hydroxide-Mag Carbonate)	Tier 1	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	OTC
*Antacids - Calcium Salts***		
<i>antacid maximum oral tablet chewable 1000 mg</i>	Tier 1	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Tier 1	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
calcium carbonate antacid oral tablet chewable 500 mg	Tier 1	OTC
childrens pepto oral tablet chewable 400 mg	Tier 1	OTC
ra antacid ultra strength oral tablet chewable 1000 mg	Tier 1	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 1	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (Calcium Carbonate Antacid)	Tier 1	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (Calcium Carbonate Antacid)	Tier 1	OTC
*Antacids - Magnesium Salts***		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 1	OTC
Anthelmintics		
*Anthelmintics***		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
albendazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
ivermectin oral tablet 3 mg	Tier 1	QL (16 EA per 2 days)
mebendazole oral tablet chewable 100 mg	Tier 1	
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 1	OTC
praziquantel oral tablet 600 mg	Tier 1	PA
Antianginal Agents		
*Antianginals-Other***		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
*Nitrates***		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Tier 1	MAIL; QL (4 EA per 1 day)
isosorbide dinitrate oral tablet 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	MAIL; QL (2 EA per 1 day)
isosorbide mononitrate oral tablet 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)
isosorbide mononitrate oral tablet 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	MAIL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	MAIL; QL (1 EA per 1 day)
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
bupirone hcl oral tablet 10 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Min 6 Years)
bupirone hcl oral tablet 15 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 6 Years)
bupirone hcl oral tablet 30 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>buspirone hcl oral tablet 5 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 7.5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 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	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 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 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)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	MAIL

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

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Drug Name	Formulary Status	Requirements/Limits
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)
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	MAIL
*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	MAIL; QL (18 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (6.7 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (8.5 GM per 24 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	MAIL; QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml</i>	Tier 1	MAIL; QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	MAIL; QL (300 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	MAIL
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 1	MAIL; QL (120 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	ST; MAIL; QL (150 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 1	ST; MAIL; QL (150 EA per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1	MAIL; QL (15 GM per 25 days)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Bronchodilators - Anticholinergics***		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (Tiotropium Bromide)	Tier 2	MAIL; QL (4 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (Tiotropium Bromide)	Tier 2	MAIL; QL (4 GM per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MAIL; QL (10 ML per 1 day)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	Tier 1	MAIL; QL (30 EA per 25 days)
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 3	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 3	PA; QL (3 EA per 23 days)
*Leukotriene Receptor Antagonists***		
<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	MAIL; QL (2 EA per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	PA; MAIL
*Steroid Inhalants***		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 1	MAIL; QL (120 ML per 25 days); AGE (Max 9 Years)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 1	MAIL; QL (12 GM per 25 days); AGE (Max 11 Years)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 1	MAIL; QL (10.6 GM per 25 days); AGE (Max 11 Years)
*Xanthines***		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	MAIL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	MAIL
theophylline oral elixir 80 mg/15ml	Tier 1	MAIL
theophylline oral solution 80 mg/15ml	Tier 1	MAIL
Anticoagulants		
*Coumarin Anticoagulants***		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	MAIL
*Direct Factor Xa Inhibitors***		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (Apixaban)	Tier 2	QL (84 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (Apixaban)	Tier 2	QL (112 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (Apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (Apixaban)	Tier 2	QL (16 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 1	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
rivaroxaban oral tablet 2.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Heparins And Heparinoid-Like Agents***		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 1	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
*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
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 3	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	
*Anticonvulsants - Benzodiazepines***		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
<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)
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 3	MAIL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
BRIVIACT ORAL SOLUTION 10 MG/ML (Brivaracetam)	Tier 2	AGE (Max 16 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (Brivaracetam)	Tier 2	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	MAIL
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 1	MAIL
carbamazepine oral tablet 200 mg	Tier 1	MAIL
carbamazepine oral tablet chewable 100 mg	Tier 1	MAIL
carbamazepine oral tablet chewable 200 mg	Tier 1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	MAIL
gabapentin oral solution 250 mg/5ml	Tier 1	MAIL
gabapentin oral tablet 600 mg, 800 mg	Tier 1	MAIL
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	MAIL
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	MAIL
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL
levetiracetam oral solution 100 mg/ml	Tier 1	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	MAIL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	MAIL
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
rufinamide oral suspension 40 mg/ml	Tier 1	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 1	MAIL
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 1	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL

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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
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	MAIL
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	MAIL
*Gaba Modulators***		
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	MAIL
<i>vigabatrin oral packet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 1	QL (6 EA per 1 day)
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Tier 1	MAIL
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 1	MAIL
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MAIL
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MAIL
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MAIL
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MAIL
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	MAIL
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<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)

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Drug Name	Formulary Status	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	MAIL; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day)
*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
phenelzine sulfate oral tablet 15 mg	Tier 1	MAIL; QL (6 EA per 1 day)
tranylcypromine sulfate oral tablet 10 mg	Tier 1	MAIL; QL (8 EA per 1 day)
*Selective Serotonin Reuptake Inhibitors (SsrIs)***		
citalopram hydrobromide oral solution 10 mg/5ml	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years)
citalopram hydrobromide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
citalopram hydrobromide oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5ml	Tier 1	MAIL; AGE (Max 12 Years)
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fluoxetine hcl oral capsule 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)
fluoxetine hcl oral capsule 20 mg	Tier 1	MAIL; QL (4 EA per 1 day)
fluoxetine hcl oral capsule 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fluoxetine hcl oral solution 20 mg/5ml	Tier 1	MAIL; AGE (Max 12 Years)
fluvoxamine maleate oral tablet 100 mg	Tier 1	MAIL; QL (3 EA per 1 day)
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
sertraline hcl oral concentrate 20 mg/ml	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years)
sertraline hcl oral tablet 100 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
sertraline hcl oral tablet 25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Serotonin Modulators***		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 3	PA; MAIL
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 1	PA; MAIL
*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
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<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	MAIL; 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)
<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	MAIL; QL (6 EA per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
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)

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Drug Name	Formulary Status	Requirements/Limits
*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***		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
metformin hcl oral tablet 1000 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metformin hcl oral tablet 500 mg	Tier 1	MAIL; QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	Tier 1	MAIL; QL (3 EA per 1 day)
*Diabetic Other - Combinations***		
gnp glucose oral tablet chewable 4-6 gm-mg	Tier 1	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (Glucose-Vitamin C)	Tier 1	OTC
*Diabetic Other***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION (Glucagon HCl)	Tier 2	QL (2 EA per 25 days)
diazoxide oral suspension 50 mg/ml	Tier 1	MAIL
glucagon emergency injection solution reconstituted 1 mg	Tier 1	QL (2 EA per 25 days)
gnp glucose oral tablet chewable 4 gm	Tier 1	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 1	ST; MAIL; QL (1 EA per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
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)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	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)
*Human Insulin***		
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Tier 2	MAIL; QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Tier 2	QL (30 ML per 25 days)
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Tier 2	MAIL; QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	PREV	MAIL; QL (30 ML per 25 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	PREV	MAIL; QL (15 ML per 25 days)
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	PREV	MAIL; QL (30 ML per 25 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	PREV	MAIL; QL (15 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	PREV	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	PREV	MAIL; QL (18 ML per 25 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	PREV	MAIL; QL (30 ML per 25 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	PREV	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)	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	PREV	MAIL; OTC; QL (30 ML per 25 days)
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	PREV	MAIL; QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	PREV	MAIL; QL (30 ML per 25 days)
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	PREV	MAIL; QL (30 ML per 25 days)
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	PREV	MAIL; QL (18 ML per 25 days)
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	PREV	MAIL; QL (18 ML per 25 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	PREV	MAIL; QL (30 ML per 25 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	PREV	MAIL; QL (30 ML per 25 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 28 days)
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; MAIL; QL (9 ML per 25 days)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
*Meglitinide Analogues***		
<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)

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Drug Name	Formulary Status	Requirements/Limits
*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-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linagliptin-Metform)	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)
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***		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
*Sulfonylureas***		
tolazamide oral tablet 250 mg, 500 mg	Tier 2	MAIL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glipizide oral tablet 10 mg, 5 mg	Tier 1	MAIL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glycron oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	MAIL
tolbutamide oral tablet 500 mg	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*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>gnp pink bismuth oral tablet 262 mg</i>	Tier 1	OTC
<i>sb bismuth oral tablet 262 mg</i>	Tier 1	OTC
<i>stomach relief oral suspension 525 mg/15ml</i>	Tier 1	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Tier 1	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
*Antiperistaltic Agents***		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
<i>anti-diarrheal oral tablet 2 mg</i>	Tier 1	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Tier 1	OTC
<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
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)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 1	QL (0.8 EA per 28 days)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ondansetron hcl +rfid injection solution prefilled syringe 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl injection solution prefilled syringe 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)
<i>travel-ease oral tablet 25 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRIMINATE ORAL TABLET 50 MG (Dimenhydrinate)	Tier 1	OTC
*Antiemetics - Miscellaneous***		
<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)

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Drug Name	Formulary Status	Requirements/Limits
fluconazole oral tablet 150 mg	Tier 1	QL (2 EA per 25 days)
itraconazole oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
voriconazole oral tablet 200 mg, 50 mg	Tier 1	PA
Antihistamines		
*Antihistamines - Alkylamines***		
aller-chlor oral tablet 4 mg	Tier 1	OTC
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 1	OTC; QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (Dexchlorpheniramine Maleate)	Tier 1	PA
WAL-FINATE ORAL TABLET 4 MG (Chlorpheniramine Maleate)	Tier 1	OTC
*Antihistamines - Ethanolamines***		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 1	OTC
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine fumarate oral tablet 2.68 mg	Tier 1	
diphenhist oral capsule 25 mg	Tier 1	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl oral capsule 25 mg	Tier 1	
diphenhydramine hcl oral capsule 50 mg	Tier 1	OTC
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 1	OTC; AGE (Max 12 Years)
diphenhydramine hcl oral tablet 25 mg, 50 mg	Tier 1	OTC
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 1	OTC; AGE (Max 12 Years)
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5ML)	Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (Clemastine Fumarate)	Tier 1	OTC
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
*Antihistamines - Non-Sedating***		
cetirizine hcl oral solution 1 mg/ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 1	OTC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<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>loradamed oral tablet 10 mg</i>	Tier 1	OTC; 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)
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 180 MG (Fexofenadine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 60 MG (Fexofenadine HCl)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML (Loratadine)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ITIN ORAL TABLET 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (Cetirizine HCl)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ZYR ORAL TABLET 10 MG (Cetirizine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<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)
*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	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	MAIL; 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	MAIL; QL (240 EA 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	MAIL; QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>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>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	MAIL; 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	MAIL; QL (1 EA per 1 day)
<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; MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	ST; MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<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	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<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; MAIL
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	MAIL
*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	MAIL; QL (4 EA per 1 day)
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	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
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>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)

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Drug Name	Formulary Status	Requirements/Limits
*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	MAIL; QL (1 EA per 1 day)
*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	MAIL; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 1	MAIL; QL (2 EA per 1 day)
valsartan oral tablet 320 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	MAIL; QL (4 EA per 1 day)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	ST; MAIL; QL (4 EA per 25 days)
guanfacine hcl oral tablet 1 mg	Tier 1	MAIL; QL (4 EA per 1 day)
guanfacine hcl oral tablet 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
methyldopa oral tablet 250 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
methyldopa oral tablet 500 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
*Antiadrenergics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
doxazosin mesylate oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
terazosin hcl oral capsule 1 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
terazosin hcl oral capsule 10 mg, 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	MAIL
*Beta Blocker & Diuretic Combinations***		
atenolol-chlorthalidone oral tablet 100-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
atenolol-chlorthalidone oral tablet 50-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 1	MAIL; QL (3 EA per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Direct Renin Inhibitors***		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day)
*Selective Aldosterone Receptor Antagonists (Saras)***		
eplerenone oral tablet 25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
eplerenone oral tablet 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Vasodilators***		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	MAIL
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
<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>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	
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	Tier 1	AGE (Max 12 Years)
*Antiprotozoal 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
*Glycopeptides***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	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>fosfomicin 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)

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Drug Name	Formulary Status	Requirements/Limits
nitrofurantoin oral suspension 25 mg/5ml	Tier 1	AGE (Max 12 Years)
Antimalarials		
*Antimalarial Combinations***		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 3	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	QL (1 EA per 1 day)
*Antimalarials***		
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (20 EA per 25 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (10 EA per 25 days)
hydroxychloroquine sulfate oral tablet 200 mg	Tier 1	QL (4 EA per 1 day)
mefloquine hcl oral tablet 250 mg	Tier 1	QL (6 EA per 25 days)
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 1	PA; QL (21 EA per 25 days)
quinine sulfate oral capsule 324 mg	Tier 1	QL (30 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
pyridostigmine bromide oral tablet 60 mg	Tier 1	QL (6 EA per 1 day)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 3	
TRECATOR ORAL TABLET 250 MG (Ethionamide)	Tier 3	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 2	
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 2	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antineoplastics And Adjunctive Therapies		
*Androgen Biosynthesis Inhibitors***		
abiraterone acetate oral tablet 250 mg	Tier 1	PA; ONC; QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 3	PA; ONC

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Drug Name	Formulary Status	Requirements/Limits
*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	ONC
bicalutamide oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antiestrogens***		
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	MAIL; ONC; PREV for ages 35 and over
toremifene citrate oral tablet 60 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
*Antimetabolites***		
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 3	PA; ONC
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; ONC; QL (4 EA per 1 day)
mercaptopurine oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
methotrexate sodium (pf) injection solution 250 mg/10ml	Tier 1	ONC; QL (10 ML per 25 days)
methotrexate sodium (pf) injection solution 50 mg/2ml	Tier 1	MAIL; ONC; QL (10 ML per 25 days)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 1	ONC; QL (10 ML per 25 days)
methotrexate sodium oral tablet 2.5 mg	Tier 1	MAIL; ONC
*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; ONC; QL (3 EA per 1 day)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (Venetoclax)	Tier 3	PA; ONC; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (Venetoclax)	Tier 3	PA; ONC; QL (1 EA per 1 day)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 3	PA; ONC; QL (1 EA per 1 day)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
dasatinib oral tablet 20 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 1	PA; ONC; QL (4 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)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (Ibrutinib)	Tier 3	PA; ONC; QL (1 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (Ibrutinib)	Tier 2	PA; ONC; QL (1 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)
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
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; ONC; 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)

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

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Drug Name	Formulary Status	Requirements/Limits
exemestane oral tablet 25 mg	Tier 1	MAIL; ONC; PREV for ages 35 and over
letrozole oral tablet 2.5 mg	Tier 1	MAIL; 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***		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	Tier 1	ONC
leucovorin calcium oral tablet 5 mg	Tier 1	MAIL; ONC
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (Leucovorin Calcium)	Tier 1	MAIL; ONC
*Imidazotetrazines***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	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***		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 1	PA; ONC; AGE (Min 18 Years)
*Mitotic Inhibitors***		
etoposide oral capsule 50 mg	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
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	PA; ONC
melfalan oral tablet 2 mg	Tier 1	PA; ONC
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG (Lomustine)	Tier 3	PA; ONC; QL (3 EA per 1 day)
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Lomustine)	Tier 3	PA; ONC; QL (2 EA per 1 day)
lomustine oral capsule 10 mg	Tier 1	PA; QL (3 EA per 1 Day)
lomustine oral capsule 100 mg, 40 mg	Tier 1	PA; QL (2 EA per 1 Day)

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Drug Name	Formulary Status	Requirements/Limits
*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; ONC; QL (3 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (Niraparib Tosylate)	Tier 2	PA; ONC; QL (1 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	ONC
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	ONC
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	Tier 1	PA; ONC; QL (9 EA per 1 day)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; ONC; QL (6 EA per 1 day)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 3	PA; ONC; QL (4 EA per 1 day)
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***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
*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	MAIL; QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 1	MAIL; 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; MAIL
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	MAIL
*Levodopa Combinations***		
<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, 18.75-75-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 1	MAIL; 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	MAIL; QL (8 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
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)
<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 0.5 MG, 0.75 MG, 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; MAIL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
*Benzisoxazoles***		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	PA; MAIL
<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, 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 dispersible 4 mg</i>	Tier 1	MAIL; 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)
<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	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years)
*Phenothiazines***		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
prochlorperazine rectal suppository 25 mg	Tier 1	AGE (Min 6 Years)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Prochlorperazine (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
aripiprazole oral solution 1 mg/ml	Tier 1	MAIL; AGE (Max 11 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day); AGE (Min 6 Years and Max 16 Years)
*Thienbenzodiazepines***		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years)
*Thioxanthenes***		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Antiseptics & Disinfectants		
*Chlorine Antiseptics***		
chlorhexidine gluconate external solution 4 %	Tier 1	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 1	OTC
Antivirals		
*Antiretroviral Combinations***		
trimeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofovir)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
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 (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day); PREV when used for prevention
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
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 675-150 MG, 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)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 1	QL (1 EA per 1 day); PREV when used for prevention
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	QL (1 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (6 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
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)

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Drug Name	Formulary Status	Requirements/Limits
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day)
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - 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)
NORVIR ORAL PACKET 100 MG (Ritonavir)	Tier 2	QL (4 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG (Ralpivirine HCl)	Tier 2	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Tier 1	QL (12 EA per 1 day)
efavirenz oral tablet 600 mg	Tier 1	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 1	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 1	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
abacavir sulfate oral solution 20 mg/ml	Tier 1	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day)
emtricitabine oral capsule 200 mg	Tier 1	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	Tier 1	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 1	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
VIREAD ORAL POWDER 40 MG/GM (Tenofovir Disoproxil Fumarate)	Tier 2	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (Tenofovir Disoproxil Fumarate)	Tier 2	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***		
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)
*Cmv Agents***		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	PA
valganciclovir hcl oral tablet 450 mg	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

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Drug Name	Formulary Status	Requirements/Limits
<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)
<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)
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG (Molnupiravir)	Tier 2	QL (40 EA per 5 days)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (Zanamivir)	Tier 2	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (Oseltamivir Phosphate)	Tier 2	QL (2 EA per 1 day)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (Oseltamivir Phosphate)	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
<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)

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Drug Name	Formulary Status	Requirements/Limits
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 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)
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	MAIL
*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	MAIL; QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 1	MAIL; 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 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
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
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)
<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, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 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</i>	Tier 1	MAIL; QL (2 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</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)
<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)

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Drug Name	Formulary Status	Requirements/Limits
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	PA; MAIL
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg, 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)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Cardiotonics		
*Cardiac Glycosides***		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Tier 1	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

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Drug Name	Formulary Status	Requirements/Limits
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
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)
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	Tier 1	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
sildenafil citrate oral tablet 20 mg	Tier 1	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 1	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 1	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	PA; MAIL
Cephalosporins		
*Cephalosporins - 1St Generation***		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	AGE (Max 12 Years)
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 1	AGE (Max 12 Years)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<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 (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Oral***		
<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>drosipren-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>drosiprenone-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)

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Drug Name	Formulary Status	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
marlissa oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
AVERI ORAL TABLET 0.15-0.03 MG (Desogestrel-Eth Estrad-FE)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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

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

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Drug Name	Formulary Status	Requirements/Limits
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	MAIL
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)
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Syeda Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (Levonorgestrel-Ethinyl Estrad)	PREV	MAIL
Drospirenone-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)

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Ethinodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PREV	MAIL; QL (0.15 EA per 1 day)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	MAIL
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
*Combination Contraceptives - Vaginal***		
<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	MAIL
Etonogestrel-Ethinyl Estradiol (Eluryng 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)
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	PREV	OTC; QL (1 EA per 25 days)
AFTERA ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
MY CHOICE ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
MY WAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
NEW DAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPTION 2 ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
REACT ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
TAKE ACTION ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)

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

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Drug Name	Formulary Status	Requirements/Limits
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (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 (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	MAIL; OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	MAIL
*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>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)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (Norethin-Eth Estrad Triphasic)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
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 (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 sod phosphate pf injection solution 10 mg/ml</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 1	
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
*Mineralocorticoids***		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	MAIL
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
*Antitussive - Opioid***		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	
hydromet oral solution 5-1.5 mg/5ml	Tier 1	
*Antitussive-Expectorant***		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
g tussin ac oral solution 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 1	OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
*Decongestant & Antihistamine***		
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 2	OTC
allergy relief d oral tablet extended release 24 hour 10-240 mg	Tier 1	OTC; QL (1 EA per 1 day)
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	QL (240 ML per 25 days)
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Cetirizine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
*Decongestant W/ Expectorant***		
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Tier 1	OTC
*Expectorants***		
guaifenesin er oral tablet extended release 12 hour 600 mg	Tier 1	OTC; QL (2 EA per 1 day)
guaifenesin oral tablet 200 mg, 400 mg	Tier 1	OTC
mucus & chest congestion oral liquid 200 mg/10ml	Tier 1	OTC
refenesen 400 oral tablet 400 mg	Tier 1	OTC
scot-tussin expectorant oral liquid 100 mg/5ml	Tier 1	OTC
siltussin sa oral liquid 100 mg/5ml	Tier 1	OTC
tussin mucus & chest congest oral liquid 100 mg/5ml	Tier 1	OTC
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (GuaifENesin)	Tier 1	OTC
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (GuaifENesin)	Tier 1	OTC
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (GuaifENesin)	Tier 1	OTC
XPECT ORAL TABLET 400 MG (GuaifENesin)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	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>bromphen-pseudoeph-dm oral syrup 2-30-10 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)
*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>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)
<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>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
*Acne Combinations***		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	PA
<i>bp cleansing wash external emulsion 10-4 %</i>	Tier 1	
<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
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 1	PA
*Acne Products***		
<i>acne foaming wash external liquid 10 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>acne treatment external gel 10 %</i>	Tier 1	OTC
<i>acne-clear external gel 10 %</i>	Tier 1	OTC
<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 lotion 10 %, 5 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
benzoyl peroxide wash external liquid 5 %	Tier 1	OTC; QL (240 GM per 25 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
ISOTretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	PA
ISOTretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
ISOTretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (Benzoyl Peroxide)	Tier 1	OTC; QL (240 GM per 25 days)
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***		
cvs antibiotic pain/scar external ointment 1 %	Tier 1	OTC
first aid antibiotic external ointment 3.5-500-10000	Tier 1	OTC
poly bacitracin external ointment 500-10000 unit/gm	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (Neomycin-Bacitracin-Polymyxin)	Tier 1	OTC
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (Neomy-Bacit-Polymyx-Pramoxine)	Tier 1	OTC
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 3	PA
antibiotic external ointment 500 unit/gm	Tier 1	OTC
bacitracin external ointment 500 unit/gm	Tier 1	OTC
bacitracin zinc external ointment 500 unit/gm	Tier 1	OTC
gentamicin sulfate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mupirocin external ointment 2 %	Tier 1	QL (44 GM per 25 days)
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	QL (45 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	QL (60 ML per 25 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	QL (60 GM per 25 days)

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*Antifungals - Topical***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 1	OTC
<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>fungi-guard external cream 1 %</i>	Tier 1	OTC
<i>naftifine hcl external cream 1 %</i>	Tier 1	PA
<i>naftifine hcl external gel 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>terbinafina hcl external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>tinaspore external solution 1 %</i>	Tier 1	OTC
<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
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	OTC
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 (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***		
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Tier 1	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 3	PA
*Antipsoriatics - Systemic***		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days)

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Drug Name	Formulary Status	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 3	PA; QL (0.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-ttwe)	Tier 3	PA; QL (1 ML per 56 days)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (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 (1.7 EA per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 3	PA
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)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	PA
*Antipsoriatics***		
calcipotriene external cream 0.005 %	Tier 1	QL (120 GM per 25 days)
calcipotriene external ointment 0.005 %	Tier 1	QL (120 GM per 25 days)
calcipotriene external solution 0.005 %	Tier 1	QL (60 ML per 25 days)
calcitriol external ointment 3 mcg/gm	Tier 1	PA; QL (100 GM per 25 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 1	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %, 0.1 %	Tier 1	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 1	QL (120 GM per 25 days)
*Antiseborrheic Products***		
anti-dandruff external shampoo 1 %	Tier 1	OTC
selenium sulfide external lotion 2.5 %	Tier 1	
*Antivirals - Topical***		
acyclovir external ointment 5 %	Tier 1	PA
docosanol external cream 10 %	Tier 1	OTC; QL (2 GM per 25 days)
penciclovir external cream 1 %	Tier 1	PA

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*Burn Products***		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 3	QL (454 GM per 25 days)
mafenide acetate external packet 5 %	Tier 1	
silver sulfadiazine external cream 1 %	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd 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)
ala-cort external cream 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
alphatrex external gel 0.05 %	Tier 1	QL (50 GM per 25 days)
amcinonide external lotion 0.1 %	Tier 1	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
anti-itch maximum strength external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
beta hc external lotion 1 %	Tier 1	OTC; QL (120 ML per 25 days)
betamethasone dipropionate aug external cream 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
betamethasone dipropionate external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate external ointment 0.05 %	Tier 1	QL (45 GM per 25 days)
betamethasone valerate external cream 0.1 %	Tier 1	QL (454 GM per 25 days)
betamethasone valerate external ointment 0.1 %	Tier 1	QL (45 GM per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 1	QL (50 ML per 25 days)
desonide external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
desonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 1	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)

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<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>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 external cream 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %</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 valerate external cream 0.2 %</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)
AQUANIL HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
DERMAREST ECZEMA EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 1	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 1	QL (120 ML per 25 days)
SARNOL-HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)
*Emollients***		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
ammonium lactate external cream 12 %	Tier 1	QL (280 GM per 25 days)
hydrophor external ointment	Tier 1	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 % (Ammonium Lactate)	Tier 1	OTC; QL (225 GM per 25 days)
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT (Emollient)	Tier 1	OTC
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 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
antifungal external powder 2 %	Tier 1	OTC
athletes foot powder spray external aerosol powder 2 %	Tier 1	OTC
clotrimazole athletes foot external cream 1 %	Tier 1	OTC
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
econazole nitrate external cream 1 %	Tier 1	PA
ketoconazole external cream 2 %	Tier 1	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 1	QL (120 ML per 25 days)
luliconazole external cream 1 %	Tier 1	PA
micaderm external cream 2 %	Tier 1	OTC
miconazole nitrate external cream 2 %	Tier 1	
oxiconazole nitrate external cream 1 %	Tier 1	PA; QL (90 GM per 25 days)
sulconazole nitrate external cream 1 %	Tier 1	PA
sulconazole nitrate solution 1 % external	Tier 1	PA
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
ZEASORB-AF EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
*Immunomodulators Imidazoquinolinamines - Topical***		
<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)
*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)
ANECREAM EXTERNAL CREAM 4 % (Lidocaine)	Tier 1	OTC; QL (90 GM per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 1	OTC
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	Tier 1	QL (100 GM per 25 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***		
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	PA; QL (10 ML per 30 days)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Tier 1	QL (50 GM per 25 days)
<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)

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Drug Name	Formulary Status	Requirements/Limits
metronidazole external lotion 0.75 %	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
*Scabicide Combinations***		
lice killing shampoo max str external shampoo 0.33-4 %	Tier 1	OTC
sb lice treatment external liquid 0.3-3 %	Tier 1	OTC
stop lice complete treatment combination kit 0.33-4-0.5 %	Tier 1	OTC
stop lice maximum strength external liquid 0.33-4 %	Tier 1	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (Pyrethrins-Piperonyl Butoxide)	Tier 1	OTC
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 3	PA; ST
ivermectin external lotion 0.5 %	Tier 1	PA; QL (117 GM per 25 days)
lice control aerosol† 0.5 %	Tier 1	OTC
lice treatment external liquid 1 %	Tier 1	OTC
lindane external shampoo 1 %	Tier 1	QL (60 ML per 25 days)
malathion external lotion 0.5 %	Tier 1	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 1	QL (120 GM per 25 days)
permethrin lice treatment external lotion 1 %	Tier 1	OTC
spinosad external suspension 0.9 %	Tier 1	QL (120 ML per 25 days)
*Seborrheic Keratosis Products**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 3	PA
*Skin Protectants***		
hydrocerin external cream	Tier 1	OTC
*Topical Anesthetic Combinations***		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (60 GM per 25 days)
*Topical Selective Retinoid X Receptor Agonists***		
bexarotene external gel 1 %	Tier 1	PA
*Topical Steroid Combinations***		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	PA; QL (100 GM per 25 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	PA; QL (120 GM per 25 days)
*Wound Care - Growth Factor Agents***		
REGANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 3	PA; QL (15 GM per 25 days)
Diagnostic Products		
*Diagnostic Tests***		
CHEMSTRIP K IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)
*Infection Tests***		
<i>covid-19 at home antigen test in vitro kit</i>	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, 60000-189600 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	MAIL
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	MAIL
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	MAIL
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MAIL
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	MAIL
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	MAIL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	MAIL
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MAIL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
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	MAIL; QL (0.036 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	MAIL; QL (0.143 EA per 1 day)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 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
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	MAIL
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (Pegvisomant)	Tier 3	PA
*Growth Hormones***		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 3	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<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; MAIL

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<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; AGE (Min 18 Years)
*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
ClomiPHENE Citrate (Clomid Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
*Parathyroid Hormone And Derivatives***		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (Teriparatide)	Tier 3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 3	PA
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml</i>	Tier 1	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
*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); PREV for ages 35 and over
*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/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
<i>desmopressin ace spray refrigerated 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
Estrogens		
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogesterone Ace)	Tier 2	MAIL; QL (1 EA per 1 day)

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PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	MAIL; QL (1 EA per 1 day)
ACTIVELLA ORAL TABLET 1-0.5 MG (Estradiol-Norethindrone Acet)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Estrogens***		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (Esterified Estrogens)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Min 18 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (8 EA per 23 days); AGE (Min 18 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (4 EA per 23 days); AGE (Min 18 Years)
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	QL (1 EA per 1 day)
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 3	MAIL; QL (1 EA per 1 day)
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 3	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
simethicone oral capsule 125 mg, 180 mg	Tier 1	OTC
simethicone oral suspension 40 mg/0.6ml	Tier 1	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (Simethicone)	Tier 1	OTC
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (Simethicone)	Tier 1	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (Simethicone)	Tier 1	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (Simethicone)	Tier 1	OTC
*Gallstone Solubilizing Agents***		
<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; MAIL
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl + rfid injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 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 1.2 gm</i>	Tier 1	
<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)
*Interleukin Antagonists***		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 3	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 3	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 3	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 3	PA; QL (2.4 ML per 56 days)

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Drug Name	Formulary Status	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (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)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	ST; MAIL
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST; MAIL
*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 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-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)

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Drug Name	Formulary Status	Requirements/Limits
finasteride oral tablet 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	QL (1 EA per 1 day)
silodosin oral capsule 4 mg, 8 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 1	MAIL; QL (2 EA per 1 day)
*Citrates***		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	QL (3 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 1	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 1	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 3	PA
*Genitourinary Irrigants***		
acetic acid irrigation solution 0.25 %	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 3	PA
*Prostatic Hypertrophy Agent Combinations***		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day)
*Urinary Analgesics***		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	QL (3 EA per 1 day)
*Urinary Stone Agents***		
tiopronin oral tablet 100 mg	Tier 1	PA
Gout Agents		
*Gout Agent Combinations***		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
*Gout Agents***		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	MAIL
colchicine oral tablet 0.6 mg	Tier 1	QL (30 EA per 90 days)
febuxostat oral tablet 40 mg, 80 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day)
*Uricosurics***		
probenecid oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Hematological Agents - Misc.		
*Antihemophilic Products***		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 3	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	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; MAIL; QL (2 EA per 1 day)
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	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; MAIL
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*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
*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	MAIL; 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 quick dissolve sublingual tablet sublingual 1000 mcg</i>	Tier 1	OTC
<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
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 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 tablet 1 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
folic acid oral tablet 400 mcg, 800 mcg	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for ages under 55
FA-8 ORAL CAPSULE 0.8 MG (Folic Acid)	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for ages under 55
*Iron Combinations***		
ferottrinsic oral capsule	Tier 1	QL (2 EA per 1 day)
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
TRICON ORAL CAPSULE (Fe Fumarate-B12-Vit C-FA-IFC)	Tier 1	QL (2 EA per 1 day)
*Iron***		
ferrous fumarate oral tablet 324 mg	Tier 1	MAIL; OTC
ferrous fumarate oral tablet 325 (106 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 324 (38 fe) mg	Tier 1	MAIL; OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 1	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	MAIL; OTC
ferrous sulfate oral tablet delayed release 324 mg	Tier 1	OTC
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Tier 1	MAIL; OTC
gnp iron oral tablet 200 (65 fe) mg	Tier 1	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 1	OTC
iron high-potency oral tablet extended release 45 mg	Tier 1	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 1	OTC
ra slow release iron oral tablet extended release 47.5 mg	Tier 1	OTC
slow iron oral tablet extended release 160 (50 fe) mg	Tier 1	OTC
slow release iron oral tablet extended release 45 mg	Tier 1	OTC
wee care oral suspension 15 mg/1.25ml	Tier 1	OTC
FERGON ORAL TABLET 240 (27 FE) MG (Ferrous Gluconate)	Tier 1	OTC
FERREX 150 ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
FERROCITE ORAL TABLET 324 MG (Ferrous Fumarate)	Tier 1	MAIL; OTC
NU-IRON ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 3	PA; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (Avatrombopag Maleate)	Tier 3	PA; QL (2 EA per 1 day)
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	QL (236.5 ML per 25 days); AGE (Max 12 Years)
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Tier 1	OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 1	MAIL; OTC
SIMPLY SLEEP ORAL TABLET 25 MG (DiphenhydrAMINE HCl (Sleep))	Tier 1	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day)
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1	PA
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*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	PREV for ages 40-74
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 1	PREV for ages 40-74
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	PREV for ages 40-74
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	PREV for ages 40-74
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	PREV for ages 40-74
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 1	PREV for ages 40-74
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 1	PREV for ages 40-74
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
*Bulk Laxatives***		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 1	OTC
<i>cvs fiber oral capsule 0.52 gm</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>eq fiber powder oral powder</i>	Tier 1	OTC
<i>fiber oral powder 28.3 %, 48.57 %</i>	Tier 1	OTC
<i>fiber oral tablet 625 mg</i>	Tier 1	OTC
<i>fiber therapy oral tablet 500 mg</i>	Tier 1	OTC
<i>gnp best fiber oral powder</i>	Tier 1	OTC
<i>konsyl original daily fiber oral packet 100 %</i>	Tier 1	OTC
<i>natural fiber laxative oral powder 30.9 %</i>	Tier 1	OTC
<i>natural fiber oral powder 58.6 %</i>	Tier 1	OTC
<i>psyllium oral powder 33 %</i>	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
REGULOID ORAL CAPSULE 400 MG (Psyllium)	Tier 1	OTC
REGULOID ORAL POWDER 28.3 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (Psyllium)	Tier 1	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 58.6 % (Psyllium)	Tier 1	OTC
*Laxatives - Miscellaneous***		
constulose oral solution 10 gm/15ml	Tier 1	MAIL
gavilax oral powder 17 gm/scoop	Tier 1	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 1	OTC
glycerin adult rectal suppository 2 gm	Tier 1	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm	Tier 1	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	OTC
ra glycerin adult rectal suppository 80.7 %	Tier 1	OTC
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
HEALTHYLAX ORAL PACKET 17 GM (Polyethylene Glycol 3350)	Tier 1	OTC
*Laxatives & Dss***		
senna plus oral capsule 50-8.6 mg	Tier 1	OTC
senna plus oral tablet 8.6-50 mg	Tier 1	MAIL; OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	MAIL; OTC
*Lubricant Laxatives***		
gnp mineral oil oral oil	Tier 1	OTC
mineral oil heavy oral oil	Tier 1	
mineral oil rectal enema	Tier 1	OTC
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 3	PA
enema ready-to-use rectal enema 7-19 gm/118ml	Tier 1	OTC
*Saline Laxatives***		
magnesium citrate oral solution 1.745 gm/30ml	Tier 1	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 1	OTC
milk of magnesia oral suspension 7.75 %	Tier 1	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML (Magnesium Citrate)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (Magnesium Hydroxide)	Tier 1	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec 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>gentle laxative rectal suppository 10 mg</i>	Tier 1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	Tier 1	MAIL; 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
<i>womans laxative oral tablet delayed release 5 mg</i>	Tier 1	OTC
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
*Surfactant Laxatives***		
<i>cvs stool softener oral capsule 50 mg</i>	Tier 1	OTC
<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</i>	Tier 1	OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	OTC
<i>stool softener oral capsule 100 mg</i>	Tier 1	OTC
<i>stool softener oral tablet 100 mg</i>	Tier 1	OTC
DOK ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
DOK ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
PROMOLAXIN ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
SURFAK ORAL CAPSULE 240 MG (Docusate Calcium)	Tier 1	OTC
Macrolides		
*Azithromycin***		
<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)

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Drug Name	Formulary Status	Requirements/Limits
*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 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	
<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	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 3	PA
<i>fidaxomicin oral tablet 200 mg</i>	Tier 1	PA
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	Tier 1	OTC; QL (200 EA per 25 days)
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
*Condoms - Female***		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
*Condoms - Male***		
<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	

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Drug Name	Formulary Status	Requirements/Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
*Glucose Monitoring Test Supplies***		
<i>lancets</i>	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 30 Days)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 days)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
*Nebulizers***		
nebulizer	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	QL (1 EA per 25 days)
*Needles & Syringes***		
hypodermic needle 18g x 1-1/2"	DME	OTC
techlite insulin syringe 29g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	DME	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
*Peak Flow Meters***		
MINI WRIGHT PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
*Respiratory Therapy Supplies***		
nebulizer mask adult	DME	QL (1 EA per 365 days)
nebulizer mask child	DME	QL (1 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies***		
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
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 - Monoclonal 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-caffeine 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)
<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 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)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	Tier 1	OTC
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	MAIL; OTC
<i>calcium 500 + d oral tablet 500-125 mg-unit</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	Tier 1	OTC
<i>calcium 500+d oral tablet 500-10 mg-mcg</i>	Tier 1	MAIL; OTC
<i>calcium 600 +d high potency oral tablet 600-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<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	MAIL; OTC
<i>calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</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>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</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
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	MAIL; OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	MAIL; OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet 1500 (600 ca) mg</i>	Tier 1	MAIL; OTC
<i>calcium carbonate oral tablet 500 mg</i>	Tier 1	OTC
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	MAIL; OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
*Electrolytes Oral***		
<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); PREV for less than 6 years old
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days); PREV for less than 6 years old
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
<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); PREV for less than 6 years old
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
<i>fluoritab 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	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)
*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>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (K Phos Mono-Sod Phos Di & Mono)	Tier 1	MAIL; QL (4 EA per 1 day)
*Potassium***		
<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)

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Drug Name	Formulary Status	Requirements/Limits
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	Tier 1	MAIL
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (Potassium Bicarbonate)	Tier 1	MAIL; QL (2 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)
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ (Potassium Chloride)	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 Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
*Sodium***		
sodium chloride oral tablet 1 gm	Tier 1	OTC
*Zinc***		
zinc sulfate oral capsule 220 (50 zn) mg	Tier 1	OTC
Miscellaneous Therapeutic Classes		
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 3	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 3	PA; QL (2 EA per 1 day)
*Chelating Agents***		
d-penamine oral tablet 125 mg	Tier 3	
penicillamine oral tablet 250 mg	Tier 1	
*Cyclosporine Analogs***		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 1	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/MI)	Tier 1	MAIL
*Immunomodulators For Myelodysplastic Syndromes***		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
mycophenolate mofetil oral capsule 250 mg	Tier 1	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 1	MAIL
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	MAIL
*Irrigation Solutions***		
sterile water for irrigation irrigation solution	Tier 1	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
*Macrolide Immunosuppressants***		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	PA
sirolimus oral solution 1 mg/ml	Tier 1	MAIL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	MAIL
*Potassium Removing Agents***		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 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)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate rectal suspension 50 gm/200ml	Tier 1	
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI)	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 1	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60MI)	Tier 1	
*Purine Analogs***		
azathioprine oral tablet 50 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
*Anti-Infectives - Throat***		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
clotrimazole mouth/throat troche 10 mg	Tier 1	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
*Fluoride Dental Products***		
dentagel dental gel 1.1 %	Tier 1	MAIL
sf dental gel 1.1 %	Tier 1	MAIL
sodium fluoride 5000 plus dental cream 1.1 %	Tier 1	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 1	MAIL
sodium fluoride dental gel 1.1 %	Tier 1	MAIL
DENTA 5000 PLUS DENTAL CREAM 1.1 % (Sodium Fluoride)	Tier 1	MAIL
*Saliva Stimulants***		
cevimeline hcl oral capsule 30 mg	Tier 1	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	MAIL
*Steroids - Mouth/Throat/Dental***		
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
folbee plus oral tablet	Tier 1	OTC
kp b complex-c oral tablet	Tier 1	OTC
rena-vite oral tablet	Tier 1	OTC
reno caps oral capsule 1 mg	Tier 1	OTC
*Multiple Vitamins W/ Iron***		
daily vitamin/iron oral tablet	Tier 1	OTC
*Multiple Vitamins W/ Minerals***		
gnp one daily maximum oral tablet	Tier 1	OTC
multipro oral capsule	Tier 1	
multivit/multimineral adult oral liquid	Tier 1	OTC
MACUVITE/LUTEIN ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC
OCUVITE EXTRA ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC
*Multivitamins***		
antioxidant formula oral capsule 250-10000-200	Tier 1	OTC
daily vitamins oral tablet	Tier 1	OTC
quintabs oral tablet	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	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/fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>phluorivit oral solution 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.5 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (2 EA per 1 day)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (Pediatric Multivitamins-Fl)	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
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Tier 1	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
*Pediatric Multiple Vitamins***		
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
<i>poly-vite pediatric oral solution</i>	Tier 1	OTC; QL (50 ML per 25 days)
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 1	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (Pediatric Vitamins ADC)	Tier 2	OTC
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	Tier 1	OTC; 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>prenatal (w/iron & fa) oral tablet 27-0.8 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 a-free oral tablet 9-0.267 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 forte oral tablet</i>	Tier 1	OTC; 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</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 vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	Tier 1	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 1	QL (1 EA per 1 day)
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)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 1	OTC; QL (1 EA per 1 day)
VITAFOL-OB 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
*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-Omega Fatty Acids W/O Iron***		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	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	MAIL; 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>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	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	MAIL; QL (9 EA per 1 day); AGE (Max 64 Years)
*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***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)

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Drug Name	Formulary Status	Requirements/Limits
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)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 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.***		
deep sea nasal spray nasal solution 0.65 %	Tier 1	OTC
saline nasal spray nasal solution 0.65 %	Tier 1	OTC
AYR NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %	Tier 1	MAIL; QL (30 ML per 25 days)
ipratropium bromide nasal solution 0.06 %	Tier 1	MAIL; QL (15 ML per 25 days)
*Nasal Antihistamines***		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	ST; QL (30 ML per 25 days)
olopatadine hcl nasal solution 0.6 %	Tier 1	ST; QL (30.5 GM per 25 days)
*Nasal Mast Cell Stabilizers***		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 1	OTC; QL (52 ML per 25 days)
*Nasal Steroids***		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 3	PA
allergy relief nasal suspension 50 mcg/act	Tier 1	MAIL; OTC; QL (16 ML per 25 days); AGE (Min 4 Years)
budesonide nasal suspension 32 mcg/act	Tier 1	OTC; QL (8.43 ML per 25 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	MAIL; QL (16 GM per 25 days); AGE (Min 4 Years)
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 1	OTC; QL (16.9 ML per 25 days)
*Systemic Decongestants***		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
phenylephrine hcl oral tablet 10 mg	Tier 1	OTC

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<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, 60 mg</i>	Tier 1	OTC
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (Pseudoephedrine HCl)	Tier 1	OTC
WAL-PHED PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC
*Topical Decongestants***		
<i>gnp nasal spray nasal solution 0.05 %</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 1	OTC
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	Tier 1	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (Oxymetazoline HCl)	Tier 1	OTC
Neuromuscular Agents		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA; MAIL; QL (2 EA per 1 day)
Nutrients		
*Misc. Nutritional Substances***		
<i>fish oil extra strength oral capsule 1200 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 1200 mg</i>	Tier 1	OTC
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 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)
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %, 1-0.3 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic solution 0.2-0.2-1 %</i>	Tier 1	MAIL; OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 1	OTC
<i>for sty relief ophthalmic ointment 31.9-57.7 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	Tier 1	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	Tier 1	OTC
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 3	PA
*Artificial Tear Solutions***		
<i>artificial tears ophthalmic solution</i>	Tier 1	MAIL; OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (Artificial Tear Solution)	Tier 1	MAIL; OTC
SOOTHE XP OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	MAIL; OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	MAIL; OTC
*Artificial Tears And Lubricants***		
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Tier 1	MAIL; OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Tier 1	MAIL; 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 EA 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)

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levobunolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL; QL (15 ML per 25 days)
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (5 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
*Cycloplegic Mydriatics***		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 25 days)
atropine sulfate ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
*Miotics - Direct Acting***		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	MAIL
*Ophthalmic Antiallergic***		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 3	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 3	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 3	PA; OTC
azelastine hcl ophthalmic solution 0.05 %	Tier 1	QL (6 ML per 25 days)
bepotastine besilate ophthalmic solution 1.5 %	Tier 1	PA
cromolyn sodium ophthalmic solution 4 %	Tier 1	QL (10 ML per 25 days)
epinastine hcl ophthalmic solution 0.05 %	Tier 1	QL (5 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	Tier 1	MAIL; OTC; QL (5 ML per 30 days)
olopatadine hcl solution 0.1 % ophthalmic (otc)	Tier 1	QL (5 ML per 25 days)
olopatadine hcl solution 0.2 % ophthalmic (rx)	Tier 1	QL (2.5 ML per 25 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 % (Ketotifen Fumarate)	Tier 1	MAIL; OTC; QL (5 ML per 25 days)
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 3	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 1	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ophthalmic ointment 5 mg/gm	Tier 1	
gatifloxacin ophthalmic solution 0.5 %	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
levofloxacin ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
ofloxacin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
tobramycin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 3	PA
*Ophthalmic Anti-Infective Combinations***		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	QL (10 ML per 25 days)
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
*Ophthalmic Antivirals***		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 3	PA
trifluridine ophthalmic solution 1 %	Tier 1	QL (7.5 ML per 25 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
brinzolamide ophthalmic suspension 1 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl ophthalmic solution 2 %	Tier 1	MAIL; QL (10 ML per 25 days)
*Ophthalmic Hyperosmolar Products***		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 1	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 1	OTC
*Ophthalmic Immunomodulators***		
cyclosporine ophthalmic emulsion 0.05 %	Tier 1	PA
*Ophthalmic Local Anesthetics***		
proparacaine hcl ophthalmic solution 0.5 %	Tier 1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 3	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 1	
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1	QL (10 ML per 25 days)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	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)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 1	QL (10 ML per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	QL (10 ML per 25 days)
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
*Ophthalmic Steroids***		
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 3	PA
dexasol ophthalmic solution 0.1 %	Tier 1	QL (5 ML per 25 days)
difluprednate ophthalmic emulsion 0.05 %	Tier 1	PA
fluorometholone ophthalmic suspension 0.1 %	Tier 1	QL (15 ML per 25 days)
loteprednol etabonate ophthalmic gel 0.5 %	Tier 1	PA
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Tier 1	PA
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
*Ophthalmic Sulfonamides***		
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	QL (15 ML per 25 days)
*Ophthalmics - Cystinosis Agents**		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 3	PA
*Prostaglandins - Ophthalmic***		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 3	ST; MAIL; QL (5 ML per 25 days)
bimatoprost ophthalmic solution 0.03 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<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>ear drops for swimmers otic liquid 95-5 %</i>	Tier 1	OTC
<i>ear wax removal drops otic solution 6.5 %</i>	Tier 1	OTC
<i>instant ear-dry otic liquid 95-5 %</i>	Tier 1	OTC
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
MURINE EAR OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
*Otic Anti-Infectives***		
<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***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	PA
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 1	QL (14 EA per 7 days); AGE (Max 18 Years)
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	Tier 1	PA
<i>neomycin-polymyxin-hc otic solution 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	
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***		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Nirsevimab-alip)	PREV	
ENFLONSA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (Clesrovimab-cfor)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
*Immune Serums***		
CUVITRU SUBCUTANEOUS SOLUTION 2 GM/10ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
GAMASTAN INTRAMUSCULAR SOLUTION (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (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-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
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	PA
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
*Passive Immunizing Agents - Combinations***		
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***		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	AGE (Max 12 Years)
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 1	AGE (Max 12 Years)
ampicillin oral capsule 500 mg	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*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/5MI)	Tier 1	AGE (Max 12 Years)
*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	
Pharmaceutical Adjuvants		
*Semi Solid Vehicles***		
<i>sm petroleum jelly external gel</i>	Tier 1	OTC
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)
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-Cataplectic 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

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Drug Name	Formulary Status	Requirements/Limits
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	MAIL
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	MAIL
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	PA; MAIL
*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***		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
teriflunomide oral tablet 14 mg, 7 mg	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
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***		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
<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 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; MAIL
<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>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</i>	PREV	MAIL; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	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)
THRIVE MOUTH/THROAT GUM 2 MG (Nicotine Polacrilex)	PREV	OTC; QL (8 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i> fingolimod hcl oral capsule 0.5 mg </i>	Tier 1	PA
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 3	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 3	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (Dornase Alfa)	Tier 3	QL (150 ML per 25 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
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	
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)	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
*Thyroid Hormones***		
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
EVEXITHROID ORAL TABLET 45 MG, 75 MG (Thyroid)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (Diphth-Acell Pertussis-Tetanus)	PREV	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (Diphth-Acell Pertussis-Tetanus)	PREV	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-Hepatitis B Recomb-IPV)	PREV	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (DTaP-IPV-Hib Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION (DTaP-IPV Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)

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Drug Name	Formulary Status	Requirements/Limits
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
<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>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</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 sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (Hyoscyamine Sulfate)	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 300 mg, 400 mg, 800 mg</i>	Tier 1	MAIL
<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; MAIL; 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)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	Tier 1	ST; MAIL; 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 ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (Omeprazole Magnesium)	Tier 1	OTC; QL (2 EA per 1 day)
*Quaternary Anticholinergics***		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 1	QL (120 EA per 10 days)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	PREV	MAIL; QL (4 EA per 1 day)
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
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)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg	Tier 1	ST; MAIL; QL (1 EA per 1 day)
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	PA; MAIL; QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	MAIL; QL (20 ML per 1 day)
oxybutynin chloride oral tablet 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
solifenacin succinate oral tablet 10 mg	Tier 1	ST; MAIL; QL (1 EA per 1 day)
solifenacin succinate oral tablet 5 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<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; MAIL; 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	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (Haemophilus B Polysac Conj Vac)	PREV	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Recomb OMV Adj)	PREV	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Pneumococcal 21-Valent Conjug)	PREV	AGE (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (Haemophilus B Polysac Conj Vac)	PREV	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (Mening ACY&W-135 Tetanus Conj)	PREV	
MENVEO INTRAMUSCULAR SOLUTION (Meningococcal A C Y&W-135 Olig)	PREV	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (Meningococcal A C Y&W-135 Olig)	PREV	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (Mening ACYW(Tet Conj)-B(Rcmb))	PREV	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Vac (Recomb))	PREV	

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Drug Name	Formulary Status	Requirements/Limits
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles-Mumps-Rubella-Varicell)	PREV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
*Viral Vaccines***		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	Tier 1	QL (3 injections per 1 lifetime)
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	PREV	AGE (Min 12 Years)
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb)	PREV	
AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 injection per 1 lifetime); AGE (Min 50 Years)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 5 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj)	PREV	QL (1 ML per 365 days); AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live)	PREV	QL (1 EA per 365 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose)	PREV	QL (0.5 ML per 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION 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)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (Rabies Virus Vaccine, HDC)	PREV	QL (4 EA per 365 days)
IPOL INJECTION SUSPENSION (Poliovirus Vaccine Inactivated)	PREV	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (COVID-19 mRNA Virus Vaccine)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (Rabies Vaccine, PCEC)	PREV	QL (4 EA per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ROTARIX ORAL SUSPENSION (Rotavirus Vaccine Live Oral)	PREV	
ROTATEQ ORAL SOLUTION (Rotavirus Vac Live Pentavalent)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
clotrimazole 3 vaginal cream 2 %	Tier 1	OTC
clotrimazole vaginal cream 1 %	Tier 1	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 vaginal cream 4 %	Tier 1	OTC
miconazole 3 vaginal suppository 200 mg	Tier 1	QL (3 EA per 25 days)
miconazole 7 vaginal cream 2 %	Tier 1	OTC
miconazole 7 vaginal suppository 100 mg	Tier 1	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
tioconazole-1 vaginal ointment 6.5 %	Tier 1	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 1	OTC
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG (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

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Drug Name	Formulary Status	Requirements/Limits
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)
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (Lactic Ac-Citric Ac-Pot Bitart)	PREV	
*Vaginal Corticosteroids***		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 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 0.01 %, 0.1 mg/gm</i>	Tier 1	MAIL; QL (42.5 GM per 25 days)
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
Estradiol (YuvaFem Vaginal Tablet 10 Mcg)	Tier 1	MAIL; QL (2 EA per 1 day)
*Vaginal Progestins***		
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 25 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 EA per 25 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

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Drug Name	Formulary Status	Requirements/Limits
<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 1000 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<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
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
*Vitamin B-6***		
<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 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 1	OTC
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>d3 maximum strength oral liquid 5000 unit/ml</i>	Tier 1	OTC
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>vitamin d oral tablet 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 10 mcg/ml</i>	Tier 1	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Tier 1	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (Cholecalciferol)	Tier 1	OTC

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

Drug Name	Formulary Status	Requirements/Limits
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (Cholecalciferol)	Tier 1	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)

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