

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

Molina Healthcare of Washington, Inc Marketplace

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The formulary is subject to change and all previous versions of the formulary are no longer in effect.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 MolinaMarketplace.com.

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

Aviso:

La información de este documento está vigente a partir del 1 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 MolinaMarketplace.com.

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

FDA Approved Contraceptives

In accordance with Washington State law (SB 6219), Molina covers all FDA approved contraceptives, not just those identified on this formulary list. For any questions, you can contact our Member Services department at 888-858-3492.

Anticonceptivos aprobados por la FDA

Conformidad con la ley de Washington (SB 6219), Molina cubre todos los anticonceptivos aprobados de la FDA, no solo los identificados en esta lista del formulario. Para preguntas, puede llamar el departamento de Servicios para Miembros al 888-858-3492.

Contents

Contents	i
Drug Formulary and Guide.....	ii
Drug Formulary (List of Drugs).....	ii
Using the Drug Formulary and Guide	iii
Birth Control Benefits Summary	vi
Pharmacy Network.....	vi
Specialty Pharmacy	vii
Mail Order Pharmacy	vii
Out-of-Network Pharmacy.....	vii
Prescription Claims Processor	vii
Urgent and After-Hours Medication Policy.....	viii
Refill Timing, Synchronization, and Proration.....	viii
Prior authorization and exception request procedure	viii
Prior authorization	viii
Requesting an Exception.....	ix
Complaints and Appeals	x
Notice.....	x
Legend.....	xi

Drug Formulary and Guide

Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. Smaller updates are also made every 3 months. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are on the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Changes are made to the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has a new safety issue

Molina will provide at least 60 days' notice ahead of these types of formulary updates:

- Moving the drug to a higher drug list tier, moving the drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for the formulary drug
- Removing the drug from the formulary
- Adding a prior authorization requirement to the formulary drug
- Adding or updating the drug's quantity limit
- Adding a step-therapy requirement to the drug

If the drug is for treating mental illness, depression, or seizures, and started on the drug list at the beginning of the year, Molina will not make these changes mid-year:

- Moving the drug to a higher drug list tier, moving the drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for the formulary drug
- Removing the drug from the formulary

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

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

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

I have questions about how my plan covers drugs.

This guide contains many details for common questions:

- Can my prescription be filled at a retail pharmacy?
- Where can I see the cost sharing dollar amount for my prescription?

- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

You may also call us and ask specific coverage questions about a drug. Call toll-free **1-888-858-3492**, Monday through Friday, **7:30 AM – 6:30 PM PST**. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement (“Evidence of Coverage”) also contain important coverage information. Please see the plan agreement for information on contraceptive coverage, benefit exclusions, hospice services, and more.

If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your prescriber know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

Using the Drug Formulary and Guide

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 3	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 2	QL (300 ea / 30 days); MAIL

What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or “generic” names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug

list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug “warfarin sodium”.

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

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

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

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

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

Drug Tier	Description
Preventive	Tier 1 – Preventive drugs, family planning drugs and devices (ie, contraception), and other drugs with \$0 cost sharing
Preferred Generic	Tier 2 – Preferred generic drugs
Preferred Brand	Tier 3 – Preferred brand drugs
Non-Preferred Brand and Generic	Tier 4 – Non-preferred drugs, both brand name and generic; Higher cost sharing than lower tier drugs used to treat the same conditions, if available
Specialty	Tier 5 – Specialty drugs, both brand name and generic. Drugs that require special handling, complex counseling or monitoring, limited distribution, or other specialty pharmacy requirements; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some specialty drugs are only sold by certain pharmacies the drug company has chosen (“Limited Distribution”)
Durable Medical Equipment	DME – Non-drug items such as monitoring equipment and supplies covered under the pharmacy benefit; Cost sharing follows the medical benefit cost sharing for Durable Medical Equipment for non-drug items on the drug list

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

In accordance with the Affordable Care Act, your plan covers nationally recognized preventive service drugs and dosage forms (Tier 1) with \$0 cost sharing when prescribed for you to use in line with those recommendations.

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

- There are limits on your cost sharing for anticancer drugs taken by mouth. You will pay the lower of two rates: the applicable formulary tier cost sharing OR the chemotherapy and provider-administered drug cost sharing specified under your plan's medical benefit.
- There are limits on your cost sharing for insulin. The limit **\$35** applies per insulin drug, per 30-day supply. The limit does not apply to products that contain other drugs besides insulin.
- There are limits on your cost sharing for select steroid and steroid combination inhaler drugs for asthma and chronic lung disease. The limit **\$35** applies per inhaler drug, per 30-day supply. The limit applies to these formulary drugs: **Asmanex HFA (steroid), budesonide-formoterol (steroid combination), and Wixela (steroid combination)**
- There are limits on your cost sharing for select epinephrine self-injection pens. The limit **\$35** applies per 2-pack.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.
- You have no cost sharing for prescription and over-the-counter birth control.
- You have no cost sharing for antiviral drugs when prescribed to prevent HIV infection.

How do deductible and out-of-pocket maximums work?

Understanding how plan deductible and out-of-pocket maximums work can help you understand why some of your covered drugs and services have higher member pay amounts at the beginning of the year than the rest of the year. Online tools are available in the member portal to help you track your member pay balances.

A deductible is the total out-of-pocket amount members pay for covered benefits before the plan starts paying for those benefits. After the deductible is met, the member pay amount becomes a defined cost sharing rate, either a flat dollar copay amount or a percent coinsurance.

- Your plan design information shows which benefits have a deductible requirement and which do not. The information shows what the cost sharing rate is for a given benefit "after deductible" if deductible applies.
- It is important to know if your plan has a combined deductible shared between all benefits, or if it has separate deductibles for the medical and pharmacy benefits.
- Only out-of-pocket amounts you pay as deductible will be counted towards the deductible. This means amounts you pay in cost sharing for benefits that do not have a deductible requirement are not counted towards the deductible. However, all amounts you pay towards your deductible are also counted towards your out-of-pocket maximums.

An out-of-pocket maximum is a limit on the total member pay amounts you and your covered family members pay for all drugs and services covered by the plan during the plan year. If the totals you pay during the plan year reach the out-of-pocket maximum and stay there, no more member pay will be due for drugs and services covered by the benefit after that point, for the remainder of the plan year or coverage period.

- The out-of-pocket maximum counts the total member pay amounts you have paid for drugs and services covered under the pharmacy and medical benefits.
- There is an individual out-of-pocket maximum for each person covered by your plan.
- There is a family out-of-pocket maximum if two or more family members are covered by the same plan. If the family out-of-pocket maximum is reached, there will be no further member pay due for drugs and services covered by the plan after that point for any of the covered family members.

Some events can affect if your deductible and out-of-pocket maximum balances have reached the limits and stay there.

- If you change plans during the plan year, you may have a different deductible and out-of-pocket maximum.

- Claim activities on both the pharmacy and medical benefit channels can affect your balances.
- Depending on timing, balances may include member pay amounts due that you are about to pay on recent medical and pharmacy claims.

Online tools for your balances reflect the total member pay amounts due on all claims that have processed through the benefit to the present time. Be mindful of drugs ready at the pharmacy and any member pay amounts due on them when reviewing your balances.

Deductible and out-of-pocket maximums apply to the coverage period in the plan year you received covered drugs and services that had member pay amounts due. The balances paid towards deductible and out-of-pocket maximums start over each new plan year and coverage period. Insurance premiums are not counted as out of pocket for the purposes of deductible and out-of-pocket maximum balances. You must continue to pay the insurance premium to have coverage.

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

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the “Search Drugs” tool at MolinaMarketplace.com. This tool will provide an estimate of your cost for formulary drugs. If you create an account with Caremark.com, you can use a version of the tool that includes the cost sharing you have paid towards your plan design deductible and out of pocket maximum this year to more closely estimate actual prices you pay at the pharmacy.

Birth Control Benefits Summary

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

The drug list shows the birth control products covered with a doctor’s prescription or over-the-counter when billed by a network pharmacy. We cover up to a 12-month supply of prescribed birth control at a time. Here are some examples of covered products:

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

There are no requirements to try other drugs first or to get prior authorization for covered birth control products.

Under state rules, qualified pharmacists may be able to dispense certain prescription or over-the-counter birth control products to you using your pharmacy benefit without a doctor’s prescription. You can also buy OTC birth control listed on the formulary and mail a refund request with your receipt using a “Prescription Reimbursement Claim Form”. This form is on MolinaMarketplace.com under Members “Forms and Documents”. Please note, if purchasing OTC birth control products or using an out-of-network pharmacy, Molina will reimburse you up to the allowed amount we pay network pharmacies for the same formulary product.

Pharmacy Network

Your plan has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com.

The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show “90-day Supply Available” in the details of your search results.

Specialty Pharmacy

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

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

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

Mail Order Pharmacy

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

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

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

Enrollment forms for all network mail order pharmacies can be found at MolinaMarketplace.com in the Member “Forms and Documents” section.

Out-of-Network Pharmacy

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

Prescription Claims Processor

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

Membership, cost sharing, prescription drug benefit information, and eligibility concerns may be addressed by calling our Customer Support Center at **1-888-858-3492**. Member Services is available Monday through Friday **7:30 AM – 6:30 PM PST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1-855-322-4082**.

Urgent and After-Hours Medication Policy

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

Pharmacies are instructed to use their professional judgment. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark® Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call us at **1-855-322-4082** on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

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

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to us at **1-800-869-7791**. The clinical policies and forms may be obtained at our website MolinaMarketplace.com. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, your provider can ask for the request to be reviewed as an Urgent Circumstance.

- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function. Situations where you are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision can also be indicated as urgent on requests. Supporting information is required to justify the urgency of the request.
- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.

We will reach a decision no later than:

- 24 hours following receipt of request with Urgent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

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

Requesting an Exception

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

Molina members can request coverage of clinically appropriate drugs that are not on the formulary, or have “fail first” or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on “exception,” as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member’s behalf. These requests will be considered for a medically accepted use when formulary options cannot be used, and other coverage requirements are met. A member’s response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

Formulary drugs are typically prescribed by providers for members to get from a pharmacy and give themselves. Most injectable drugs that require a provider’s help are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for members’ drugs. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

Are there any drugs or other products that are not covered at all?

Non-covered drugs or other products such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Your plan does not cover certain types of drugs that are listed as benefit exclusions in the plan policy. For more information refer to the sections in your Agreement (policy) titled “Non-Covered Drugs” and “Exclusions”.

How do I request a Formulary Exception?

The process for requesting a formulary exception is the same for requesting prior authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine medical necessity.

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at **1 (800) 869-7791**. The form may be obtained on MolinaMarketplace.com at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

A member stabilized on a nonformulary drug may remain on the drug during the formulary exception review process by requesting an emergency fill. To request an emergency fill, the pharmacy can call **1 (800) 213-5525, Option 1-2-2**. Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.

Molina will grant a formulary exception if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member’s documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event

- The member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member’s best interest, because they are likely to:
 - Present a barrier to treatment plan adherence, or
 - Negatively impact a member’s comorbid condition, or
 - Cause a clinically predictable negative drug interaction, or
 - Decrease the member’s ability to achieve or maintain reasonable functional ability in performing daily activities

After receiving all the needed information from the member’s provider, Molina will notify the member’s treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception requests apply when a member is experiencing a health situation that may seriously jeopardize their life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina Healthcare will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to discuss the denial with Molina. If the member disagrees with the denial of the request, the member can appeal Molina’s coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina’s coverage decision during an appeal. The IRO will notify the requestor of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request

Complaints and Appeals

You may file a grievance or complaint by contacting the Customer Support Center at **1-888-858-3492**. If we do not approve your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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Legend

What are the Requirements and Limits on the drug list?

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

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
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.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

2026

Guía del formulario

(Lista de medicamentos cubiertos)

Molina Marketplace, Washington

MolinaMarketplace.com



Contenido

Contenido.....	i
Formulario y guía de medicamentos	ii
Formulario de medicamentos (lista de medicamentos).....	ii
Cómo usar el formulario y la guía de medicamentos	iii
Resumen de beneficios de anticonceptivos.....	vii
Red de farmacias.....	viii
Farmacia especializada	viii
Farmacia de pedidos por correo	viii
Farmacia fuera de la red	viii
Procesador de reclamaciones de medicamentos recetados	viii
Política de medicamentos urgentes y fuera del horario de atención.....	ix
Plazo, sincronización y prorrateo de resurtidos	ix
Procedimiento para la autorización previa y la solicitud de excepción.....	ix
Autorización previa	ix
Cómo solicitar una excepción	x
Reclamos y apelaciones	xii
Aviso.....	xii
Leyenda	xiii

Formulario y guía de medicamentos

Formulario de medicamentos (lista de medicamentos)

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

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

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

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

Si el medicamento es para tratar enfermedades mentales, depresión o convulsiones, y estaba en la lista de medicamentos a principios de año, Molina no hará los siguientes cambios a mediados de año:

- Cambiar el medicamento a un nivel superior de la lista de medicamentos; cambiar el estado del medicamento de preferido a no preferido, u otros cambios que hagamos en la lista de medicamentos que resulten en un mayor costo compartido para los miembros por el medicamento del formulario.
- Quitar un medicamento del formulario.

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

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

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

aprobación para los medicamentos que compra y le provee. Se pueden aprobar algunos medicamentos inyectables en una farmacia usando el beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

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

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

También puede llamarnos y hacernos preguntas específicas sobre la cobertura de un medicamento. Llame a la línea gratuita al **1-888-858-3492**, de lunes a viernes, **de 7:30 a. m. a 6:30 p. m., hora del Pacífico (PST)**. Si tiene problemas de audición, llame al 711 para comunicarse con el servicio de telecomunicaciones. También puede pedirnos que le enviemos por correo postal una copia de la lista de medicamentos.

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

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

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

Cómo usar el formulario y la guía de medicamentos

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

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

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

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

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

Nombre del medicamento	Nivel del medicamento	Requisitos/límites
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 3	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 2	QL (300 ea / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

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

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

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

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

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

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

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

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

De conformidad con la Ley de Atención Asequible, su plan cubre medicamentos para servicios preventivos y formas de dosificación (del Nivel 1) de reconocimiento nacional con un costo compartido de \$0 cuando se recetan para que los use de acuerdo con esas recomendaciones.

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

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se administran por vía oral. Pagará la tarifa más baja de dos: el costo compartido del nivel de formulario aplicable O el costo compartido de la quimioterapia y los medicamentos administrados por el proveedor que se especifican en el beneficio médico de su plan.
- Hay límites en el costo compartido de la insulina. El límite de **\$35** se aplica para cada medicamento de insulina, por suministro para 30 días. El límite no se aplica a los productos que contienen otros medicamentos, además de la insulina.
- Hay límites en su costo compartido para ciertos medicamentos inhaladores de esteroides y combinaciones de esteroides para el asma y la enfermedad pulmonar crónica. El límite de **\$35** se aplica por cada medicamento

inhalador, por suministro de 30 días. El límite se aplica a los siguientes medicamentos del formulario: **Asmanex HFA (esteroide), budesonida-formoterol (combinación de esteroides) y Wixela (combinación de esteroides).**

- Hay límites en el costo compartido para plumas autoinyectables de epinefrina seleccionadas. El límite de **\$35** se aplica por paquete de 2.
- No existen costos compartidos para la mifepristona y el misoprostol cuando se recetan para detener un embarazo en etapa inicial.
- No tiene costo compartido para los anticonceptivos recetados y de venta libre.
- No tiene costo compartido para los medicamentos antivirales cuando se recetan para prevenir la infección por VIH.

¿Cómo funcionan los deducibles y los máximos de gastos de bolsillo?

Comprender cómo funcionan los deducibles y los gastos máximos de bolsillo del plan puede ayudarlo a entender por qué algunos de sus medicamentos y servicios cubiertos tienen montos de pago para los miembros más altos al comienzo del año que durante el resto del año. En el portal para miembros, hay herramientas en línea disponibles para ayudarlo a hacer un seguimiento de sus saldos de pago de miembro.

Un deducible es el monto total de bolsillo que los miembros pagan por los beneficios cubiertos antes de que el plan comience a pagar por esos beneficios. Una vez que se alcanza el deducible, el monto que paga el miembro se convierte en una tasa de costo compartido definida, ya sea un monto fijo de copago en dólares o un porcentaje de coseguro.

- La información de diseño de su plan indica qué beneficios tienen un requisito de deducible y cuáles no. La información muestra cuál es la tasa de costo compartido para un beneficio determinado “después del deducible”, si se aplica el deducible.
- Es importante saber si su plan tiene un deducible combinado compartido entre todos los beneficios o si tiene deducibles separados para los beneficios médicos y de farmacia.
- Solo los montos de bolsillo que usted pague como deducible se contarán para el deducible. Esto significa que los montos que usted paga en costos compartidos por beneficios que no tienen el requisito de deducible no se cuentan para el deducible. Sin embargo, todos los montos que usted paga por su deducible también se cuentan para sus gastos máximos de bolsillo.

Un gasto máximo de bolsillo es un límite en el total de los montos de pago de miembro que usted y sus familiares con cobertura pagan por todos los medicamentos y servicios cubiertos por el plan durante el año del plan. Si los totales que usted paga durante el año del plan alcanzan el gasto máximo de bolsillo y permanecen allí, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el beneficio después de ese momento durante el resto del año del plan o período de cobertura.

- El gasto máximo de bolsillo cuenta el monto total que el miembro ha pagado por los medicamentos y servicios cubiertos en los beneficios médicos y de farmacia.
- Existe un gasto máximo de bolsillo individual para cada persona cubierta por su plan.
- Hay un gasto máximo de bolsillo familiar si dos o más familiares están cubiertos por el mismo plan. Si se alcanza el gasto máximo de bolsillo familiar, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el plan después de ese momento para ningún familiar con cobertura.

Algunos eventos pueden afectar si su deducible y los saldos de gastos máximos de bolsillo alcanzan los límites y se mantienen allí.

- Si cambia de plan durante el año del plan, es posible que tenga un deducible y un gasto máximo de bolsillo diferentes.
- Las actividades de reclamación tanto en la farmacia como en los canales de beneficios médicos pueden afectar los saldos.

- Según el plazo, los saldos pueden incluir los montos adeudados a pagar por el miembro que usted está por saldar en concepto de reclamaciones médicas y de farmacia recientes.

Las herramientas en línea para saldos reflejan los montos totales adeudados a pagar por el miembro en todas las reclamaciones que se han procesado a través del beneficio hasta la actualidad. Tenga en cuenta los medicamentos que están listos en la farmacia y cualquier monto a pagar que el miembro adeude por ellos al momento de revisar los saldos.

El deducible y los gastos máximos de bolsillo se aplican al período de cobertura del año del plan en el que usted recibió los medicamentos y servicios cubiertos con montos adeudados a pagar por el miembro. Los saldos pagados en concepto de deducible y gastos máximos de bolsillo se renuevan cada nuevo año del plan y período de cobertura. Las primas de seguros no se cuentan como gastos de bolsillo a los efectos de los saldos de deducible ni de gastos máximos de bolsillo. Debe continuar pagando la prima del seguro para tener cobertura.

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

Puede encontrar información sobre los montos de costo compartido de los medicamentos recetados en nuestro folleto Consulte sus beneficios en un vistazo o ingresando la información de los medicamentos en la herramienta “Search Drugs” (Buscar medicamentos) en MolinaMarketplace.com. Esta herramienta le proporcionará un cálculo aproximado del costo de los medicamentos del formulario. Si crea una cuenta en Caremark.com, puede usar una versión de la herramienta que incluye los costos compartidos que ha pagado para el deducible del diseño del plan y el gasto máximo de bolsillo de este año para estimar con mayor precisión los precios reales que paga en la farmacia.

Resumen de beneficios de anticonceptivos

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

La lista de medicamentos indica los productos anticonceptivos con receta médica o de venta libre que están cubiertos cuando los factura una farmacia de la red. Cubrimos un suministro de hasta 12 meses de anticonceptivos recetados por vez. Estos son algunos ejemplos de los productos cubiertos:

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

No hay requisitos para probar primero otros medicamentos o para obtener una autorización previa para los productos anticonceptivos cubiertos.

Conforme a las reglas estatales, los farmacéuticos calificados pueden dispensarle ciertos productos anticonceptivos de venta libre o recetados usando su beneficio de farmacia sin necesidad de una receta médica. También puede comprar los anticonceptivos OTC que figuran en el formulario y enviar por correo una solicitud de reembolso junto con su recibo usando un “Formulario de reclamación de reembolso de medicamento recetado”. Este formulario se encuentra en MolinaMarketplace.com en “Forms and Documents” (Formularios y documentos) del miembro. Tenga en cuenta que, si compra productos anticonceptivos OTC, o usa una farmacia fuera de la red, Molina le reembolsará hasta el monto permitido que pagamos a farmacias de la red por el mismo producto del formulario.

Red de farmacias

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

Farmacia especializada

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos especializados. Los medicamentos especializados se colocan en el nivel de medicamentos especializados. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que el medicamento solo se vende en algunas farmacias.

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

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

Farmacia de pedidos por correo

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

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

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

Los formularios de inscripción para todas las farmacias de pedidos por correo de la red se pueden encontrar en MolinaMarketplace.com en la sección para miembros “Formularios y documentos”.

Farmacia fuera de la red

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

Procesador de reclamaciones de medicamentos recetados

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

Puede abordar las preocupaciones sobre la membresía, los costos compartidos, la información sobre beneficios de medicamentos recetados y la elegibilidad llamando a nuestro Centro de Atención al Cliente al **1-888-858-3492**. Servicios para Miembros está disponible de lunes a viernes, **de 7:30 a.m. a 6:30 p.m., hora del Pacífico (PST)**.

Los profesionales autorizados para emitir recetas y las farmacias pueden comunicarse con nuestro Centro de Ayuda para Proveedores llamando al **1-855-322-4082**.

Política de medicamentos urgentes y fuera del horario de atención

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

Las farmacias tienen instrucciones de utilizar su juicio profesional. Reembolsaremos a las farmacias un suministro para 72 horas de un medicamento para afecciones agudas a tarifas contratadas para estas recetas. Las farmacias pueden comunicarse con el Centro de Ayuda de CVS Caremark® llamando al 1 (888) 407-6425 para obtener una anulación de un suministro para 72 horas.

Las farmacias pueden llamarnos al **1-855-322-4082** el siguiente día hábil para obtener una autorización para permitir que la receta urgente o fuera del horario de atención se procese en línea. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se dispensaron medicamentos en estas circunstancias de urgencia.

Plazo, sincronización y prorrateo de resurtidos

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

Procedimiento para la autorización previa y la solicitud de excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se evalúan según las reglas estándares para determinar si son médicamente necesarios. Los proveedores deben demostrar que usted hace un uso médicamente aceptado del medicamento y que otros tratamientos no han funcionado o no son clínicamente adecuados para usted. Pueden aplicarse otros requisitos según el medicamento. Es posible que solicitemos los resultados de determinadas pruebas para demostrar que un medicamento es adecuado para usted. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como razón para eludir las reglas estándares de cobertura.

Su proveedor puede enviarnos por fax un formulario completo de autorización previa de medicamentos al **1-800-869-7791**. Las políticas y los formularios clínicos pueden obtenerse en nuestro sitio web MolinaMarketplace.com. Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

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

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

Tomaremos una decisión a más tardar en la siguiente fecha:

- 24 horas después de recibir la solicitud para circunstancias urgentes.
- 72 horas después de recibir la solicitud con circunstancias estándares.

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

Cómo solicitar una excepción

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

Los miembros de Molina pueden solicitar la cobertura de medicamentos clínicamente apropiados que no estén en el formulario o que tengan “tratamiento escalonado” u otros requisitos que no se hayan cumplido. Es posible que los medicamentos que no están en el formulario no estén cubiertos por el plan. Estos medicamentos pueden costar a los miembros más que medicamentos similares que se encuentran en el formulario si están cubiertos por una “excepción”, según se describe en las siguientes secciones. Para solicitar la cobertura de medicamentos no incluidos en el formulario, un proveedor puede enviar una solicitud de excepción al formulario en nombre del miembro. Estas solicitudes se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones del formulario y se cumplen otros requisitos de cobertura. La respuesta de un miembro a las muestras de medicamentos de un proveedor o fabricante de medicamentos no es una razón para eludir las reglas estándar de la cobertura de medicamentos del plan.

Los proveedores suelen recetar medicamentos del formulario para que los miembros los obtengan en una farmacia y se los administren ellos mismos. La mayoría de los medicamentos inyectables cuya administración requiere la ayuda de un proveedor están cubiertos en virtud del beneficio médico, en lugar del beneficio de farmacia. Los proveedores tienen instrucciones de Molina sobre cómo obtener la aprobación anticipada para los medicamentos de los miembros. Se pueden aprobar algunos medicamentos inyectables mediante el proceso de excepciones para obtenerlos en una farmacia usando el beneficio de farmacia del plan.

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

Los medicamentos no cubiertos u otros productos, como las exclusiones de beneficios, no cuentan con cobertura. No se puede aprobar su cobertura mediante excepción al formulario. Su plan no cubre determinados tipos de medicamentos que figuran como exclusiones de beneficios en la póliza del plan. Para obtener más información, consulte las secciones de su acuerdo (política) tituladas “Medicamentos sin cobertura” y “Exclusiones”.

¿Cómo solicito una excepción al formulario?

El proceso para solicitar una excepción al formulario es el mismo que para solicitar autorización previa para medicamentos del formulario que requieren aprobación anticipada para la cobertura. Las solicitudes se evalúan según las normas estándar para determinar la necesidad médica.

Un proveedor puede enviar por fax un formulario completo de **autorización previa/solicitud de excepción de medicamentos** a Molina al **1 (800) 869-7791**. Puede obtener el formulario en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario debe completarse e incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

Un miembro estabilizado con un medicamento no incluido en el formulario puede continuar con el medicamento durante el proceso de revisión de la excepción al formulario solicitando un surtido de emergencia. Para solicitar un surtido de emergencia, la farmacia puede llamar al **1 (800) 213-5525, opción 1-2-2**. Los ensayos de muestras de medicamentos del profesional autorizado para emitir recetas o de un fabricante de medicamentos no se considerarán un tratamiento actual.

Molina otorgará una excepción al formulario si sus revisores determinan que la información de respaldo muestra algo de lo siguiente:

- El miembro tiene una contraindicación médica para los medicamentos solicitados o del formulario.
- Es probable que los medicamentos solicitados causen una reacción adversa clínicamente predecible si los toma el miembro.
- Se espera que el medicamento solicitado sea ineficaz en función de las características clínicas documentadas del miembro.
- El miembro probó el medicamento solicitado, un medicamento relacionado o un medicamento que funciona de manera similar y lo interrumpió debido a falta de eficacia, pérdida de efecto o evento adverso.
- El miembro ya está usando el medicamento como un tratamiento actual con documentación de un resultado terapéutico positivo y el cambio al medicamento requerido probablemente causará reacciones adversas o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que el formulario o los medicamentos solicitados no benefician al miembro porque es probable que hagan lo siguiente:
 - Presentan un obstáculo para el cumplimiento del plan de tratamiento.
 - Tienen un impacto negativo en la afección comórbida del miembro.
 - Causan una interacción medicamentosa negativa clínicamente predecible.
 - Disminuyen la capacidad del miembro para lograr o mantener una capacidad funcional razonable para llevar a cabo las actividades diarias.

Luego de recibir toda la información necesaria del proveedor del miembro, Molina notificará al proveedor tratante del miembro sobre la aprobación o denegación de la solicitud, dentro de los siguientes plazos:

- En un plazo de 72 horas para las solicitudes estándar.
- Dentro de las 24 horas posteriores para solicitudes urgentes.

Las solicitudes de excepción urgentes se aplican cuando un miembro experimenta una situación de la salud que podría poner en grave riesgo su vida, salud o capacidad de recuperar una función en su totalidad, o cuando un miembro esté recibiendo un tratamiento actual con un medicamento no incluido en el formulario.

Si se deniega la solicitud, Molina Healthcare le enviará una carta al miembro y al profesional autorizado para emitir recetas. En la carta, se le explicará el motivo por el que se denegó el medicamento o el producto. El profesional autorizado para emitir recetas puede solicitar analizar la denegación con Molina. Si el miembro no está de acuerdo con la denegación de la solicitud, puede apelar la decisión sobre la cobertura de Molina. El profesional autorizado para emitir recetas también puede solicitar que una Organización de Revisión Independiente (IRO) revise la decisión de cobertura de Molina durante una apelación. La IRO le notificará al solicitante sobre la decisión de la IRO a más tardar en los siguientes plazos:

- 72 horas después de recibida la apelación de la solicitud de excepción estándar que se denegó.
- 24 horas después de recibida la apelación de la solicitud de excepción urgente que se denegó.

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente al **1-888-858-3492**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derecho a apelar la decisión en el aviso sobre medidas adoptadas. Para obtener más información, consulte la sección de su acuerdo (política) que aborda los “Reclamos y apelaciones”. Puede encontrar una copia del acuerdo, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

La información contenida en este documento es de propiedad privada. La información no podrá copiarse total ni parcialmente sin permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca registrada que son marcas comerciales o marcas registradas de fabricantes farmacéuticos. Los nombres y servicios de socios como CVS Caremark®, CVS Specialty® y Caremark.com están operados por CVS Health® Corporation y son su propiedad. CoverMyMeds® y Surescripts® son marcas comerciales registradas de terceros que pertenecen a sus respectivas compañías.

Leyenda

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

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

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos este medicamento o forma de dosificación para determinados grupos etarios en función de la información sobre la seguridad, eficacia y costo del medicamento.
MAIL	El medicamento es elegible para pedidos por correo y otros programas de surtido para 90 días en las farmacias minoristas participantes. Es su elección si desea utilizar los programas de pedido por correo. No hay descuento en el costo compartido por usar los programas de surtido para 90 días.
MED	Se aplican límites de dosis equivalentes de morfina. Las cantidades de este medicamento se limitan al equivalente ("EQ") de 90 miligramos de morfina por día de suministro surtido.
OTC	Las formas de dosificación de venta libre están cubiertas en la lista de medicamentos mediante una receta válida de un proveedor.
PA	Se requiere autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen.
QL	Se aplican límites de cantidad. Pagaremos un monto máximo diario basado en la información sobre el uso medicamento aceptado del medicamento y su costo.
ST	Se requiere tratamiento escalonado. Si hemos pagado para que usted tenga los medicamentos para el tratamiento escalonado que solicitó en el pasado, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de autorización previa o tratamiento escalonado. La lista de medicamentos le mostrará qué medicamentos se necesitan primero y por cuánto tiempo.

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

La lista de medicamentos también indicará si un medicamento es elegible para los programas de pedidos por correo (**CORREO**) en la columna Requisitos/Límites. Es su elección si desea utilizar los programas de pedido por correo. Es posible que tenga un costo compartido menor mediante el pedido por correo en algunos medicamentos.



Molina Healthcare Marketplace

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	
Alogliptin Benzoate TABS 12.5MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 25MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 6.25MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-20MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-40MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-20MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-40MG	Changing from Non-Preferred Tier to Preferred Generic Tier	
AMPHETAMINE TAB 10MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity and Age Limits Apply
AMPHETAMINE TAB 5MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity and Age Limits Apply
ARALAST NP INJ 1000MG	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
ARANESP INJ 100MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 10MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 150MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 200MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 25MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 300MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 40MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 500MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 60MCG	Changing from Specialty Tier to Non-Preferred Tier	
ATROVENT HFA AER 17MCG	Removing from Formulary	
AVERI TAB	Removing from Formulary	
AVITA CRE 0.025%	Removing from Formulary	
AVITA GEL 0.025%	Removing from Formulary	
Azelaic Acid GEL 15%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
BALCOLTRA TAB 0.1-20	Removing from Formulary	
BETAINE POWD	Changing from Specialty Tier to Non-Preferred Tier	
BEYAZ TAB	Removing from Formulary	
BEYFORTUS INJ 100MG/ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BEYFORTUS INJ 50/0.5ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BISMTH/METR/ CAP TETRACY	Adding to Formulary, Non-Preferred Brand/Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Briviact SOLN 10MG/ML	Adding to Formulary, Non-Preferred Brand Tier	Age Limits Apply
Briviact TABS 100MG	Adding to Formulary, Non-Preferred Brand Tier	
Briviact TABS 10MG	Adding to Formulary, Non-Preferred Brand Tier	
Briviact TABS 25MG	Adding to Formulary, Non-Preferred Brand Tier	
Briviact TABS 50MG	Adding to Formulary, Non-Preferred Brand Tier	
Briviact TABS 75MG	Adding to Formulary, Non-Preferred Brand Tier	
CABOMETRYX TAB 20MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
CABOMETRYX TAB 40MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
CABOMETRYX TAB 60MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Calcipotriene CREA 0.005 %	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE OINT 0.005%	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 16MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 32MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 4MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 8MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
CAPTOPR/HCTZ TAB 25-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 25-25MG	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
CAPTOPR/HCTZ TAB 50-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-25MG	Removing from Formulary	
CINACALCET TAB 30MG	Changing from Non-Preferred Tier to Specialty Tier	
CINACALCET TAB 60MG	Changing from Non-Preferred Tier to Specialty Tier	
CINACALCET TAB 90MG	Changing from Non-Preferred Tier to Specialty Tier	
Ciprofloxacin-Fluocinolone PF SOLN 0.3-0.025%	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits and Age Limits Apply
CLINDAMY/BEN GEL 1.2-5%	Changing from Non-Preferred Tier to Preferred Generic Tier	
CLINDAMYCIN LOT 10MG/ML	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
COMETRIQ KIT 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 60MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
CYCLOPHOSPH CAP 25MG	Changing from Specialty Tier to Non-Preferred Tier	
CYCLOPHOSPH CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	
CYCLOSET TAB 0.8MG	Changing from Preferred Brand Tier to Non-Preferred Brand Tier	Quantity Limits Apply
DABIGATRAN CAP 110MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
DABIGATRAN CAP 150MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
DABIGATRAN CAP 75MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
DELSTRIGO TAB 100-300-300	Changing from Preferred Brand Tier to Non-Preferred Brand Tier	Quantity Limits Apply
DEPO-PROVERA INJ 150MG/ML	Removing from Formulary	
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
DEXMETHYLPH CAP 5MG ER	Adding to Formulary, Generic Tier with Prior Authorization	Quantity and Age Limits Apply
DIACOMIT CAP 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT CAP 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIFFERIN LOT 0.1%	Removing from Formulary	
DOFETILIDE CAP 125MCG	Changing from Non-Preferred Tier to Specialty Tier	
DOFETILIDE CAP 250MCG	Changing from Non-Preferred Tier to Specialty Tier	
DOFETILIDE CAP 500MCG	Changing from Non-Preferred Tier to Specialty Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
EMCYT CAP 140MG	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPROSART MES TAB 600MG	Removing from Formulary	
ETOPOSIDE CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	
EUFLEXXA INJ 10MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.25MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.5 MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.75MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 1MG	Changing from Specialty Tier to Non-Preferred Tier	
FANAPT PAK	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
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

Drug Name	Description of Formulary Change	Notes/Alternatives
Farydak CAPS 10MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Farydak CAPS 15MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Farydak CAPS 20MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
FENOFIBRATE CAP 134MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 200MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 43MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 67MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
FULPHILA SOSY 6MG/0.6ML	Removing from Formulary	
Glassia SOLN 1000MG/50ML	Removing from Formulary	
Glassia SOLN 4GM/200ML	Removing from Formulary	
Glassia SOLN 5GM/250ML	Removing from Formulary	
GLUCAGON KIT 1MG	Changing from Generic Tier to Preventative Tier	Quantity Limits Apply
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEDIATRIC CROHNS START PSKT 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN PNKT 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN PNKT 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN PNKT 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA

Drug Name	Description of Formulary Change	Notes/Alternatives
HUMIRA PEN-CD/UC/HS STARTER PNKT 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN-PEDIATRIC UC START PNKT 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN-PS/UV/ADOL HS START PNKT 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PSKT 10MG/0.1ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PSKT 20MG/0.2ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PSKT 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HUMIRA PSKT 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYALGAN INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
HYRIMOZ SOAJ 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ SOAJ 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ SOAJ 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ SOSY 20MG/0.2ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ SOSY 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ SOSY 40MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
Hyrimoz-Crohns/UC Starter SOAJ 80MG/0.8ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
HYRIMOZ-PLAQUE PSORIASIS START SOAJ 80 MG/0.8ML & 40MG/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA

Drug Name	Description of Formulary Change	Notes/Alternatives
Imbruvica CAP 70MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 280MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 420MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 560MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 1MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 5MG	Adding to Formulary, Specialty Tier 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	Quantity Limits Apply
LEUKERAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
LEVALBUTEROL INH HFA 200	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
MELPHALAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
MENEST TAB 2.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MESALAMINE TAB 1.2GM DR	Adding to Formulary, Non-Preferred Brand Tier	
MESALAMINE TAB 800MG DR	Removing from Formulary	
METHITEST TAB 10MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
METHOTREXATE INJ 250/10ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 25MG/ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 50MG/2ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHYLTESTOS CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
METHYLTESTOSTERONE ORAL TAB 10 MG	Changing from Specialty Tier to Non-Preferred Tier	
Miconazole 3 SUPP 200MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
MONOCLATE-P KIT 1000 UNIT INTRAVENOUS	Changing from Specialty Tier to Non-Preferred Tier	
NEUAC GEL 1.2-5%	Changing from Non-Preferred Tier to Preferred Generic Tier	
Niacin ER TBCR 1000MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply **OTC Only
NITISINONE CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 20 MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 2MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 5MG	Changing from Specialty Tier to Non-Preferred Tier	
NORVIR POW 100MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
NUVARING MIS	Removing from Formulary	
OLM MED/HCTZ TAB 20- 12.5	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40- 12.5	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40- 25MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Olmesartan Medoxomil TABS 20MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 40MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 5MG	Changing from Non-Preferred Tier to Preferred Generic Tier	Quantity Limits Apply
OXYCODONE TAB 10MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 15MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 20MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 30MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 40MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 60MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 80MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
PANRETIN GEL 0.1%	Changing from Specialty Tier to Non-Preferred Tier	
PHENADOZ SUP 12.5MG	Removing from Formulary	
PHENADOZ SUP 25MG	Removing from Formulary	
PHENOXYBENZA CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
PLAN B TAB 1.5MG	Removing from Formulary	
Poly-Vi-Flor SUSP 0.25MG/ML	Removing from Formulary	
PROCRIT INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
PROCRIT INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 40000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROLASTIN-C INJ 1000MG	Removing from Formulary	
PROLIA SOL 60MG/ML	Removing from Formulary	
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	
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	
RELISTOR TAB 150MG	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA PUSH INJ 420/3.5	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA SURE INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 10000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 20000UNI	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 2000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 3000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 40000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 4000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
REYVOW TABS 100MG	Removing from Formulary	
REYVOW TABS 50MG	Removing from Formulary	
RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 1500 UNIT (300MCG)	Changing from Preferred Brand Tier to Specialty Tier	
RIBAVIRIN CAP 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RIBAVIRIN TAB 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RINVOQ LQ SOL 1MG/ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
SAFYRAL TAB	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
SELZENTRY SOL 20MG/ML	Changing from Preferred Brand Tier to Non-Preferred Brand Tier	Quantity Limits Apply
SELZENTRY TAB 25MG	Changing from Preferred Brand Tier to Non-Preferred Brand Tier	Quantity Limits Apply
SELZENTRY TAB 75MG	Changing from Preferred Brand Tier to Non-Preferred Brand Tier	Quantity Limits Apply
SIMLANDI 1PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
SIMLANDI 2PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
SIRTURO TAB 100MG	Changing from Non-Preferred Tier to Specialty Tier	
SIRTURO TAB 20MG	Changing from Non-Preferred Tier to Specialty Tier	
SOMAVERT INJ 25MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Somavert SOLR 30MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Sprycel TABS 100MG	Removing from Formulary	
Sprycel TABS 140MG	Removing from Formulary	
Sprycel TABS 20MG	Removing from Formulary	
Sprycel TABS 50MG	Removing from Formulary	
Sprycel TABS 70MG	Removing from Formulary	
Sprycel TABS 80MG	Removing from Formulary	
Stelara SOLN 130MG/26ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
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
SUPARTZ FX INJ 25/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
SYNAGIS INJ 100MG/ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy

Drug Name	Description of Formulary Change	Notes/Alternatives
SYNAGIS INJ 50/0.5ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAREL SOL 2MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
TABLOID TAB 40MG	Changing from Specialty Tier to Non-Preferred 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
TASIGNA CAP 50MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TAVABOROLE SOLN 5%	Prior Authorization Added	Quantity Limits Added
TAYTULLA CAP 1MG/20MC	Removing from Formulary	
TAZAROTENE CRE 0.05%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE CRE 0.1%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.05%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.1%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	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	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 40MG	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 80MG	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
TERBUTALINE TAB 2.5MG	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
TERBUTALINE TAB 5MG	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Teriparatide SOPN 560MCG/2.24ML	Removing from Formulary	
THEOPHYLLINE ELX 80/15ML	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE ER TB12 100MG	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE ER TB12 200MG	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE TAB 300MG ER	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE TAB 400MG ER	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE TAB 450MG ER	Changing from Generics Tier to Non-Preferred Brand Tier	
THEOPHYLLINE TAB 600MG ER	Changing from Generics Tier to Non-Preferred Brand Tier	
TRETINOIN CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
TRETINOIN CRE 0.025%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.05%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.1%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.01%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.025%	Changing from Non-Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRILURON INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
TRIZIVIR TABS 300-150- 300MG	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
VALGANCICLOV SOL 50MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
VALGANCICLOV TAB 450MG	Changing from Specialty Tier to Non-Preferred Tier	
Venclexta Starting Pack TBPK 10 & 50 & 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Venclexta TABS 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Venclexta TABS 10MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Venclexta TABS 50MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Viread POWD 40MG/GM	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 150MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 200MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 250MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 300MG	Adding to Formulary, Non-Preferred Brand Tier	Quantity Limits Apply
VISCO-3 SOSY 25MG/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
Vraylar CPPK 1.5 & 3MG	Adding to Formulary, Non-Preferred Brand with Prior Authorization	
XARELTO SUS 1MG/ML	Removing from Formulary	
XARELTO TAB 2.5MG	Removing from Formulary	Remove Brand
XIFAXAN TAB 200MG	Changing from Specialty Tier to Non-Preferred Tier	
XIFAXAN TAB 550MG	Changing from Specialty Tier to Non-Preferred Tier	
XOFLUZA TAB 20MG	Removing from Formulary	
XOFLUZA TAB 40MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
XOFLUZA TAB 80MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply
YASMIN 28 TAB 3-0.03MG	Removing from Formulary	
YAZ TAB 3-0.02MG	Removing from Formulary	
ZARXIO SOSY 300MCG/0.5ML	Removing from Formulary	
ZARXIO SOSY 480MCG/0.8ML	Removing from Formulary	
ZEJULA TAB 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
ZEJULA TAB 200MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
ZEJULA TAB 300MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
ZEMAIRA INJ 1000MG	Removing from Formulary	
Zenpep CPEP 60000- 189600UNIT	Adding to Formulary, Preferred Brand Tier	

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

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 4	PA; QL (4 EA per 1 day); MAIL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); MAIL
*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 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); MAIL
*Amphetamine Mixtures***		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 30 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 7.5 mg	Tier 2	QL (5 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Amphetamines***		
amphetamine er oral suspension extended release 1.25 mg/ml	Tier 4	PA; AGE (Max 12 Years)
amphetamine sulfate oral tablet 10 mg	Tier 4	QL (4 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine sulfate oral tablet 5 mg	Tier 4	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 4	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	Tier 4	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 4	PA; QL (1 EA per 1 day)
methamphetamine hcl oral tablet 5 mg	Tier 4	PA; AGE (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)

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
Dextroamphetamine Sulfate (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	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 2	QL (120 ML per 999 days); AGE (Max 1 Years)
*Stimulants - Misc.***		
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg</i>	Tier 4	PA; QL (1 EA per 1 day)
<i>modafinil oral tablet 200 mg</i>	Tier 4	PA; QL (2 EA per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	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 2	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 2	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 2	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 2	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 2	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 2	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 2	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 2	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 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 2	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 2	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)

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

Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 2	OTC
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 2	OTC
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 2	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 2	OTC
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 2	OTC
*Alternative Medicine Combinations - Two Ingredients***		
<i>melatonin oral tablet 3-2 mg</i>	Tier 2	OTC
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 2	OTC
<i>melatonin-pyridoxine er oral tablet extended release 10-10 mg</i>	Tier 2	OTC
<i>melatonin-pyridoxine oral tablet 1-10 mg</i>	Tier 2	OTC
<i>melatonin-vitamin b-6 oral tablet 3-1 mg</i>	Tier 2	OTC
Aminoglycosides		
*Aminoglycosides***		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	PA
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 4	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 2	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ LQ ORAL SOLUTION 1 MG/ML (Upadacitinib)	Tier 5	PA; AGE (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 5	PA; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 5	PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	PA; QL (0.072 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	PA; QL (0.072 ML per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 5	PA; QL (2 EA per 28 days)

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
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 5	PA; QL (4 EA per 365 days)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 day)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>celecoxib oral capsule 50 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 4	PA; MAIL
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Riloncept)	Tier 5	PA
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 5	PA
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 4	QL (2 EA per 1 day); MAIL
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>ketoprofen oral capsule 50 mg</i>	Tier 4	PA; QL (4 EA per 1 day); MAIL
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 4	PA; MAIL
<i>mefenamic acid oral capsule 250 mg</i>	Tier 4	PA; MAIL
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 4	AGE (Max 12 Years); MAIL
<i>oxaprozin oral tablet 600 mg</i>	Tier 4	PA; QL (3 EA per 1 day); MAIL

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

Drug Name	Formulary Status	Requirements/Limits
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 4	PA; QL (4 EA per 1 day)
all day pain relief oral tablet 220 mg	Tier 2	QL (3 EA per 1 day); OTC
diclofenac potassium oral tablet 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 2	QL (2 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 75 mg	Tier 2	QL (2 EA per 1 day); MAIL
etodolac oral capsule 200 mg, 300 mg	Tier 2	QL (5 EA per 1 day); MAIL
etodolac oral tablet 400 mg	Tier 2	QL (3 EA per 1 day); MAIL
etodolac oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
flurbiprofen oral tablet 100 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 2	AGE (Max 12 Years); OTC
ibuprofen junior strength oral tablet chewable 100 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
ibuprofen oral capsule 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral suspension 100 mg/5ml	Tier 2	AGE (Max 12 Years)
ibuprofen oral tablet 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	QL (4 EA per 1 day); MAIL
indomethacin oral capsule 25 mg, 50 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
ketorolac tromethamine oral tablet 10 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
meloxicam oral tablet 15 mg	Tier 2	QL (1 EA per 1 day); MAIL
meloxicam oral tablet 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
nabumetone oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
naproxen dr oral tablet delayed release 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet delayed release 375 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen sodium oral tablet 220 mg	Tier 2	QL (3 EA per 1 day); OTC
piroxicam oral capsule 10 mg	Tier 2	PA; QL (4 EA per 1 day); MAIL
piroxicam oral capsule 20 mg	Tier 2	PA; QL (2 EA per 1 day); MAIL
sulindac oral tablet 150 mg, 200 mg	Tier 2	QL (3 EA per 1 day); MAIL
ADDAPRIN ORAL TABLET 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (Ibuprofen)	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
MOTRIN IB ORAL CAPSULE 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
MOTRIN IB ORAL TABLET 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 5	PA
*Pyrimidine Synthesis Inhibitors***		
leflunomide oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 5	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 5	PA
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
Analgesics - Nonnarcotic		
*Analgesics Other***		
acetaminophen childrens oral suspension 160 mg/5ml	Tier 2	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 2	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 2	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 2	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 2	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 2	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 2	OTC
acetaminophen oral solution 160 mg/5ml	Tier 2	OTC
acetaminophen oral suspension 80 mg/0.8ml	Tier 2	OTC
acetaminophen oral tablet 325 mg	Tier 2	OTC
acetaminophen oral tablet chewable 80 mg	Tier 2	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 2	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 2	OTC
apra oral elixir 160 mg/5ml	Tier 2	OTC
arthritis pain relief oral tablet extended release 650 mg	Tier 2	OTC
childrens aspirin free oral elixir 80 mg/2.5ml	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
mapap oral capsule 500 mg	Tier 2	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (Acetaminophen)	Tier 2	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 2	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (Acetaminophen)	Tier 2	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (Acetaminophen)	Tier 2	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG (Acetaminophen)	Tier 2	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (Acetaminophen)	Tier 2	OTC
PHARBETOL ORAL TABLET 325 MG (Acetaminophen)	Tier 2	OTC
*Analgesics-Sedatives***		
butalbital-acetaminophen oral tablet 50-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 2	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
TENCON ORAL TABLET 50-325 MG (Butalbital-Acetaminophen)	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
*Salicylates***		
aspirin adult low dose oral tablet delayed release 81 mg	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
aspirin oral tablet delayed release 325 mg	Tier 2	QL (100 EA per 30 days); OTC
cvs aspirin oral tablet 325 mg	Tier 2	OTC
diflunisal oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
eq aspirin oral tablet 325 mg	Tier 2	OTC
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
salsalate oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
BAYER ASPIRIN ORAL TABLET 325 MG (Aspirin)	Tier 2	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59

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

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Drug Name	Formulary Status	Requirements/Limits
codeine sulfate oral tablet 30 mg	Tier 2	QL (12 EA per 1 day); AGE (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 2	PA; QL (10 EA per 25 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 2	QL (12 EA per 1 day)
meperidine hcl oral solution 50 mg/5ml	Tier 2	AGE (Max 64 Years)
meperidine hcl oral tablet 50 mg	Tier 2	AGE (Max 64 Years)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 2	QL (15 ML per 1 day)
methadone hcl oral tablet 10 mg, 5 mg	Tier 2	QL (360 EA per 25 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 2	QL (15 ML per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 2	QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 2	QL (15 ML per 1 day)
morphine sulfate oral tablet 15 mg, 30 mg	Tier 2	QL (6 EA per 1 day)
oxycodone hcl oral solution 5 mg/5ml	Tier 2	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (6 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 12 Years)
*Opioid Combinations***		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 2	QL (8 EA per 1 day)
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 2	QL (8 EA per 1 day)
*Opioid Partial Agonists***		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 4	PA
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 2	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 2	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 2	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 2	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 2	QL (3 EA per 1 day)
butorphanol tartrate nasal solution 10 mg/ml	Tier 2	PA; QL (15 ML per 25 days)
*Tramadol Combinations***		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Min 12 Years)
Androgens-Anabolic		
*Anabolic Steroids***		
oxandrolone oral tablet 10 mg	Tier 2	PA
OXANDRIN ORAL TABLET 2.5 MG (Oxandrolone)	Tier 2	PA
*Androgens***		
danazol oral capsule 100 mg, 200 mg	Tier 4	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 4	QL (2 EA per 1 day)
methitest oral tablet 10 mg	Tier 4	PA; AGE (Min 18 Years)
methyltestosterone oral capsule 10 mg	Tier 4	PA; AGE (Min 18 Years)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 2	QL (10 ML per 25 days); AGE (Min 18 Years)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 2	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
*Intrarectal Steroids***		
hydrocortisone rectal enema 100 mg/60ml	Tier 4	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60MI)	Tier 4	QL (1680 ML per 25 days)
*Nitrate Vasodilating Agents***		
nitroglycerin rectal ointment 0.4 %	Tier 4	
*Rectal Anesthetic Combinations***		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 2	OTC
*Rectal Local Anesthetics***		
dibucaine rectal ointment 1 %	Tier 2	OTC
*Rectal Steroids***		
hydrocortisone (perianal) external cream 2.5 %	Tier 2	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 2	QL (60 GM per 25 days); OTC
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 2	
Antacids		
*Antacid & Simethicone***		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
antacid plus oral tablet chewable 200-200-25 mg	Tier 2	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Tier 2	OTC
mintox maximum strength oral suspension 400-400-40 mg/5ml	Tier 2	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
*Antacid Combinations***		
antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg	Tier 2	OTC
antacid oral tablet chewable 80-20 mg	Tier 2	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 2	OTC
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (Alum Hydroxide-Mag Carbonate)	Tier 2	OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (Alum Hydroxide-Mag Carbonate)	Tier 2	OTC
*Antacids - Bicarbonate***		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 2	OTC
*Antacids - Calcium Salts***		
antacid maximum oral tablet chewable 1000 mg	Tier 2	OTC
calcium antacid extra strength oral tablet chewable 750 mg	Tier 2	OTC
calcium carbonate antacid oral suspension 1250 mg/5ml	Tier 2	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 2	OTC
childrens pepto oral tablet chewable 400 mg	Tier 2	OTC
ra antacid ultra strength oral tablet chewable 1000 mg	Tier 2	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 2	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (Calcium Carbonate Antacid)	Tier 2	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (Calcium Carbonate Antacid)	Tier 2	OTC
*Antacids - Magnesium Salts***		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>mebendazole oral tablet chewable 100 mg</i>	Tier 4	
<i>praziquantel oral tablet 600 mg</i>	Tier 4	PA
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 3	
<i>ivermectin oral tablet 3 mg</i>	Tier 2	QL (16 EA per 2 days)
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 2	OTC
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 4	ST; QL (2 EA per 1 day); MAIL
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	MAIL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	QL (1 EA per 1 day); MAIL
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 4	QL (3 EA per 1 day)
<i>bupirone hcl oral tablet 10 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 15 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 30 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day); AGE (Min 6 Years); MAIL
<i>bupirone hcl oral tablet 7.5 mg</i>	Tier 2	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 2	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL

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Drug Name	Formulary Status	Requirements/Limits
hydroxyzine pamoate oral capsule 25 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
hydroxyzine pamoate oral capsule 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years)
*Benzodiazepines***		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 7.5 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
diazepam oral concentrate 5 mg/ml	Tier 2	QL (30 ML per 25 days); AGE (Max 64 Years)
diazepam oral solution 5 mg/5ml	Tier 2	QL (120 ML per 25 days); AGE (Max 64 Years)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years)
lorazepam oral concentrate 1 mg/0.5ml	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
lorazepam oral concentrate 2 mg/ml	Tier 2	QL (3 ML per 1 day); AGE (Min 12 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
oxazepam oral capsule 10 mg, 15 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 30 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 2	MAIL
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	MAIL
*Antiarrhythmics Type I-B***		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 2	MAIL
*Antiarrhythmics Type I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 2	MAIL
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 2	MAIL
*Antiarrhythmics Type Iii***		
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 5	MAIL
MULTAQ ORAL TABLET 400 MG (Dronedaronone HCl)	Tier 4	PA; MAIL
amiodarone hcl oral tablet 200 mg	Tier 2	MAIL

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

Drug Name	Formulary Status	Requirements/Limits
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 2	MAIL
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 4	PA; MAIL
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act</i>	Tier 4	QL (20.4 GM per 25 days); MAIL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 3	QL (2 EA per 1 day); MAIL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 3	QL (10.7 GM per 25 days); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (60 EA per 25 days); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (60 EA per 25 days); MAIL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 3	QL (10.8 GM per 25 days); MAIL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 3	QL (4 GM per 25 days); MAIL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 3	QL (4 GM per 25 days); MAIL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (Fluticasone-Umeclidin-Vilant)	Tier 3	QL (60 EA per 25 days); MAIL
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Tier 2	QL (60 GM per 30 days); MAIL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 2	QL (60 EA per 30 days); MAIL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	QL (360 ML per 25 days); MAIL
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 2	QL (60 EA per 30 days); MAIL
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 5	PA; QL (2 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 days)

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Drug Name	Formulary Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 5	PA; QL (5 EA per 24 days)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 4	MAIL
*Beta Adrenergics***		
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 4	MAIL
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 4	QL (120 ML per 25 days); MAIL
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 4	QL (15 GM per 25 days); MAIL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 3	QL (0.14 GM per 1 day); MAIL
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 2	QL (18 GM per 24 days); MAIL
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 2	QL (6.7 GM per 24 days); MAIL
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 2	QL (8.5 GM per 24 days); MAIL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 2	QL (225 ML per 25 days); MAIL
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml</i>	Tier 2	QL (150 ML per 25 days); MAIL
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 2	QL (300 ML per 25 days); MAIL
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 2	MAIL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	ST; QL (150 ML per 25 days); MAIL
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 2	ST; QL (150 EA per 25 days); MAIL
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 2	QL (8 EA per 1 day); MAIL
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
*Bronchodilators - Anticholinergics***		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (Umeclidinium Bromide)	Tier 3	QL (1 EA per 1 day); MAIL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 3	QL (4 GM per 25 days); MAIL
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	QL (10 ML per 1 day); MAIL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Tier 2	QL (30 EA per 25 days); MAIL
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)

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Drug Name	Formulary Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 5	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 5	PA; QL (3 EA per 23 days)
*Leukotriene Receptor Antagonists***		
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 4	QL (2 EA per 1 day); MAIL
<i>montelukast sodium oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>montelukast sodium oral tablet chewable 4 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Max 9 Years); MAIL
<i>montelukast sodium oral tablet chewable 5 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Max 14 Years); MAIL
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 4	PA; MAIL
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 4	QL (120 ML per 25 days); AGE (Max 9 Years); MAIL
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 4	QL (12 GM per 25 days); AGE (Max 11 Years); MAIL
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 4	QL (10.6 GM per 25 days); AGE (Max 11 Years); MAIL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 3	QL (13 GM per 25 days); MAIL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 3	QL (1 EA per 25 days); MAIL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 3	QL (10.6 GM per 25 days); MAIL
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 4	MAIL
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 4	MAIL
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 4	MAIL
<i>theophylline oral solution 80 mg/15ml</i>	Tier 4	MAIL

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Drug Name	Formulary Status	Requirements/Limits
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 2	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 2	MAIL
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 3	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 3	QL (2 EA per 1 day); MAIL
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 3	QL (1 EA per 1 day); MAIL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 3	QL (51 EA per 365 days)
rivaroxaban oral tablet 2.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
*Heparins And Heparinoid-Like Agents***		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 2	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 2	PA
*Low Molecular Weight Heparins***		
enoxaparin sodium injection solution 300 mg/3ml	Tier 4	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 4	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 4	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 4	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 4	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 4	QL (1.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 4	PA
*Synthetic Heparinoid-Like Agents***		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 4	PA
*Thrombin Inhibitors - Selective Direct & Reversible***		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 4	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 4	

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Drug Name	Formulary Status	Requirements/Limits
*Anticonvulsants - Benzodiazepines***		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
clobazam oral tablet 10 mg, 20 mg	Tier 2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (10 EA per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 2	QL (2 EA per 25 days)
*Anticonvulsants - Misc.***		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 5	PA
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 4	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 4	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 4	QL (2 EA per 1 day)
rufinamide oral suspension 40 mg/ml	Tier 4	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 4	MAIL
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 4	MAIL
BRIVIACT ORAL SOLUTION 10 MG/ML (Brivaracetam)	Tier 4	AGE (Max 16 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (Brivaracetam)	Tier 4	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 2	MAIL
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 2	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 2	MAIL
carbamazepine oral tablet 200 mg	Tier 2	MAIL
carbamazepine oral tablet chewable 100 mg	Tier 2	MAIL
carbamazepine oral tablet chewable 200 mg	Tier 2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 2	MAIL
gabapentin oral solution 250 mg/5ml	Tier 2	MAIL
gabapentin oral tablet 600 mg, 800 mg	Tier 2	MAIL
lacosamide oral solution 10 mg/ml	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 2	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 2	MAIL
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	MAIL
levetiracetam oral solution 100 mg/ml	Tier 2	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 2	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 2	MAIL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	MAIL
pregabalin oral solution 20 mg/ml	Tier 2	
primidone oral tablet 250 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 2	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 2	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 2	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 2	MAIL
LamoTRiGINE (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	MAIL
*Carbamates***		
felbamate oral suspension 600 mg/5ml	Tier 4	MAIL
felbamate oral tablet 400 mg, 600 mg	Tier 4	MAIL
*Gaba Modulators***		
vigabatrin oral packet 500 mg	Tier 5	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 5	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 5	QL (6 EA per 1 day)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	MAIL
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 3	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	MAIL
phenytoin oral suspension 125 mg/5ml	Tier 2	MAIL
phenytoin oral tablet chewable 50 mg	Tier 2	MAIL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	MAIL
*Succinimides***		
methsuximide oral capsule 300 mg	Tier 4	
ethosuximide oral capsule 250 mg	Tier 2	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 2	MAIL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 2	MAIL
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 2	MAIL
<i>valproic acid oral capsule 250 mg</i>	Tier 2	MAIL
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	MAIL
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Monoamine Oxidase Inhibitors (Maois)***		
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 4	QL (8 EA per 1 day); MAIL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 4	PA; MAIL
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 4	PA; MAIL
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
*Selective Serotonin Reuptake Inhibitors (SsrIs)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 2	QL (20 ML per 1 day); AGE (Max 12 Years); MAIL
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 2	QL (1.5 EA per 1 day); MAIL
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 2	AGE (Max 12 Years); MAIL
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1.5 EA per 1 day); MAIL
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 2	AGE (Max 12 Years); MAIL
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 11 Years); MAIL
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>sertraline hcl oral tablet 25 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*Serotonin Modulators***		
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 4	PA; MAIL
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; MAIL
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 4	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 4	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
*Tricyclic Agents***		
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 4	QL (4 EA per 1 day); MAIL
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 4	MAIL
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	MAIL
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>desipramine hcl oral tablet 100 mg, 75 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>desipramine hcl oral tablet 150 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>desipramine hcl oral tablet 25 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
<i>doxepin hcl oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years); MAIL
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>miglitol oral tablet 100 mg</i>	Tier 4	QL (3 EA per 1 day); MAIL
<i>miglitol oral tablet 25 mg</i>	Tier 4	QL (12 EA per 1 day); MAIL
<i>miglitol oral tablet 50 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>acarbose oral tablet 100 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 4	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 4	PA; MAIL
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>metformin hcl oral tablet 1000 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>metformin hcl oral tablet 500 mg</i>	Tier 2	QL (5 EA per 1 day); MAIL
<i>metformin hcl oral tablet 850 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
*Diabetic Other - Combinations***		
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Tier 2	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (Glucose-Vitamin C)	Tier 2	OTC
*Diabetic Other***		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 4	MAIL
<i>glucagon emergency kit 1 mg injection</i>	Tier 3	QL (2 EA per 25 days)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 3	QL (2 EA per 25 days)
<i>gnp glucose oral tablet chewable 4 gm</i>	Tier 2	OTC
<i>glucagon emergency kit 1 mg injection</i>	PREV	QL (2 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate)	Tier 3	ST; QL (1 EA per 1 day); MAIL
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 2	ST; QL (1 EA per 1 day); MAIL
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 4	ST; QL (2 EA per 1 day); MAIL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 4	QL (6 EA per 1 day); MAIL
*Human Insulin***		
<i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>	Tier 3	QL (30 ML per 25 days); MAIL
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	Tier 3	QL (30 ML per 25 days); MAIL
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (30 ML per 25 days); MAIL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (15 ML per 25 days); MAIL
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (15 ML per 25 days); MAIL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (20 ML per 25 days); MAIL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (18 ML per 25 days); MAIL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 28 days)

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Drug Name	Formulary Status	Requirements/Limits
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 3	ST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 3	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 3	ST; QL (2 ML per 24 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 2	ST; QL (9 ML per 25 days); MAIL
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 3	ST; QL (15 ML per 30 days); MAIL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 3	ST; QL (15 ML per 30 days); MAIL
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
*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 3	ST; QL (1 EA per 1 day); MAIL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linagliptin-Metform)	Tier 3	ST; QL (2 EA per 1 day); MAIL
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 3	ST; QL (1 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 3	ST; QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	MAIL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MAIL
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	MAIL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	MAIL
<i>glycron oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 2	MAIL
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 2	MAIL
<i>tolbutamide oral tablet 500 mg</i>	Tier 2	MAIL
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>gnp pink bismuth oral tablet 262 mg</i>	Tier 2	OTC
<i>sb bismuth oral tablet 262 mg</i>	Tier 2	OTC
<i>stomach relief oral suspension 525 mg/15ml</i>	Tier 2	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Tier 2	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (Bismuth Subsalicylate)	Tier 2	OTC
*Antiperistaltic Agents***		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 4	PA; QL (100 EA per 30 days)
<i>anti-diarrheal oral tablet 2 mg</i>	Tier 2	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Tier 2	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Tier 2	
<i>loperamide hcl oral tablet 2 mg</i>	Tier 2	OTC
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 5	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 4	PA
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 2	QL (4 ML per 25 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 2	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 2	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 2	QL (0.8 EA per 28 days)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 4	QL (2 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 4	PA
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 2	QL (50 ML per 25 days); AGE (Max 12 Years)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 25 days)
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 4	PA
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 2	OTC
*Antiemetics - Anticholinergic***		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 4	QL (4 EA per 25 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>meclizine hcl oral tablet chewable 25 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet 50 mg</i>	Tier 2	OTC
<i>travel-ease oral tablet 25 mg</i>	Tier 2	QL (4 EA per 1 day); OTC
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 2	
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 2	QL (4 EA per 1 day); OTC
DRIMINATE ORAL TABLET 50 MG (Dimenhydrinate)	Tier 2	OTC
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 4	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral 80 & 125 mg</i>	Tier 4	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 4	PA
Antifungals		
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 4	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<i>nystatin oral tablet 500000 unit</i>	Tier 2	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	QL (1 EA per 1 day)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
*Triazoles***		
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 4	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 2	QL (105 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 2	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 2	QL (2 EA per 25 days)
<i>itraconazole oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
Antihistamines		
*Antihistamines - Alkylamines***		
RYCLORA ORAL SOLUTION 2 MG/5ML (Dexchlorpheniramine Maleate)	Tier 4	PA
<i>aller-chlor oral tablet 4 mg</i>	Tier 2	OTC
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 2	QL (2 EA per 1 day); OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 2	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 2	OTC
WAL-FINATE ORAL TABLET 4 MG (Chlorpheniramine Maleate)	Tier 2	OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 2	OTC
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 2	
<i>diphenhist oral capsule 25 mg</i>	Tier 2	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 2	
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier 2	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 2	OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 2	AGE (Max 12 Years); OTC
<i>diphenhydramine hcl oral tablet 25 mg, 50 mg</i>	Tier 2	OTC
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 2	AGE (Max 12 Years); OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5ML)	Tier 2	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (Clemastine Fumarate)	Tier 2	OTC
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 2	AGE (Max 12 Years); 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
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 2	AGE (Max 12 Years); OTC
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
*Antihistamines - Non-Sedating***		
<i>desloratadine oral tablet 5 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>cetirizine hcl oral solution 1 mg/ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>fexofenadine hcl oral tablet 60 mg</i>	Tier 2	QL (2 EA per 1 day); OTC
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>loradamed oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>loratadine oral solution 5 mg/5ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
<i>loratadine oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-FEX ALLERGY ORAL TABLET 180 MG (Fexofenadine HCl)	Tier 2	QL (1 EA per 1 day); OTC
WAL-FEX ALLERGY ORAL TABLET 60 MG (Fexofenadine HCl)	Tier 2	QL (2 EA per 1 day); OTC
WAL-ITIN ORAL SOLUTION 5 MG/5ML (Loratadine)	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
WAL-ITIN ORAL TABLET 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (Cetirizine HCl)	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
WAL-ZYR ORAL TABLET 10 MG (Cetirizine HCl)	Tier 2	QL (1 EA per 1 day); OTC
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 2	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 2	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	AGE (Min 2 Years and Max 64 Years)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 2	AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 2	AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 4	PA; MAIL
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 4	PA; MAIL
*Antihyperlipidemics - Misc.***		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 4	QL (4 EA per 1 day); MAIL
*Bile Acid Sequestrants***		
colesevelam hcl oral packet 3.75 gm	Tier 4	QL (1 EA per 1 day); MAIL
colesevelam hcl oral tablet 625 mg	Tier 4	QL (6 EA per 1 day); MAIL
cholestyramine light oral packet 4 gm	Tier 2	QL (240 EA per 25 days); MAIL
cholestyramine light oral powder 4 gm/dose	Tier 2	QL (240 GM per 25 days); MAIL
cholestyramine oral packet 4 gm	Tier 2	QL (240 EA per 25 days); MAIL
cholestyramine oral powder 4 gm/dose	Tier 2	QL (378 GM per 25 days); MAIL
colestipol hcl oral tablet 1 gm	Tier 2	QL (16 EA per 1 day); MAIL
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 2	QL (240 GM per 25 days); MAIL
*Fibric Acid Derivatives***		
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	QL (1 EA per 1 day); MAIL
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 2	QL (1 EA per 1 day); MAIL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	QL (1 EA per 1 day); MAIL
gemfibrozil oral tablet 600 mg	Tier 2	QL (4 EA per 1 day); MAIL
*Hmg Coa Reductase Inhibitors***		
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL; PREV for ages 40-75
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL; PREV for ages 40-75
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 4	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
rosuvastatin calcium oral tablet 20 mg	Tier 4	QL (1.5 EA per 1 day); MAIL
rosuvastatin calcium oral tablet 40 mg	Tier 4	QL (1 EA per 1 day); MAIL
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
atorvastatin calcium oral tablet 40 mg	Tier 2	QL (1.5 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
<i>lovastatin oral tablet 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL; PREV for ages 40-75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 40-75
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
<i>simvastatin oral tablet 40 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 40-75
<i>simvastatin oral tablet 80 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*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 4	PA; MAIL
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 4	MAIL
*Nicotinic Acid Derivatives***		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 4	QL (4 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 4	QL (4 EA per 1 day); MAIL
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	Tier 4	QL (4 EA per 1 day)
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 4	PA
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 2	QL (1 EA per 1 day); MAIL
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
benazepril hcl oral tablet 40 mg, 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
captopril oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
enalapril maleate oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day); MAIL
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
perindopril erbumine oral tablet 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
quinapril hcl oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Agents For Pheochromocytoma***		
phenoxybenzamine hcl oral capsule 10 mg	Tier 4	
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Angiotensin Ii Receptor Antagonists***		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 2	QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>telmisartan oral tablet 80 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>valsartan oral tablet 320 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*Antiadrenergics - Centrally Acting***		
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 4	ST; QL (4 EA per 25 days); MAIL
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>methyldopa oral tablet 250 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
<i>methyldopa oral tablet 500 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	QL (6 EA per 1 day); MAIL
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Antihypertensives - Misc.***		
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	MAIL
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 4	PA; QL (1 EA per 1 day); MAIL
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>eplerenone oral tablet 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	MAIL
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	MAIL
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 4	
<i>tinidazole oral tablet 250 mg</i>	Tier 4	QL (8 EA per 1 day)
<i>tinidazole oral tablet 500 mg</i>	Tier 4	QL (4 EA per 1 day)
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 4	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 2	AGE (Max 12 Years)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5ML)	Tier 2	AGE (Max 12 Years)
*Antiprotozoal Agents***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 4	PA
<i>nitazoxanide oral tablet 500 mg</i>	Tier 4	PA
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 4	PA
*Glycopeptides***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	Tier 2	
*Leprostatics***		
<i>dapsone oral tablet 100 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Tier 2	QL (4 EA per 1 day)
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
*Monobactams***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 5	PA
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 4	PA
<i>linezolid oral tablet 600 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Urinary Anti-Infectives***		
<i>fosfomicin tromethamine oral packet 3 gm</i>	Tier 4	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 4	AGE (Max 12 Years)
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
Antimalarials		
*Antimalarial Combinations***		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	QL (1 EA per 1 day)
*Antimalarials***		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 4	QL (4 EA per 1 day)
<i>quinine sulfate oral capsule 324 mg</i>	Tier 4	QL (30 EA per 25 days)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	QL (20 EA per 25 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	QL (10 EA per 25 days)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 2	QL (6 EA per 25 days)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	PA; QL (21 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 5	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 4	
<i>rifabutin oral capsule 150 mg</i>	Tier 4	
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 4	
TRECTOR ORAL TABLET 250 MG (Ethionamide)	Tier 4	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 3	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 3	QL (32 EA per 25 days)
<i>cycloserine oral capsule 250 mg</i>	Tier 2	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Antineoplastics And Adjunctive Therapies		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA; QL (2 EA per 1 day)
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 5	PA
*Antiandrogens***		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 5	PA; QL (2 EA per 1 day)
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 3	
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
*Antiestrogens***		
<i>toremifene citrate oral tablet 60 mg</i>	Tier 4	PA; QL (1 EA per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 2	MAIL; PREV for ages 35 and over
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	Tier 5	QL (10 ML per 25 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 5	QL (10 ML per 25 days); MAIL
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 5	QL (10 ML per 25 days)
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 4	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	MAIL
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 5	PA; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 5	PA; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 5	PA; QL (3 EA per 1 day)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (Venetoclax)	Tier 5	PA; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (Venetoclax)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Tier 5	PA; QL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	Tier 5	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 5	PA; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 5	PA; QL (2 EA per 1 day)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 5	PA; QL (4 EA per 1 day)
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 5	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (Ibrutinib)	Tier 5	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (Ibrutinib)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 5	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 5	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 5	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 5	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 5	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 5	PA; QL (4 EA per 1 day)
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (1 EA per 1 day)
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	Tier 5	PA; QL (2 EA per 1 day)
<i>everolimus oral tablet soluble 3 mg</i>	Tier 5	PA; QL (3 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 5	PA; QL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 5	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Tier 5	PA; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 5	PA; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 5	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 5	PA; QL (1 EA per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (2 EA per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (4 EA per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (3 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 5	PA; QL (3 EA per 1 day)
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 5	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 5	PA
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	
*Aromatase Inhibitors***		
<i>exemestane oral tablet 25 mg</i>	Tier 4	MAIL; PREV for ages 35 and over
<i>anastrozole oral tablet 1 mg</i>	Tier 2	MAIL; PREV for ages 35 and over
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 5	PA; QL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 4	PA; QL (1 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	MAIL
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 5	PA; QL (2 EA per 1 day)
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 5	PA; AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	Tier 4	PA; QL (2 EA per 1 day)
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	PA
<i>melphalan oral tablet 2 mg</i>	Tier 4	PA
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 4	PA
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG (Lomustine)	Tier 5	PA; QL (3 EA per 1 day)
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Lomustine)	Tier 5	PA; QL (2 EA per 1 day)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 5	PA; QL (2 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 5	PA; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 5	PA; QL (4 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG (Niraparib Tosylate)	Tier 5	PA; QL (3 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (Niraparib Tosylate)	Tier 5	PA; QL (1 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 2	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 2	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	Tier 4	PA; QL (9 EA per 1 day)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; QL (6 EA per 1 day)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 5	PA; QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
*Antiparkinson Dopaminergics***		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 2	MAIL
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 4	QL (2 EA per 1 day); MAIL
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 4	QL (1 EA per 1 day); MAIL
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	Tier 4	PA; MAIL
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 4	MAIL
*Levodopa Combinations***		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg</i>	Tier 4	MAIL
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 4	QL (8 EA per 1 day); MAIL
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MAIL
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	MAIL
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	MAIL
*Nonergoline Dopamine Receptor Agonists***		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (Rotigotine)	Tier 4	PA; MAIL
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	MAIL
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Tier 4	QL (8 EA per 1 day); MAIL
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 2	AGE (Min 6 Years); MAIL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	AGE (Min 6 Years); MAIL
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	AGE (Min 6 Years); MAIL
*Antipsychotics - Misc.***		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 4	PA; MAIL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 4	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (Cariprazine HCl)	Tier 4	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (Cariprazine HCl)	Tier 4	PA
*Benzisoxazoles***		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 4	PA; MAIL
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 4	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 4	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	QL (16 ML per 1 day); AGE (Min 5 Years); MAIL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
<i>risperidone oral tablet 4 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	AGE (Min 6 Years); MAIL
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	AGE (Min 6 Years); MAIL
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>clozapine oral tablet 200 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)

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

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Drug Name	Formulary Status	Requirements/Limits
Antivirals		
*Antiretroviral Combinations***		
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 4	QL (1 EA per 1 day)
trumeq pd oral tablet soluble 60-5-30 mg	Tier 3	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF)	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 3	QL (1 EA per 1 day); PREV when used for prevention
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 3	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 3	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 3	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG (Darunavir-Cobicistat)	Tier 3	
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 3	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 3	QL (1 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 2	QL (1 EA per 1 day); PREV when used for prevention
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 2	QL (1 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (12 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
<i>efavirenz oral tablet 600 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 2	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 2	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 2	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 3	QL (24 ML per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 2	QL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 2	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 2	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
VIREAD ORAL POWDER 40 MG/GM (Tenofovir Disoproxil Fumarate)	Tier 4	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (Tenofovir Disoproxil Fumarate)	Tier 4	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 3	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 3	QL (30 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	QL (30 EA per 5 days)
*Cmv Agents***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 4	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Hepatitis B Agents***		
adefovir dipivoxil oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 4	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 4	PA
lamivudine oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
*Hepatitis C Agent - Combinations***		
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 5	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 5	PA; QL (1 EA per 1 day)
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
*Hepatitis C Agents***		
ribavirin oral capsule 200 mg	Tier 5	
ribavirin oral tablet 200 mg	Tier 5	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 5	PA
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 5	PA; QL (1 EA per 1 day)
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg	Tier 2	QL (5 EA per 1 day)
acyclovir oral suspension 200 mg/5ml	Tier 2	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Tier 2	QL (5 EA per 1 day)
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 2	QL (8 EA per 1 day)
*Herpes Agents - Thymidine Analogues***		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	QL (3 EA per 1 day)
*Influenza Agents***		
rimantadine hcl oral tablet 100 mg	Tier 2	QL (2 EA per 1 day)
*Misc. Antivirals***		
LAGEVRIO ORAL CAPSULE 200 MG (Molnupiravir)	Tier 3	QL (40 EA per 5 days)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (Zanamivir)	Tier 3	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (Oseltamivir Phosphate)	Tier 3	QL (2 EA per 1 day)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (Oseltamivir Phosphate)	Tier 3	QL (25 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (Baloxavir Marboxil)	Tier 5	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 5	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 2	QL (2 EA per 1 day); MAIL
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>labetalol hcl oral tablet 300 mg</i>	Tier 2	QL (8 EA per 1 day); MAIL
*Beta Blockers Cardio-Selective***		
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 4	MAIL
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 2	MAIL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 4	QL (3 EA per 1 day); MAIL
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 4	QL (2 EA per 1 day); MAIL
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 4	QL (4 EA per 1 day); MAIL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MAIL
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	MAIL
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 2	MAIL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	MAIL
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 2	MAIL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	MAIL
<i>sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 2	MAIL

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

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

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

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<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	QL (20 EA per 10 days)
*Cephalosporins - 3Rd Generation***		
<i>cefixime oral capsule 400 mg</i>	Tier 4	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 4	AGE (Max 12 Years)
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Tier 2	
Contraceptives		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	QL (1 EA per 1 day); MAIL
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PREV	QL (1 EA per 1 day); MAIL
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PREV	QL (1 EA per 1 day); MAIL

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

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

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Drug Name	Formulary Status	Requirements/Limits
Ethinodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	MAIL

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

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Drug Name	Formulary Status	Requirements/Limits
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
*Combination Contraceptives - Transdermal***		
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	QL (0.15 EA per 1 day); MAIL
*Combination Contraceptives - Vaginal***		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	QL (0.05 EA per 1 day); MAIL
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	MAIL
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	QL (0.05 EA per 1 day); MAIL
*Continuous Contraceptives - Oral***		
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	QL (1 EA per 1 day); MAIL
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
*Emergency Contraceptives***		
levonorgestrel oral tablet 1.5 mg	PREV	QL (1 EA per 25 days); OTC
AFTERA ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
MY CHOICE ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
MY WAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
NEW DAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
OPTION 2 ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
REACT ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
TAKE ACTION ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
*Extended-Cycle Contraceptives - Oral***		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	QL (1 EA per 1 day); MAIL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 2	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 2	
*Mineralocorticoids***		
fludrocortisone acetate oral tablet 0.1 mg	Tier 2	MAIL
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
benzonatate oral capsule 100 mg, 200 mg	Tier 2	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 2	OTC
*Antitussive - Opioid***		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 2	
hydromet oral solution 5-1.5 mg/5ml	Tier 2	
*Antitussive-Expectorant***		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
g tussin ac oral solution 100-10 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 2	OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
*Decongestant & Antihistamine***		
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 3	OTC
allergy relief d oral tablet extended release 24 hour 10-240 mg	Tier 2	QL (1 EA per 1 day); OTC
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 2	QL (2 EA per 1 day); OTC
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 2	QL (2 EA per 1 day); OTC
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 2	QL (240 ML per 25 days)

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

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Drug Name	Formulary Status	Requirements/Limits
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 2	QL (240 ML per 25 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 2	QL (240 ML per 25 days)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml</i>	Tier 2	QL (240 ML per 25 days)
Dermatologicals		
*Acne Antibiotics***		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 4	QL (60 ML per 25 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 4	QL (60 GM per 25 days)
<i>clindamycin phosphate external gel 1 %</i>	Tier 4	QL (60 GM per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 2	QL (60 ML per 25 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 2	
*Acne Combinations***		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 4	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 4	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 4	PA
<i>bp cleansing wash external emulsion 10-4 %</i>	Tier 2	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 2	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 2	PA
*Acne Products***		
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
ISOTretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 4	PA
ISOTretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOTretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOTretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
<i>acne foaming wash external liquid 10 %</i>	Tier 2	QL (240 GM per 25 days); OTC
<i>acne treatment external gel 10 %</i>	Tier 2	OTC
<i>acne-clear external gel 10 %</i>	Tier 2	OTC
<i>adapalene treatment external gel 0.1 %</i>	Tier 2	OTC
<i>benzoyl peroxide external gel 10 %</i>	Tier 2	
<i>benzoyl peroxide external gel 5 %</i>	Tier 2	OTC
<i>benzoyl peroxide external lotion 10 %, 5 %</i>	Tier 2	OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Tier 2	QL (240 GM per 25 days); OTC
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	QL (45 GM per 25 days); AGE (Max 35 Years)

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

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Drug Name	Formulary Status	Requirements/Limits
<i>nystatin external powder 100000 unit/gm</i>	Tier 2	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 2	QL (30 GM per 25 days); OTC
<i>tinaspore external solution 1 %</i>	Tier 2	OTC
<i>tolnaftate external aerosol powder 1 %</i>	Tier 2	OTC
<i>tolnaftate external cream 1 %</i>	Tier 2	OTC
<i>tolnaftate external powder 1 %</i>	Tier 2	OTC
Ciclopirox (Ciclodan External Solution 8 %)	Tier 2	QL (6.6 ML per 25 days)
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 2	OTC
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
*Antihistamine-Topical Combinations***		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Tier 2	OTC
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 2	QL (200 GM per 25 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Tier 4	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 4	PA
*Antipsoriatics - Systemic***		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 5	PA; QL (0.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 5	PA; QL (1 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 5	PA; QL (1.7 EA per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days)

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Drug Name	Formulary Status	Requirements/Limits
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 5	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 5	PA; QL (0.5 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 5	PA; QL (1 ML per 56 days)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	PA
*Antipsoriatics***		
calcitriol external ointment 3 mcg/gm	Tier 4	PA; QL (100 GM per 25 days)
calcipotriene external cream 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external ointment 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external solution 0.005 %	Tier 2	QL (60 ML per 25 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %, 0.1 %	Tier 2	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	QL (120 GM per 25 days)
*Antiseborrheic Products***		
anti-dandruff external shampoo 1 %	Tier 2	OTC
selenium sulfide external lotion 2.5 %	Tier 2	
*Antivirals - Topical***		
acyclovir external ointment 5 %	Tier 4	PA
docosanol external cream 10 %	Tier 2	QL (2 GM per 25 days); OTC
penciclovir external cream 1 %	Tier 2	PA
*Burn Products***		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 4	QL (454 GM per 25 days)
mafenide acetate external packet 5 %	Tier 2	
silver sulfadiazine external cream 1 %	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
*Corticosteroids - Topical***		
amcinonide external lotion 0.1 %	Tier 4	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 4	QL (50 ML per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 4	QL (60 GM per 25 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 4	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 4	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 4	QL (120 ML per 25 days)
<i>halcinonide external cream 0.1 %</i>	Tier 4	PA; QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 4	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 4	QL (50 GM per 25 days)
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 4	PA; QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 4	PA
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 4	PA; QL (60 GM per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 4	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 4	QL (120 ML per 25 days)
<i>ala-cort external cream 1 %, 2.5 %</i>	Tier 2	QL (60 GM per 25 days)
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>alphatrex external gel 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	Tier 2	QL (60 GM per 25 days); OTC
<i>beta hc external lotion 1 %</i>	Tier 2	QL (120 ML per 25 days); OTC
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 2	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 2	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 2	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 2	QL (454 GM per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 2	QL (45 GM per 25 days)
<i>desonide external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>desonide external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 2	QL (150 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 2	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 2	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>hydrocortisone acetate external cream 1 %</i>	Tier 2	QL (60 GM per 25 days); OTC
<i>hydrocortisone external cream 0.5 %</i>	Tier 2	QL (60 GM per 25 days); OTC
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %</i>	Tier 2	QL (120 GM per 25 days); OTC
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 2	QL (60 GM per 25 days); OTC
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (60 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 2	QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>prednicarbate external ointment 0.1 %</i>	Tier 2	QL (60 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 2	QL (454 GM per 25 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 2	QL (15 GM per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 2	QL (454 GM per 25 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 2	QL (15 GM per 25 days)
AQUANIL HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 GM per 25 days); OTC
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 2	QL (56 GM per 25 days); OTC
DERMAREST ECZEMA EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
SARNOL-HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 2	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 2	QL (15 GM per 25 days)
*Emollients***		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 3	QL (226 GM per 25 days); OTC
<i>ammonium lactate external cream 12 %</i>	Tier 2	QL (280 GM per 25 days)
<i>hydrophor external ointment</i>	Tier 2	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 % (Ammonium Lactate)	Tier 2	QL (225 GM per 25 days); OTC
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT (Emollient)	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 4	PA; QL (60 GM per 25 days)
*Imidazole-Related Antifungals - Topical***		
<i>econazole nitrate external cream 1 %</i>	Tier 4	PA
<i>luliconazole external cream 1 %</i>	Tier 4	PA
<i>oxiconazole nitrate external cream 1 %</i>	Tier 4	PA; QL (90 GM per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	Tier 4	PA
<i>sulconazole nitrate solution 1 % external</i>	Tier 4	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 4	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 4	PA
<i>antifungal external powder 2 %</i>	Tier 2	OTC
<i>athletes foot powder spray external aerosol powder 2 %</i>	Tier 2	OTC
<i>clotrimazole athletes foot external cream 1 %</i>	Tier 2	OTC
<i>clotrimazole external cream 1 %</i>	Tier 2	
<i>clotrimazole external solution 1 %</i>	Tier 2	
<i>ketoconazole external cream 2 %</i>	Tier 2	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	QL (120 ML per 25 days)
<i>micaderm external cream 2 %</i>	Tier 2	OTC
<i>miconazole nitrate external cream 2 %</i>	Tier 2	
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
DESENEK EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
DESENEK JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 2	OTC
ZEASORB-AF EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Tier 2	PA; QL (24 EA per 25 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external solution 0.5 %</i>	Tier 2	QL (7 ML per 180 days)
*Local Anesthetics - Topical***		
<i>lidocaine external patch 5 %</i>	Tier 4	PA; QL (90 EA per 25 days)
<i>capsaicin external cream 0.1 %</i>	Tier 2	OTC
<i>lidocaine external cream 4 %</i>	Tier 2	QL (90 GM per 25 days); OTC
<i>lidocaine hcl external solution 4 %</i>	Tier 2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<i>lidocaine pain relief external patch 4 %</i>	Tier 2	QL (90 EA per 25 days); OTC
ANECREAM EXTERNAL CREAM 4 % (Lidocaine)	Tier 2	QL (90 GM per 25 days); OTC
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 2	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 2	OTC
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	Tier 4	QL (100 GM per 25 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 4	QL (100 GM per 25 days)
*Misc. Topical Combinations***		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 2	OTC
*Misc. Topical***		
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 2	QL (60 ML per 25 days)
*Oxaborole-Related Antifungals - Topical***		
<i>tavaborole external solution 5 %</i>	Tier 4	PA; QL (10 ML per 30 days)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 4	PA; QL (100 GM per 30 days)
*Rosacea Agents***		
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 4	PA
<i>azelaic acid external gel 15 %</i>	Tier 2	QL (50 GM per 25 days)
<i>metronidazole external cream 0.75 %</i>	Tier 2	QL (45 GM per 25 days)
<i>metronidazole external gel 0.75 %</i>	Tier 2	QL (45 GM per 25 days)
<i>metronidazole external lotion 0.75 %</i>	Tier 2	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 2	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 2	QL (45 GM per 25 days)
*Scabicide Combinations***		
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	Tier 2	OTC
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 2	OTC
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	Tier 2	OTC
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Tier 2	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (Pyrethrins-Piperonyl Butoxide)	Tier 2	OTC
*Scabicides & Pediculicides***		
<i>ivermectin external lotion 0.5 %</i>	Tier 4	PA; QL (117 GM per 25 days)
<i>spinosad external suspension 0.9 %</i>	Tier 4	QL (120 ML per 25 days)
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 4	PA; ST
<i>lice control aerosol† 0.5 %</i>	Tier 2	OTC
<i>lice treatment external liquid 1 %</i>	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>lindane external shampoo 1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>malathion external lotion 0.5 %</i>	Tier 2	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 2	QL (120 GM per 25 days)
<i>permethrin lice treatment external lotion 1 %</i>	Tier 2	OTC
*Seborrheic Keratosis Products**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 4	PA
*Skin Protectants***		
<i>hydrocerin external cream</i>	Tier 2	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 2	QL (60 GM per 25 days)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel 1 %</i>	Tier 5	PA
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 4	PA; QL (100 GM per 25 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 4	PA; QL (120 GM per 25 days)
*Wound Care - Growth Factor Agents***		
REGSPAN EXTERNAL GEL 0.01 % (Becaplermin)	Tier 4	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	QL (200 EA per 25 days); OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 days); OTC
*Infection Tests***		
<i>covid-19 at home antigen test in vitro kit</i>	DME	QL (2 EA per 30 days); OTC
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 3	QL (6 EA per 1 day); MAIL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 3	MAIL
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 4	QL (4 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 4	QL (6 EA per 1 day); MAIL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	MAIL
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 2	MAIL
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MAIL
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	MAIL
*Loop Diuretics***		
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 4	MAIL
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	MAIL
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	AGE (Max 12 Years); MAIL
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MAIL
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	MAIL
*Potassium Sparing Diuretics***		
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 4	MAIL
<i>amiloride hcl oral tablet 5 mg</i>	Tier 2	MAIL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	MAIL
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MAIL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	MAIL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	MAIL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	MAIL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	MAIL
Endocrine And Metabolic Agents - Misc.		
*Abortifacient - Progesterone Receptor Antagonists***		
<i>mifepristone oral tablet 200 mg</i>	PREV	QL (1 EA per 1 day)
*Bisphosphonates***		
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	QL (0.036 EA per 1 day); MAIL
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 4	QL (0.143 EA per 1 day); MAIL
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	QL (1 EA per 1 day); MAIL
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 2	QL (0.143 EA per 1 day); MAIL
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 2	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 2	QL (0.036 EA per 1 day)
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 2	QL (1 ML per 1 day)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 2	MAIL
<i>levocarnitine oral tablet 330 mg</i>	Tier 2	MAIL
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	MAIL
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (Pegvisomant)	Tier 5	PA
*Growth Hormones***		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 5	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA
*Homocystinuria Treatment - Agents***		
<i>betaine oral powder</i>	Tier 4	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>doxercaliferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 4	PA; MAIL
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 4	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	MAIL
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 5	PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 4	PA; AGE (Min 18 Years)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 5	PA
*Phenylketonuria Treatment - Agents***		
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 5	PA
*Selective Estrogen Receptor Modulators (Serms)***		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 4	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 35 and over
*Selective Vasopressin V2-Receptor Antagonists***		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 5	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 5	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 5	PA
*Urea Cycle Disorder - Agents***		
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 5	PA
*Vasopressin***		
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 5	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 4	PA
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 4	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 2	QL (5 EA per 1 day)
Estrogens		
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 3	QL (1 EA per 1 day); MAIL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 3	QL (1 EA per 1 day); MAIL
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 2	QL (1 EA per 1 day); MAIL
ACTIVELLA ORAL TABLET 1-0.5 MG (Estradiol-Norethindrone Acet)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
*Estrogens***		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (Esterified Estrogens)	Tier 3	QL (1 EA per 1 day); MAIL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 3	QL (1 EA per 1 day); MAIL
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	AGE (Min 18 Years); MAIL
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	QL (8 EA per 23 days); AGE (Min 18 Years); MAIL

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Drug Name	Formulary Status	Requirements/Limits
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 2	QL (4 EA per 23 days); AGE (Min 18 Years); MAIL
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 4	QL (1 EA per 1 day); MAIL
Fluoroquinolones		
*Fluoroquinolones***		
ofloxacin oral tablet 300 mg, 400 mg	Tier 4	
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 4	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
levofloxacin oral solution 25 mg/ml	Tier 2	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin hcl oral tablet 400 mg	Tier 2	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
simethicone oral capsule 125 mg, 180 mg	Tier 2	OTC
simethicone oral suspension 40 mg/0.6ml	Tier 2	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 2	OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (Simethicone)	Tier 2	OTC
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (Simethicone)	Tier 2	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (Simethicone)	Tier 2	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (Simethicone)	Tier 2	OTC
*Gallstone Solubilizing Agents***		
ursodiol oral capsule 300 mg	Tier 2	QL (2 EA per 1 day); MAIL
ursodiol oral tablet 250 mg	Tier 2	QL (4 EA per 1 day); MAIL
ursodiol oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
*Gastrointestinal Chloride Channel Activators***		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 4	PA; MAIL
*Gastrointestinal Stimulants***		
metoclopramide hcl injection solution 5 mg/ml	Tier 2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 4	PA
*Inflammatory Bowel Agents***		
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 4	MAIL
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 2	QL (9 EA per 1 day)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>mesalamine rectal enema 4 gm</i>	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	QL (8 EA per 1 day); MAIL
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 2	QL (8 EA per 1 day); MAIL
*Interleukin Antagonists***		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 5	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 5	PA; QL (2.4 ML per 56 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 5	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 5	PA
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 2	MAIL
<i>generlac oral solution 10 gm/15ml</i>	Tier 2	MAIL
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 2	MAIL
*Peripheral Opioid Receptor Antagonists***		
<i>alvimopan oral capsule 12 mg</i>	Tier 4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 4	PA
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 4	PA
*Phosphate Binder Agents***		
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 4	ST; MAIL
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 4	ST; MAIL
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 4	PA; MAIL

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Drug Name	Formulary Status	Requirements/Limits
calcium acetate (phos binder) oral capsule 667 mg	Tier 2	QL (12 EA per 1 day); MAIL
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 5	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	PA
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
dutasteride oral capsule 0.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
finasteride oral tablet 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
*Alpha 1-Adrenoceptor Antagonists***		
silodosin oral capsule 4 mg, 8 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 2	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 2	QL (2 EA per 1 day); MAIL
*Citrates***		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	QL (3 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 2	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 2	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 5	PA
*Genitourinary Irrigants***		
acetic acid irrigation solution 0.25 %	Tier 2	
sodium chloride irrigation solution 0.9 %	Tier 2	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 4	PA
*Prostatic Hypertrophy Agent Combinations***		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
*Urinary Analgesics***		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 2	QL (3 EA per 1 day)
*Urinary Stone Agents***		
tiopronin oral tablet 100 mg	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
*Gout Agents***		
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 4	PA; QL (1 EA per 1 day); MAIL
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	MAIL
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	QL (30 EA per 90 days)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
Hematological Agents - Misc.		
*Antihemophilic Products***		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 5	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 4	PA
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 5	PA
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 5	PA
*Direct-Acting P2y12 Inhibitors***		
BRLINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 4	PA; QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 2	PA; QL (2 EA per 1 day); MAIL
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	MAIL
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 4	PA; MAIL
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	MAIL
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 4	PA; QL (1 EA per 1 day); MAIL
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 2	MAIL
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 5	PA; QL (2 EA per 1 day)
*Thienopyridine Derivatives***		
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 4	QL (1 EA per 1 day); MAIL
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>ticlopidine hcl oral tablet 250 mg</i>	Tier 2	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 5	PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 2	QL (10 ML per 25 days)
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 2	OTC
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 2	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 2	OTC
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 4	PA
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>	Tier 2	MAIL
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 2	QL (1 EA per 1 day); MAIL; OTC; PREV for ages 55 and under
FA-8 ORAL CAPSULE 0.8 MG (Folic Acid)	Tier 2	QL (1 EA per 1 day); MAIL; OTC; PREV for ages 55 and under
*Iron Combinations***		
<i>ferottrinsic oral capsule</i>	Tier 2	QL (2 EA per 1 day)
<i>foltrin oral capsule</i>	Tier 2	QL (2 EA per 1 day)
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 2	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 2	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 2	QL (2 EA per 1 day)
*Iron***		
<i>ferrous fumarate oral tablet 324 mg</i>	Tier 2	MAIL; OTC
<i>ferrous fumarate oral tablet 325 (106 fe) mg</i>	Tier 2	OTC
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg</i>	Tier 2	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	Tier 2	MAIL; OTC
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Tier 2	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml</i>	Tier 2	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 2	MAIL; OTC
<i>ferrous sulfate oral tablet delayed release 324 mg</i>	Tier 2	OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>	Tier 2	MAIL; OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Tier 2	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Tier 2	OTC
<i>iron high-potency oral tablet extended release 45 mg</i>	Tier 2	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Tier 2	OTC
<i>ra slow release iron oral tablet extended release 47.5 mg</i>	Tier 2	OTC
<i>slow iron oral tablet extended release 160 (50 fe) mg</i>	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 2	OTC
<i>wee care oral suspension 15 mg/1.25ml</i>	Tier 2	OTC
FERGON ORAL TABLET 240 (27 FE) MG (Ferrous Gluconate)	Tier 2	OTC
FERREX 150 ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 2	OTC
FERROCITE ORAL TABLET 324 MG (Ferrous Fumarate)	Tier 2	MAIL; OTC
NU-IRON ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 2	OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 5	PA; QL (3 EA per 1 day)
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 2	QL (236.5 ML per 25 days); AGE (Max 12 Years)
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 2	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Tier 2	OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 2	MAIL; OTC
SIMPLY SLEEP ORAL TABLET 25 MG (DiphenhydrAMINE HCl (Sleep))	Tier 2	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 2	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 2	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 2	QL (3 EA per 1 day)
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 4	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 2	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 4	PA
*Selective Melatonin Receptor Agonists***		
<i>tasimelteon oral capsule 20 mg</i>	Tier 5	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 4	PA
Laxatives		
*Bowel Evacuant Combinations***		
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 4	PREV for ages 40-74
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 4	PREV for ages 40-74
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 4	PREV for ages 40-74
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 4	PREV for ages 40-74
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 2	PREV for ages 40-74
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 2	PREV for ages 40-74
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 2	PREV for ages 40-74
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 2	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 2	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 2	PREV for ages 40-74
*Bulk Laxatives***		
<i>clear fiber powder oral powder</i>	Tier 2	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 2	OTC
<i>cvs fiber oral capsule 0.52 gm</i>	Tier 2	OTC
<i>daily fiber oral capsule 400 mg</i>	Tier 2	OTC
<i>daily fiber oral powder 43 %</i>	Tier 2	OTC
<i>eq fiber powder oral powder</i>	Tier 2	OTC
<i>fiber oral powder 28.3 %, 48.57 %</i>	Tier 2	OTC
<i>fiber oral tablet 625 mg</i>	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
fiber therapy oral tablet 500 mg	Tier 2	OTC
gnp best fiber oral powder	Tier 2	OTC
konsyl original daily fiber oral packet 100 %	Tier 2	OTC
natural fiber oral powder 58.6 %	Tier 2	OTC
psyllium oral powder 33 %	Tier 2	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 2	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 2	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 2	OTC
REGULOID ORAL CAPSULE 400 MG (Psyllium)	Tier 2	OTC
REGULOID ORAL POWDER 28.3 % (Psyllium)	Tier 2	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 2	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (Psyllium)	Tier 2	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 58.6 % (Psyllium)	Tier 2	OTC
*Laxatives - Miscellaneous***		
constulose oral solution 10 gm/15ml	Tier 2	MAIL
gavilax oral packet 8.5 gm	Tier 2	QL (2 EA per 1 day); OTC
gavilax oral powder 17 gm/scoop	Tier 2	QL (527 GM per 25 days); OTC
glycerin (child) rectal suppository 1.2 gm	Tier 2	OTC
glycerin adult rectal suppository 2 gm	Tier 2	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 2	MAIL
polyethylene glycol 3350 oral packet 17 gm	Tier 2	QL (2 EA per 1 day); OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 2	QL (527 GM per 25 days); OTC
ra glycerin adult rectal suppository 80.7 %	Tier 2	OTC
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 2	OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 2	QL (527 GM per 25 days); OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 2	QL (527 GM per 25 days); OTC
HEALTHYLAX ORAL PACKET 17 GM (Polyethylene Glycol 3350)	Tier 2	QL (2 EA per 1 day); OTC
*Laxatives & Dss***		
senna plus oral capsule 50-8.6 mg	Tier 2	OTC
senna plus oral tablet 8.6-50 mg	Tier 2	MAIL; OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 2	MAIL; OTC
*Lubricant Laxatives***		
gnp mineral oil oral oil	Tier 2	OTC
mineral oil heavy oral oil	Tier 2	
mineral oil rectal enema	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 4	PA
enema ready-to-use rectal enema 7-19 gm/118ml	Tier 2	OTC
*Saline Laxatives***		
magnesium citrate oral solution 1.745 gm/30ml	Tier 2	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 2	OTC
milk of magnesia oral suspension 7.75 %	Tier 2	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML (Magnesium Citrate)	Tier 2	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (Magnesium Hydroxide)	Tier 2	OTC
*Stimulant Laxatives***		
bisacodyl ec oral tablet delayed release 5 mg	Tier 2	OTC
bisacodyl rectal suppository 10 mg	Tier 2	OTC
chocolated laxative oral tablet chewable 15 mg	Tier 2	OTC
gentle laxative rectal suppository 10 mg	Tier 2	OTC
senna laxative oral tablet 8.6 mg	Tier 2	MAIL; OTC
senna maximum strength oral tablet 25 mg	Tier 2	OTC
senna oral liquid 8.8 mg/5ml	Tier 2	OTC
senna oral syrup 8.8 mg/5ml	Tier 2	OTC
womans laxative oral tablet delayed release 5 mg	Tier 2	OTC
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 2	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 2	OTC
*Surfactant Laxatives***		
cvs stool softener oral capsule 50 mg	Tier 2	OTC
docusate calcium oral capsule 240 mg	Tier 2	OTC
docusate sodium oral capsule 100 mg, 250 mg	Tier 2	OTC
docusate sodium oral liquid 100 mg/10ml	Tier 2	OTC
docusate sodium oral syrup 60 mg/15ml	Tier 2	OTC
stool softener oral capsule 100 mg	Tier 2	OTC
stool softener oral tablet 100 mg	Tier 2	OTC
DOK ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 2	OTC
DOK ORAL TABLET 100 MG (Docusate Sodium)	Tier 2	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 2	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 2	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 2	OTC
PROMOLAXIN ORAL TABLET 100 MG (Docusate Sodium)	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
SURFAK ORAL CAPSULE 240 MG (Docusate Calcium)	Tier 2	OTC
Macrolides		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Tier 2	QL (2 EA per 25 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Tier 2	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 2	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 2	QL (2 EA per 1 day)
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
*Erythromycins***		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 4	AGE (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 4	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 4	
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 4	
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 4	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 4	PA
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	Tier 2	QL (200 EA per 25 days); OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
*Condoms - Female***		
FC FEMALE CONDOM (Condoms - Female)	PREV	QL (12 EA per 45 days); OTC
*Condoms - Male***		
<i>condoms</i>	PREV	QL (12 EA per 45 days); OTC
<i>kimono micro thin</i>	PREV	QL (12 EA per 45 days); OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>premium condoms lubricated</i>	PREV	QL (12 EA per 45 days); OTC
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	QL (12 EA per 45 days); OTC
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
*Glucose Monitoring Test Supplies***		
<i>lancets</i>	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days); AGE (Min 2 Years and Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 2 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
*Nebulizers***		
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	QL (5 EA per 1 day); OTC
techlite insulin syringe 29g x 1/2" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 29g x 1/2" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 5/16" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 5/16" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 1 ml	DME	QL (5 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
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	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
*Peak Flow Meters***		
MINI WRIGHT PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days); OTC
*Respiratory Therapy Supplies***		
<i>nebulizer mask adult</i>	DME	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	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)
RITFLO 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 4	PA; QL (16 EA per 25 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)
*Ergot Combinations***		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 4	PA
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 4	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 4	
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 4	ST; QL (9 EA per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 4	ST; QL (9 EA per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 4	ST; QL (9 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 4	QL (2 ML per 25 days)
zolmitriptan nasal solution 2.5 mg, 5 mg	Tier 4	ST; QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 4	ST; QL (6 EA per 25 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 2	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (9 EA per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
Minerals & Electrolytes		
*Calcium Combinations***		
calcium + d3 oral tablet 250-3 mg-mcg	Tier 2	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 2	MAIL; OTC
calcium 500 + d oral tablet 500-125 mg-unit	Tier 2	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	Tier 2	OTC
calcium 500+d oral tablet 500-10 mg-mcg	Tier 2	MAIL; OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Tier 2	OTC
calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit	Tier 2	OTC
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg	Tier 2	MAIL; OTC
calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg	Tier 2	OTC
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 2	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 2	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 2	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 2	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	Tier 2	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 2	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 2	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 2	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	Tier 2	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 2	OTC
oyster shell calcium 500 + d oral tablet 500-200 mg-unit	Tier 2	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 2	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 2	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	MAIL; OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	MAIL; OTC
*Calcium***		
calcium 600 oral tablet 600 mg	Tier 2	OTC
calcium carbonate oral tablet 1500 (600 ca) mg	Tier 2	MAIL; OTC
calcium carbonate oral tablet 500 mg	Tier 2	OTC
calcium citrate oral tablet 950 (200 ca) mg	Tier 2	MAIL; OTC
oyster shell calcium oral tablet 500 mg	Tier 2	MAIL; OTC
*Electrolytes Oral***		
pediatric electrolyte oral solution	Tier 2	OTC
*Fluoride***		
fluoritab oral solution 0.275 (0.125 f) mg/drop	Tier 2	QL (30 ML per 25 days); MAIL; PREV for less than 6 years old
fluoritab oral tablet chewable 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
fluoritab oral tablet chewable 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 2	QL (50 ML per 25 days); MAIL; PREV for less than 6 years old
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
sodium fluoride oral tablet chewable 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old

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90

Drug Name	Formulary Status	Requirements/Limits
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
*Magnesium***		
<i>cvs magnesium oxide oral tablet 500 mg</i>	Tier 2	OTC
<i>magnesium 27 oral tablet 500 (27 mg) mg</i>	Tier 2	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>	Tier 2	OTC
<i>magnesium oral capsule 500 mg</i>	Tier 2	OTC
<i>magnesium oral tablet 250 mg</i>	Tier 2	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>	Tier 2	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 2	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 2	OTC
*Phosphate***		
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 2	QL (4 EA per 1 day); MAIL
K Phos Mono-Sod Phos Di & Mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
*Potassium***		
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Tier 4	MAIL
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Tier 2	QL (5 EA per 1 day); MAIL
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier 2	QL (4 EA per 1 day); MAIL
<i>potassium chloride er oral tablet extended release 20 meq</i>	Tier 2	QL (5 EA per 1 day); MAIL
Potassium Bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 2	QL (5 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Sodium***		
<i>sodium chloride oral tablet 1 gm</i>	Tier 2	OTC
*Zinc***		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Tier 2	OTC
Miscellaneous Therapeutic Classes		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 5	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 5	PA; QL (2 EA per 1 day)
*Chelating Agents***		
<i>d-penaminate oral tablet 125 mg</i>	Tier 3	
<i>penicillamine oral tablet 250 mg</i>	Tier 2	
*Cyclosporine Analogs***		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 3	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 3	MAIL
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	MAIL
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	MAIL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/ML)	Tier 2	MAIL
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 5	PA; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 4	MAIL
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	MAIL
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	MAIL
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Tier 2	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 2	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 2	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 4	PA
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	MAIL
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 4	MAIL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Potassium Removing Agents***		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 4	QL (3 EA per 1 day)
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI)	Tier 4	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 4	QL (1 EA per 1 day)
sodium polystyrene sulfonate oral powder	Tier 2	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60MI)	Tier 2	
*Purine Analogs***		
azathioprine oral tablet 50 mg	Tier 2	QL (8 EA per 1 day); MAIL
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 2	
*Anti-Infectives - Throat***		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 4	PA
clotrimazole mouth/throat troche 10 mg	Tier 2	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 2	
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 2	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 2	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 2	
*Fluoride Dental Products***		
sf dental gel 1.1 %	Tier 2	MAIL
sodium fluoride 5000 plus dental cream 1.1 %	Tier 2	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 2	MAIL
sodium fluoride dental gel 1.1 %	Tier 2	MAIL
Sodium Fluoride (Denta 5000 Plus Dental Cream 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Dentagel Dental Gel 1.1 %)	Tier 2	MAIL
*Saliva Stimulants***		
cevimeline hcl oral capsule 30 mg	Tier 4	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 2	MAIL
*Steroids - Mouth/Throat/Dental***		
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 2	
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Multivitamins		
*B-Complex W/ C & Folic Acid***		
<i>folbee plus oral tablet</i>	Tier 2	OTC
<i>kp b complex-c oral tablet</i>	Tier 2	OTC
<i>rena-vite oral tablet</i>	Tier 2	OTC
<i>reno caps oral capsule 1 mg</i>	Tier 2	OTC
*Multiple Vitamins W/ Iron***		
<i>daily vitamin/iron oral tablet</i>	Tier 2	OTC
*Multiple Vitamins W/ Minerals***		
<i>gnp one daily maximum oral tablet</i>	Tier 2	OTC
<i>multipro oral capsule</i>	Tier 2	
<i>multivit/multimineral adult oral liquid</i>	Tier 2	OTC
MACUVITE/LUTEIN ORAL TABLET (Multiple Vitamins-Minerals)	Tier 2	OTC
OCUVITE EXTRA ORAL TABLET (Multiple Vitamins-Minerals)	Tier 2	OTC
*Multivitamins***		
<i>antioxidant formula oral capsule 250-10000-200</i>	Tier 2	OTC
<i>daily vitamins oral tablet</i>	Tier 2	OTC
<i>quintabs oral tablet</i>	Tier 2	OTC
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 2	QL (50 ML per 25 days)
*Ped Multiple Vitamins W/ Minerals & C***		
<i>polyvitamin/iron oral tablet chewable</i>	Tier 2	OTC
*Ped Multiple Vitamins W/ Minerals***		
<i>complete multi-vitamin oral tablet chewable</i>	Tier 2	OTC
*Ped Mv W/ Fluoride***		
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	Tier 2	QL (50 ML per 25 days)
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>phluorivit oral solution 0.5 mg/ml</i>	Tier 2	QL (50 ML per 25 days)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.5 MG (Pediatric Multivitamins-Fl)	Tier 2	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG (Pediatric Multivitamins-Fl)	Tier 2	QL (2 EA per 1 day)
*Ped Mv W/ Iron***		
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Tier 3	OTC
<i>baby vitamin/iron oral solution</i>	Tier 2	OTC
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Tier 2	OTC
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Tier 2	OTC
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Tier 2	OTC
*Ped Vitamins Acid W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 2	QL (50 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 3	OTC
*Pediatric Multiple Vitamins***		
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 3	QL (50 EA per 25 days); OTC
<i>poly-vite pediatric oral solution</i>	Tier 2	QL (50 ML per 25 days); OTC
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 2	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (Pediatric Vitamins ADC)	Tier 3	OTC
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	Tier 2	QL (50 ML per 25 days); OTC
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 2	QL (50 ML per 25 days); OTC
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 2	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal 19 oral tablet</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal forte oral tablet</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal oral tablet 27-0.8 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	Tier 2	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 2	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	
Prenatal Vit-Fe Fumarate-FA (Natacare Three Oral Tablet)	Tier 2	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 2	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 2	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 2	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 2	QL (1 EA per 1 day); OTC
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (Prenatal MV-Min-Fe Cbn-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (2 EA per 1 day); OTC
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron***		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	Tier 2	QL (1 EA per 1 day); OTC
*Prenatal Mv & Minerals W/Fa Without Iron***		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Tier 2	OTC
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>metaxalone oral tablet 800 mg</i>	Tier 4	PA
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (3 EA per 1 day); MAIL
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 2	QL (2 EA per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
tizanidine hcl oral tablet 4 mg	Tier 2	QL (9 EA per 1 day); AGE (Max 64 Years); MAIL
*Direct Muscle Relaxants***		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
*Muscle Relaxant Combinations***		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 4	PA; QL (8 EA per 1 day)
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
deep sea nasal spray nasal solution 0.65 %	Tier 2	OTC
saline nasal spray nasal solution 0.65 %	Tier 2	OTC
AYR NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %	Tier 2	QL (30 ML per 25 days); MAIL
ipratropium bromide nasal solution 0.06 %	Tier 2	QL (15 ML per 25 days); MAIL
*Nasal Antihistamines***		
olopatadine hcl nasal solution 0.6 %	Tier 4	ST; QL (30.5 GM per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 2	ST; QL (30 ML per 25 days)
*Nasal Mast Cell Stabilizers***		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 2	QL (52 ML per 25 days); OTC
*Nasal Steroids***		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>allergy relief nasal suspension 50 mcg/act</i>	Tier 2	QL (16 ML per 25 days); AGE (Min 4 Years); MAIL; OTC
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 2	QL (8.43 ML per 25 days); OTC
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	ST; QL (25 ML per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 2	QL (16 GM per 25 days); AGE (Min 4 Years); MAIL
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 2	QL (16.9 ML per 25 days); OTC
*Systemic Decongestants***		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 3	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 2	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 2	OTC
<i>pseudoephedrine hcl oral liquid 30 mg/5ml</i>	Tier 2	OTC
<i>pseudoephedrine hcl oral syrup 30 mg/5ml</i>	Tier 2	OTC
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Tier 2	OTC
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 2	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (Pseudoephedrine HCl)	Tier 2	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 2	OTC
SUDOGEST PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 2	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (Pseudoephedrine HCl)	Tier 2	OTC
WAL-PHED PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 2	OTC
*Topical Decongestants***		
<i>gnp nasal spray nasal solution 0.05 %</i>	Tier 2	OTC
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 2	OTC
<i>ra 12 hour nasal spray nasal solution 0.05 %</i>	Tier 2	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (Oxymetazoline HCl)	Tier 2	OTC
Neuromuscular Agents		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Tier 4	PA; QL (2 EA per 1 day); MAIL
Nutrients		
*Misc. Nutritional Substances***		
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 2	OTC
<i>fish oil oral capsule 1000 mg, 300 mg, 500 mg</i>	Tier 2	OTC
<i>fish oil oral capsule delayed release 1200 mg</i>	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 2	OTC
prenatal dha oral capsule 200 mg	Tier 2	QL (1 EA per 1 day); OTC
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 4	QL (8 ML per 25 days); MAIL
*Artificial Tear And Lubricant Combinations***		
artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %, 1-0.3 %	Tier 2	OTC
artificial tears ophthalmic solution 0.2-0.2-1 %	Tier 2	MAIL; OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 2	OTC
for sty relief ophthalmic ointment 31.9-57.7 %	Tier 2	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 2	OTC
lubricant eye nighttime ophthalmic ointment	Tier 2	OTC
lubrifresh p.m. ophthalmic ointment	Tier 2	OTC
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (White Petrolatum-Mineral Oil)	Tier 2	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (White Petrolatum-Mineral Oil)	Tier 2	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 4	PA
*Artificial Tear Solutions***		
artificial tears ophthalmic solution	Tier 2	MAIL; OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (Artificial Tear Solution)	Tier 2	MAIL; OTC
SOOTHE XP OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 2	MAIL; OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 2	MAIL; OTC
*Artificial Tears And Lubricants***		
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 2	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 2	MAIL; OTC
polyvinyl alcohol ophthalmic solution 1.4 %	Tier 2	MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 2	OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 2	QL (10 ML per 25 days); MAIL
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 2	QL (10 ML per 25 days); MAIL
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 2	QL (60 EA per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 4	QL (5 ML per 25 days); MAIL
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MAIL
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 2	QL (15 ML per 25 days); MAIL
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	QL (15 ML per 25 days); MAIL
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 2	QL (10 ML per 25 days); MAIL
*Cycloplegic Mydriatics***		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 3	QL (15 ML per 25 days); MAIL
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	QL (15 ML per 25 days); MAIL
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	QL (15 ML per 25 days); MAIL
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 2	MAIL
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 3	MAIL
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MAIL
*Ophthalmic Antiallergic***		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 4	PA
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 4	QL (5 ML per 25 days)
ALOCRILOPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 4	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 4	PA
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 2	QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 2	QL (10 ML per 25 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 2	QL (5 ML per 30 days); MAIL; OTC
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Tier 2	QL (5 ML per 25 days)

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

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Drug Name	Formulary Status	Requirements/Limits
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 2	OTC
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 4	PA
*Ophthalmic Local Anesthetics***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 2	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 4	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 4	PA
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 2	QL (10 ML per 25 days)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 4	QL (15 ML per 25 days); MAIL
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	QL (15 ML per 25 days); MAIL
*Ophthalmic Steroid Combinations***		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 4	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 3	QL (3.5 GM per 25 days)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 2	QL (10 ML per 25 days)
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 2	
*Ophthalmic Steroids***		
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 4	PA
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 4	PA
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	Tier 4	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 4	PA

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

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

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Drug Name	Formulary Status	Requirements/Limits
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 5	PA
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 2	AGE (Max 12 Years)
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5ML)	Tier 2	AGE (Max 12 Years)
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Tier 4	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 4	AGE (Max 12 Years)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 4	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	QL (20 EA per 10 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 2	
Pharmaceutical Adjuvants		
*Semi Solid Vehicles***		
<i>sm petroleum jelly external gel</i>	Tier 2	OTC
Progestins		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>progesterone oral capsule 100 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 2	MAIL
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
*Anti-Cataplectic Agents***		
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 5	PA; QL (540 ML per 30 days)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 4	AGE (Max 64 Years)
*Cholinomimetics - Ache Inhibitors***		
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 4	MAIL
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 4	PA; MAIL
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 2	MAIL
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	MAIL
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 4	PA; MAIL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 4	PA
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 5	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 5	PA
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 5	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA

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

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Drug Name	Formulary Status	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine transdermal kit 21-14-7 mg/24hr	PREV	QL (56 EA per 25 days); OTC
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	QL (1 EA per 1 day); OTC
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg	PREV	QL (2 EA per 1 day); MAIL
varenicline tartrate oral tablet 1 mg	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
THRIVE MOUTH/THROAT GUM 2 MG (Nicotine Polacrilex)	PREV	QL (8 EA per 1 day); OTC
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
ingolimod hcl oral capsule 0.5 mg	Tier 5	PA
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 5	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 5	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (Dornase Alfa)	Tier 5	PA; QL (75 ML per 25 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 5	PA
*Pulmonary Fibrosis Agents***		
pirfenidone oral capsule 267 mg	Tier 5	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 5	PA
Sulfonamides		
*Sulfonamides***		
sulfadiazine oral tablet 500 mg	Tier 4	
Tetracyclines		
*Tetracyclines***		
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 4	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 4	
avidoxy oral tablet 100 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Doxycycline Monohydrate (Mondoxyne NI Oral Capsule 100 Mg)	Tier 2	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	MAIL
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	MAIL
*Thyroid Hormones***		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 3	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 3	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 3	MAIL
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 2	MAIL
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-Hepatitis B Recomb-IPV)	PREV	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (DTaP-IPV-Hib Vaccine)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
QUADRACEL INTRAMUSCULAR SUSPENSION (DTaP-IPV Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 2	AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 2	AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 2	AGE (Max 64 Years)
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>oscimin oral tablet 0.125 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
*H-2 Antagonists***		
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 2	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	MAIL
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years); MAIL
<i>famotidine oral tablet 10 mg</i>	Tier 2	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	MAIL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	MAIL
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Tier 2	QL (4 EA per 1 day); MAIL
*Proton Pump Inhibitors***		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 4	ST; QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 4	ST; QL (1 EA per 1 day); MAIL
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 2	QL (2 EA per 1 day); OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 2	QL (2 EA per 1 day); OTC
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 2	QL (1 EA per 1 day); MAIL
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Tier 2	QL (2 EA per 1 day); MAIL
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 2	QL (150 ML per 25 days); AGE (Max 12 Years); MAIL
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 2	QL (2 EA per 1 day); MAIL; OTC
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (Omeprazole Magnesium)	Tier 2	QL (2 EA per 1 day); OTC
*Quaternary Anticholinergics***		
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 4	QL (120 EA per 10 days)
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PREV	QL (4 EA per 1 day); MAIL
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	Tier 4	ST; QL (1 EA per 1 day); MAIL
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	Tier 4	ST; QL (2 EA per 1 day); MAIL
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 4	PA; QL (1 EA per 1 day); MAIL
<i>solifenacin succinate oral tablet 10 mg</i>	Tier 4	ST; QL (1 EA per 1 day); MAIL
<i>solifenacin succinate oral tablet 5 mg</i>	Tier 4	ST; QL (2 EA per 1 day); MAIL
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 4	ST; QL (1 EA per 1 day); MAIL
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	QL (8 EA per 25 days); MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	QL (8 EA per 25 days); MAIL
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
oxybutynin chloride oral solution 5 mg/5ml	Tier 2	QL (20 ML per 1 day); MAIL
oxybutynin chloride oral tablet 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
tropium chloride oral tablet 20 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 4	PA; QL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
*Urinary Antispasmodics - Direct Muscle Relaxants***		
flavoxate hcl oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
Vaccines		
*Bacterial Vaccines***		
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)

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Drug Name	Formulary Status	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Vac (Recomb))	PREV	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
*Viral Vaccine Combinations***		
M-M-R II INJECTION SOLUTION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles-Mumps-Rubella-Varicell)	PREV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
*Viral Vaccines***		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	Tier 2	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	
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 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (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)
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 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 injections per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
IPOL INJECTION INJECTABLE (Poliovirus Vaccine Inactivated)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ROTARIX ORAL SUSPENSION (Rotavirus Vaccine Live Oral)	PREV	
ROTATEQ ORAL SOLUTION (Rotavirus Vac Live Pentavalent)	PREV	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
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)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
terconazole vaginal suppository 80 mg	Tier 4	
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 3	
clotrimazole 3 vaginal cream 2 %	Tier 2	OTC
clotrimazole vaginal cream 1 %	Tier 2	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 vaginal cream 4 %	Tier 2	OTC
miconazole 3 vaginal suppository 200 mg	Tier 2	QL (3 EA per 25 days)
miconazole 7 vaginal cream 2 %	Tier 2	OTC
miconazole 7 vaginal suppository 100 mg	Tier 2	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
tioconazole-1 vaginal ointment 6.5 %	Tier 2	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 2	OTC
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 2	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
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
*Vaginal Anti-Infectives***		
clindamycin phosphate vaginal cream 2 %	Tier 2	QL (40 GM per 25 days)
metronidazole vaginal gel 0.75 %	Tier 2	QL (70 GM per 25 days)
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (Lactic Ac-Citric Ac-Pot Bitart)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
*Vaginal Corticosteroids***		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 2	QL (60 GM per 25 days); OTC
*Vaginal Estrogens***		
estradiol vaginal tablet 10 mcg	Tier 4	QL (2 EA per 1 day); MAIL
Estradiol (YuvaFem Vaginal Tablet 10 Mcg)	Tier 4	QL (2 EA per 1 day); MAIL
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 3	QL (30 GM per 25 days); MAIL
estradiol vaginal cream 0.1 mg/gm	Tier 2	QL (42.5 GM per 25 days); MAIL
*Vaginal Progestins***		
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 4	PA
Vasopressors		
*Anaphylaxis Therapy Agents***		
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 2	QL (2 EA per 25 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 5	PA
*Vasopressors***		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
Vitamins		
*Vitamin B-1***		
b1 oral tablet 100 mg	Tier 2	OTC
b-1 oral tablet 100 mg	Tier 2	OTC
vitamin b-1 oral tablet 250 mg	Tier 2	OTC
vitamin b1 oral tablet 50 mg	Tier 2	OTC
*Vitamin B-2***		
b-2 oral tablet 100 mg	Tier 2	OTC
*Vitamin B-3***		
niacin er oral tablet extended release 1000 mg	Tier 4	QL (2 EA per 1 day); OTC
niacin er oral capsule extended release 250 mg, 500 mg	Tier 2	OTC
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 2	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Tier 2	OTC
niacinamide oral tablet 500 mg	Tier 2	OTC

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
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 2	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 2	OTC
*Vitamin B-6***		
<i>b-6 oral tablet 100 mg, 50 mg</i>	Tier 2	OTC
<i>pyridoxine hcl oral tablet 25 mg</i>	Tier 2	OTC
<i>ra vitamin b-6 cr oral tablet extended release 200 mg</i>	Tier 2	OTC
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 2	OTC
*Vitamin C***		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 2	OTC
<i>vitamin c oral tablet 500 mg</i>	Tier 2	OTC
*Vitamin D***		
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Tier 2	OTC
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 2	OTC
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Tier 2	OTC
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Tier 2	OTC
<i>d3 maximum strength oral liquid 5000 unit/ml</i>	Tier 2	OTC
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	Tier 2	OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Tier 2	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 2	
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>	Tier 2	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Tier 2	OTC
<i>vitamin d3 oral liquid 10 mcg/ml</i>	Tier 2	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut)</i>	Tier 2	OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Tier 2	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (Cholecalciferol)	Tier 2	OTC
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (Cholecalciferol)	Tier 2	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>	Tier 2	QL (5 EA per 1 day)

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

Index

abacavir sulfate	45	ALECENSA.....	36	amphetamine-dextroamphetamine	1
abacavir sulfate-lamivudine	43	alendronate sodium	71	ampicillin	105
abiraterone acetate	36	alfuzosin hcl er	76	anagrelide hcl	78
ABRYSSO.....	113	ALINIA.....	34	anastrozole	38
acamprosate calcium	106	aliskiren fumarate	33	ANECREAM.....	69
acarbose	22	all day pain relief	5	ANNOVERA.....	56
acebutolol hcl	47	aller-chlor	28	ANORO ELLIPTA.....	14
acetaminophen	6	allergy relief	98	antacid	11
acetaminophen childrens	6	allergy relief childrens	28	antacid extra strength	11
acetaminophen er	6	allergy relief d	60	antacid maximum	11
acetaminophen extra strength	6	allopurinol	77	antacid plus	11
acetaminophen junior strength	6	ALMACONE DOUBLE STRENGTH.....	11	antibiotic	63
acetaminophen rapid tabs child	6	almotriptan malate	88	anti-dandruff	65
acetaminophen-codeine	8	ALOCRI.....	100	anti-diarrheal	26
acetazolamide	71	alogliptin benzoate	23	antifungal	68
acetazolamide er	70	alogliptin-metformin hcl	23	antifungal (tolnaftate)	63
acetic acid	76, 103	ALOMIDE.....	100	anti-itch maximum strength	66
acetylcysteine	61	ALOPHEN.....	83	anti-nausea	27
ACID GONE.....	11	alose tron hcl	75	antioxidant formula	94
acitretin	65	ALPHANINE SD.....	77	ANZEMET.....	27
acne foaming wash	62	alphatrex	66	APEXICON E.....	66
acne treatment	62	alprazolam	13	apomorphine hcl	40
acne-clear	62	ALTABAX.....	63	apo-varenicline	107
ACTEMRA.....	4	ALTALUBE.....	99	apra	6
ACTEMRA ACTPEN.....	4	Altavera.....	52	apraclonidine hcl	102
ACTHIB.....	112	alum & mag hydroxide-simeth	10	aprepitant	27
ACTIMMUNE.....	38	alvimopan	75	Apri.....	52
ACTIVELLA.....	73	alyacen 1/35	51	APTOM.....	18
acyclovir	46, 65	alyacen 7/7/7	58	APTIVUS.....	44
ADACEL.....	109	Alyq.....	50	AQUANIL HC.....	67
adapalene treatment	62	amantadine hcl	40	AQUAPHOR ADVANCED THERAPY.....	67
ADDAPRIN.....	5	ambrisentan	50	Aranelle.....	58
adefovir dipivoxil	46	amcinonide	65	ARANESP (ALBUMIN FREE).....	78
ADEMPAS.....	50	Amethyst.....	56	Arbinoxa.....	28
ADTHYZA.....	109	amiloride hcl	71	ARCALYST.....	4
ADVIL JUNIOR STRENGTH.....	5	amiloride-hydrochlorothiazide	71	AREXVY.....	113
Afirmelle.....	52	aminocaproic acid	80	arformoterol tartrate	15
AFLURIA.....	113	amiodarone hcl	13	aripiprazole	42
AFLURIA PRESERVATIVE FREE.....	113	amitriptyline hcl	21	armodafinil	2
AFTERA.....	56	AMLACTIN DAILY.....	67	ARMOUR THYROID.....	109
AJOVY.....	88	amlodipine besy-benazepril hcl	31	arthritis pain relief	6
AKYNZEO.....	27	amlodipine besylate	48	artificial tears	99
ala-cort	66	amlodipine-olmesartan	32	artificial tears pf	99
ALAVERT.....	29	ammonium lactate	67	ascorbic acid	117
ALAVERT D-12 HOUR.....	29	Amnesteem.....	62	asenapine maleate	42
ALLERGY/CONG.....	61	amoxapine	21	Ashlyna.....	56
ALAWAY.....	101	amoxicillin	105	ASMANEX (120 METERED DOSES).....	16
albendazole	12	amoxicillin-pot clavulanate	105	ASMANEX (14 METERED DOSES).....	16
albuterol sulfate	15	amphetamine er	1	ASMANEX (30 METERED DOSES).....	16
albuterol sulfate hfa	15	amphetamine sulfate	1	ASMANEX (60 METERED DOSES).....	16
alclometasone dipropionate	66	amphetamine-dextroamphet er	1	ASMANEX HFA.....	16
alcohol pads	84				

aspirin	7	benazepril hcl	32	BUCKLEYS CHEST	
aspirin adult low dose	7	benazepril-		CONGESTION.....	61
aspirin-dipyridamole er	78	hydrochlorothiazide	31	budesonide	16, 59, 98
ASPIR-LOW.....	7	benznidazole	12	budesonide-formoterol	
ATABEX OB.....	95	benzonatate	60	fumarate	14
atazanavir sulfate	44	benzoyl peroxide	62	bumetanide	71
atenolol	47	benzoyl peroxide wash	62	buprenorphine	9
atenolol-chlorthalidone	33	benzoyl peroxide-		buprenorphine hcl	9
athletes foot powder spray	68	erythromycin	62	buprenorphine hcl-	
atomoxetine hcl	1	benztropine mesylate	40	naloxone hcl	9, 10
atorvastatin calcium	30, 31	bepotastine besilate	100	bupropion hcl	20
atovaquone	34	BERINERT.....	77	bupropion hcl er (smoking	
atovaquone-proguanil hcl	35	BESIVANCE.....	101	det)	108
atropine sulfate	100	beta hc	66	bupropion hcl er (sr)	20
Aubra Eq.....	52	betaine	72	bupropion hcl er (xl)	20
AUGMENTIN.....	105	betamethasone		buspirone hcl	12
Aurovela 1.5/30.....	52	dipropionate	66	butalbital-acetaminophen	7
Aurovela 1/20.....	52	betamethasone		butalbital-apap-caff-cod	8
Aurovela 24 Fe.....	52	dipropionate aug	66	butalbital-apap-caffeine	7
Aurovela Fe 1.5/30.....	52	betamethasone valerate	66	butalbital-aspirin-caffeine	7
Aurovela Fe 1/20.....	52	BETASEPT SURGICAL SCRUB...42		butenafine hcl	63
Aviane.....	52	betaxolol hcl	47, 100	butorphanol tartrate	10
avidoxy	108	bethanechol chloride	112	cabergoline	72
AVONEX PEN.....	106	BEVESPI AEROSPHERE.....	14	CABOMETYX.....	38
AVONEX PREFILLED.....	106	bexarotene	39, 70	caffeine citrate	2
AYR.....	97	BEXSERO.....	112	CALADROX.....	69
Ayuna.....	52	BEYFORTUS.....	104	calcipotriene	65
AZASITE.....	101	bicalutamide	36	calcipotriene-betameth	
azathioprine	93	BIKTARVY.....	43	diprop	70
azelaic acid	69	bimatoprost	103	calcitonin (salmon)	72
azelastine hcl	97, 100	bisacodyl	83	Calcitrene.....	65
azithromycin	84	bisacodyl ec	83	calcitriol	65, 72
Azurette.....	51	bismuth/metronidaz/tetra		calcium	89
b1	116	cyclin	111	calcium + d3	89
b-1	116	bisoprolol fumarate	47	calcium + vitamin d3	89
b-2	116	bisoprolol-		calcium 500 + d	89
b-6	117	hydrochlorothiazide	33	calcium 500 + d3	89
BABY AYR SALINE.....	97	Blisovi 24 Fe.....	52	calcium 500+d	89
baby vitamin/iron	94	Blisovi Fe 1.5/30.....	52	calcium 600	90
bacitracin	63, 101	Blisovi Fe 1/20.....	52	calcium 600 +d high	
bacitracin zinc	63	BOOSTRIX.....	109	potency	89
bacitracin-polymyxin b	101	bosentan	50	calcium 600/vitamin d	89
bacitra-neomycin-		bp cleansing wash	62	calcium 600/vitamin d3	89
polymyxin-hc	102	BPROTECTED PEDIA TRI-VITE.95		calcium 600+d3 plus	
baclofen	96	BRAINSTRONG PRENATAL.....96		minerals	89
balsalazide disodium	75	BREO ELLIPTA.....	14	calcium acetate (phos	
Balziva.....	52	BREZTRI AEROSPHERE.....	14	binder)	76
BANOPHEN.....	28	briellyn	51	calcium antacid extra	
BAQSIMI ONE PACK.....	22	BRILINTA.....	77	strength	11
BAQSIMI TWO PACK.....	22	brimonidine tartrate	69, 102	calcium carb-	
BARACLUDGE.....	46	brimonidine tartrate-		cholecalciferol	89
BASAGLAR KWIKPEN.....	23	timolol	100	calcium carbonate	90
BAXDELA.....	74	brinzolamide	101	calcium carbonate antacid ..	11
BAYER ASPIRIN.....	7	BRIVIACT.....	18	calcium carbonate-vitamin	
BAYER ASPIRIN EC LOW DOSE..	7	BROMALINE.....	61	d	89
BAYER LOW DOSE.....	7	bromfenac sodium (once-		calcium citrate	90
BD INSULIN SYRINGE U-500...87		daily)	102	calcium citrate + d3	89
BD SYRINGE LUER-LOK.....	87	bromocriptine mesylate	40	calcium rich supreme	
BELSOMRA.....	81	bromphen-pseudoeph-dm ...61		antacid	11

calcium-magnesium-zinc	89	childrens pepto	11	clopidogrel bisulfate	78
calcium-vitamin d3	89	chlordiazepoxide hcl	13	clorazepate dipotassium	13
calcium-vitamin d-minerals	89	chlordiazepoxide-		clotrimazole	68, 93, 115
CAL-GEST ANTACID	11	amitriptyline	106	clotrimazole 3	115
CALTRATE 600+D	90	chlorhexidine gluconate 42,	93	clotrimazole athletes foot ...	68
CALTRATE 600+D3 SOFT	90	chloroquine phosphate	35	clotrimazole-	
Camila	58	chlorpheniramine maleate ..	28	betamethasone	63
Camrese	57	chlorpheniramine maleate		clozapine	41
Camrese Lo	57	er	28	COARTEM	35
candesartan cilexetil	32, 33	chlorpromazine hcl	42	codeine sulfate	9
CAPASTAT SULFATE	35	chlorthalidone	71	COLACE 2-IN-1	82
capecitabine	36	chlorzoxazone	96	COLACE ADULT	82
CAPRELSA	38	chocolated laxative	83	colchicine	77
capsaicin	68	cholestyramine	30	colchicine-probenecid	77
captopril	32	cholestyramine light	30	colesevelam hcl	30
CAPVAXIVE	112	Ciclodan	64	colestipol hcl	30
carbamazepine	18	ciclopirox	63	Colocort	10
carbamazepine er	18	ciclopirox olamine	63	COMBIVENT RESPIMAT	14
carbidopa	40	cilostazol	78	COMETRIQ (100 MG DAILY	
carbidopa-levodopa	40	CIMDUO	43	DOSE)	38
carbidopa-levodopa er	40	cimetidine	110	COMETRIQ (140 MG DAILY	
carbidopa-levodopa-		cimetidine 200	110	DOSE)	38
entacapone	40	CIMZIA	76	COMETRIQ (60 MG DAILY	
carbinoxamine maleate	28	CIMZIA (2 SYRINGE)	76	DOSE)	38
carboxymethylcellulose		CIMZIA STARTER KIT	76	comfort gel antacid anti-	
sod pf	99	CIMZIA-STARTER	76	gas	11
carboxymethylcellulose		cinacalcet hcl	71	COMIRNATY	113
sodium	99	CIPRO HC	103	COMPLERA	43
carisoprodol	96	ciprofloxacin hcl ... 74, 101,	103	complete multi-vitamin	94
carisoprodol-aspirin-		ciprofloxacin-		Compro	42
codeine	97	dexamethasone	103	CO-NATAL FA	95
carteolol hcl	100	ciprofloxacin-fluocinolone		condoms	84
Cartia Xt	49	pf	103	constulose	82
carvedilol	47	cialtopram hydrobromide ...	20	CORDRAN	66
CAYA	85	CITROMA	83	CORLANOR	50
CAYSTON	34	Claravis	62	cortisone acetate	59
cefaclor	50	clarithromycin	84	CORTIZONE-10	67
cefadroxil	50	clear fiber powder	81	CORTIZONE-10 DIABETICS	
cefдинир	51	CLEARCANAL EARWAX		SKIN	67
cefixime	51	SOFTENER	103	CORTIZONE-10 FEMININE	
cefpodoxime proxetil	51	clemastine fumarate	28	ITCH	116
cefprozil	50, 51	clindamycin hcl	34	COSENTYX	64
ceftriaxone sodium	51	clindamycin palmitate hcl ...	34	COSENTYX (300 MG DOSE)	64
cefuroxime axetil	51	clindamycin phos (once-		COSENTYX SENSOREADY (300	
celecoxib	4	daily)	62	MG)	64
CENTRUM SPECIALIST		clindamycin phos (twice-		COSENTYX SENSOREADY PEN. 64	
PRENATAL	96	daily)	62	COSENTYX UNOREADY	64
cephalexin	50	clindamycin phos-benzoyl		covid-19 at home antigen	
CERDELGA	78	perox	62	test	70
cetirizine hcl	29	clindamycin phosphate 62,	115	CREON	70
cetirizine-pseudoephedrine		clindamycin-tretinoin	62	cromolyn sodium15, 97,	100
er	60	clobazam	18	CRUEX PRESCRIPTION	
cevimeline hcl	93	clobetasol propionate	65	STRENGTH	68
Chateal Eq	52	clobetasol propionate e	65	Cryselle-28	53
CHEMET	27	clomipramine hcl	21	CUVITRU	104
CHEMSTRIP K	70	clonazepam	18	cvs antibiotic pain/scar	63
childrens animal shapes	94	clonidine	33	cvs aspirin	7
childrens aspirin free	6	clonidine hcl	33	cvs daily fiber	81
childrens multivitamin/iron	94	clonidine hcl er	1	cvs fiber	81

cvs magnesium oxide	91	desmopressin ace spray		diltiazem hcl er coated	
cvs prenatal gummy	96	refrig	73	beads	48
CVS PURELAX.....	82	desmopressin acetate	73	dilt-xr	48
cvs stool softener	83	desmopressin acetate		diltzac	48
cyanocobalamin	78	spray	73	DIMETAPP NIGHT	
cyclobenzaprine hcl	96	desogestrel-ethinyl		COLD/CONGESTION.....	61
cyclopentolate hcl	100	estradiol	51	dimethyl fumarate	107
cyclophosphamide	39	desonide	66	dimethyl fumarate starter	
cycloserine	35	desoximetasone	65	pack	107
CYCLOSET.....	23	desvenlafaxine succinate		DIPENTUM.....	75
cyclosporine	92, 102	er	21	diphenhist	28
cyclosporine modified	92	DEX4.....	22	diphenhydramine hcl	28
cyproheptadine hcl	29	dexamethasone	59	diphenhydramine hcl	
Cyred Eq.....	53	dexamethasone sodium		(sleep)	80
CYSTAGON.....	76	phosphate	59	diphenhydramine-	
CYSTARAN.....	103	dexasol	103	phenylephrine	60
d 1000	117	DEXCOM G6 RECEIVER.....	85	diphenhydramine-zinc	
d 10000	117	DEXCOM G6 SENSOR.....	85	acetate	64
d 5000	117	DEXCOM G6 TRANSMITTER.....	85	diphenoxylate-atropine	26
d3 2000	117	DEXCOM G7 RECEIVER.....	85	dipyridamole	78
d3 maximum strength	117	DEXCOM G7 SENSOR.....	85	disopyramide phosphate	13
dabigatran etexilate		dexlansoprazole	110	disulfiram	106
mesylate	17	dexmethylphenidate hcl	2	divalproex sodium	20
daily fiber	81	dexmethylphenidate hcl er ... 2		divalproex sodium er	20
daily vitamin/iron	94	dextroamphetamine		docosanol	65
daily vitamins	94	sulfate	1	docusate calcium	83
dalfampridine er	107	dextroamphetamine		docusate sodium	83
danazol	10	sulfate er	1	dofetilide	13
dantrolene sodium	97	dextromethorphan-		DOK.....	83
dapsone	34	guaifenesin	60	donepezil hcl	106
darifenacin hydrobromide		DIABETIC TUSSIN ALLERGY... 28		DOPTelet.....	80
er	111	DIABETIC TUSSIN DM.....	60	dorzolamide hcl	101
darunavir	44	DIABETIC TUSSIN DM MAX ST.60		dorzolamide hcl-timolol	
dasatinib	36	DIABETIC TUSSIN EX.....	61	mal	100
Dasetta 1/35 (28).....	53	DIACOMIT.....	18	dorzolamide hcl-timolol	
Dasetta 7/7/7.....	58	diazepam	13, 18	mal pf	100
DAYHIST ALLERGY 12 HOUR		diazoxide	22	DOVATO.....	43
RELIEF.....	28	dibucaine	10	doxazosin mesylate	33
Daysee.....	57	diclofenac potassium	5	doxepin hcl	22, 80
Deblitane.....	58	diclofenac sodium 5, 64, 102		doxercalciferol	72
DEBROX SWIMMERS EAR.....	103	diclofenac sodium er	5	doxycycline monohydrate ..	108
Decadron.....	60	diclofenac-misoprostol	4	d-penamamine	92
DECARA.....	117	dicloxacillin sodium	105	DRAMAMINE.....	27
deep sea nasal spray	97	dicyclomine hcl	110	DRIMINATE.....	27
deferasirox	26	DIFFERIN.....	63	dronabinol	27
deferiprone	26	DIFICID.....	84	drosipren-eth estrad-	
DELSTRIGO.....	43	diflorasone diacetate	66	levomefol	51
delta d3	117	diflunisal	7	drosiprenone-ethinyl	
Delyla.....	53	difluprednate	102	estradiol	51
demeclocycline hcl	108	Digitek.....	49	droxidopa	116
Denta 5000 Plus.....	93	Digox.....	49	DRYSOL.....	69
Dentagel.....	93	digoxin	49	DUAVEE.....	74
DEPO-SUBQ PROVERA 104.....	57	dihydroergotamine		DULCOLAX STOOL SOFTENER..	83
DERMAREST ECZEMA.....	67	mesylate	88	duloxetine hcl	21
DESCOVY.....	43	DILANTIN.....	19	DUREX REALFEEL.....	85
DESENEX.....	68	diltiazem hcl	48	dutasteride	76
DESENEX JOCK ITCH.....	68	diltiazem hcl er	48	dutasteride-tamsulosin hcl ..	76
desipramine hcl	21	diltiazem hcl er beads	48	E.E.S. 400.....	84
desloratadine	29			ear drops for swimmers	103

ear wax removal drops	103	Errin.....	58	FERGON.....	80
econazole nitrate	68	ERTACZO.....	68	ferottrinsic	79
ECONTRA ONE-STEP.....	56	Ery-Tab.....	84	FERREX 150.....	80
ECOTRIN LOW STRENGTH.....	8	erythromycin	62, 84, 101	FERROCITE.....	80
EDURANT.....	44	erythromycin base	84	ferrous fumarate	79
efavirenz	44, 45	erythromycin ethylsuccinate	84	ferrous gluconate	79
efavirenz-emtricitab-tenofo tenofovir	43	erythromycin stearate	84	ferrous sulfate	79
efavirenz-lamivudine-tenofovir	43	escitalopram oxalate	20	ferrous sulfate er	79
Effer-K.....	91	ESKATA.....	70	fesoterodine fumarate er ..	111
eletriptan hydrobromide	88	eslicarbazepine acetate	18	FETZIMA.....	21
Elinest.....	53	esomeprazole magnesium ..	111	FETZIMA TITRATION.....	21
ELIQUIS.....	17	Estarylla.....	53	FEVERALL.....	7
ELIQUIS DVT/PE STARTER PACK.....	17	estazolam	80	FEVERALL CHILDRENS.....	7
ELLA.....	56	estradiol	73, 74, 116	fexofenadine hcl	29
ELMIRON.....	76	estradiol-norethindrone acet	73	FIASP.....	23
Eluryng.....	56	eszopiclone	81	FIASP FLEXTOUCH.....	23
EMCYT.....	38	ethacrynic acid	71	FIASP PENFILL.....	23
EMGALITY.....	88	ethambutol hcl	35	fiber	81
EMGALITY (300 MG DOSE).....	88	ethosuximide	19	fiber therapy	82
EMSAM.....	20	ethynodiol diac-eth estradiol	51	finasteride	76
emtricitabine	45	etidronate disodium	71	finngolimod hcl	108
emtricitabine-tenofovir df ..	43	etodolac	5	Finzala.....	53
EMTRIVA.....	45	etonogestrel-ethinyl estradiol	56	first aid antibiotic	63
enalapril maleate	32	etoposide	39	FIRST-OMEPRAZOLE.....	111
enalapril-hydrochlorothiazide	32	etravirine	45	FIRST-PROGESTERONE VGS..	116
ENBREL.....	6	EUCRISA.....	69	fish oil	98
ENBREL MINI.....	6	EUFLEXXA.....	97	fish oil extra strength	98
ENBREL SURECLICK.....	6	EULEXIN.....	36	Flac.....	104
ENCARE.....	115	EURAX.....	69	flavoxate hcl	112
Endocet.....	9	Euthyrox.....	109	FLEBOGAMMA DIF.....	104
ENDUR-ACIN.....	117	everolimus	37, 92	flecainide acetate	13
enema ready-to-use	83	EVOTAZ.....	43	FLEXICHAMBER.....	88
ENEMEEZ PLUS.....	83	exemestane	38	FLEXICHAMBER CHILD MASK/LARGE.....	88
ENGERIX-B.....	113	EX-LAX ULTRA.....	83	FLUAD.....	114
enoxaparin sodium	17	EXTAVIA.....	106	FLUARIX.....	114
Enpresse-28.....	58	ezetimibe	31	FLUBLOK.....	114
Enskyce.....	53	ezetimibe-simvastatin	31	FLUCELVAX.....	114
entacapone	41	FA-8.....	79	fluconazole	28
entecavir	46	FACTIVE.....	74	flucytosine	27
ENTRESTO.....	49	Falmina.....	53	fludrocortisone acetate	60
enulose	75	famciclovir	46	FLULAVAL.....	114
epinastine hcl	100	famotidine	110	FLUMIST.....	114
epinephrine	116	FARXIGA.....	25	flunisolide	98
EPIPEN 2-PAK.....	116	FARYDAK.....	37	fluocinolone acetonide ..66, 103	
EPIPEN JR 2-PAK.....	116	Fayosim.....	57	body	66
Epitol.....	19	FC FEMALE CONDOM.....	84	fluocinolone acetonide scalp	66
eplerenone	33, 34	febuxostat	77	fluocinonide	66
EPOGEN.....	79	felbamate	19	fluocinonide emulsified base	66
eq aspirin	7	felodipine er	48	fluoritab	90
eq fiber powder	81	FEMCAP.....	84	fluorometholone	103
ergoloid mesylates	107	FEMLYV.....	53	fluorouracil	64
ERGOMAR.....	88	fenofibrate	30	fluoxetine hcl	20
ergotamine-caffeine	88	fenofibrate micronized	30	fluphenazine hcl	42
ERIVEDGE.....	37	fenofibric acid	30	flurazepam hcl	80
erlotinib hcl	37	fenofibril	9	flurbiprofen	5

flurbiprofen sodium	102	generlac	75	HEPLISAV-B.....	114
fluticasone propionate ...66,	98	Gengraf.....	92	HIBERIX.....	112
fluticasone propionate hfa ..	16	gentamicin sulfate	63, 101	HIZENTRA.....	104
fluticasone-salmeterol	14	GENTEAL TEARS.....	99	HUMATIN.....	3
fluvastatin sodium	30	GENTEAL TEARS NIGHT-TIME..	99	HUMULIN R U-500	
fluvastatin sodium er	30	gentle laxative	83	(CONCENTRATED).....	23
fluvoxamine maleate	20	GENVOYA.....	43	HUMULIN R U-500 KWIKPEN...	23
FLUZONE.....	114	GILOTRIF.....	37	HYALGAN.....	97
FLUZONE HIGH-DOSE.....	114	glatiramer acetate	107	hydralazine hcl	34
folbee plus	94	Glatopa.....	107	hydrocerin	70
folic acid	79	GLEOSTINE.....	39	hydrochlorothiazide	71
foltrin	79	glimepiride	26	hydrocodone bitartrate er	8
fondaparinux sodium	17	glipizide	26	hydrocodone bit-homatrop	
for sty relief	99	glipizide er	26	mbr	60
fosamprenavir calcium	44	glipizide-metformin hcl	26	hydrocodone-	
fosfomycin tromethamine ...	35	GLUCAGEN HYPOKIT.....	22	acetaminophen	8
fosinopril sodium	32	glucagon emergency	22	hydrocodone-ibuprofen	8
fosinopril sodium-hctz	32	glyburide	26	hydrocortisone	10, 59, 67
FRAGMIN.....	17	glyburide-metformin	26	hydrocortisone (perianal) ...	10
FREESTYLE LIBRE 14 DAY		glycerin (child)	82	hydrocortisone acetate	67
READER.....	85	glycerin adult	82	hydrocortisone valerate	67
FREESTYLE LIBRE 14 DAY		GLYCOLAX.....	82	hydrocortisone-acetic acid	103
SENSOR.....	85	glycopyrrolate	111	hydromet	60
FREESTYLE LIBRE 2 PLUS		glycron	26	hydromorphone hcl	9
SENSOR.....	86	Glydo.....	69	hydromorphone hcl er	8
FREESTYLE LIBRE 2 READER...	86	GLYXAMBI.....	25	hydrophor	67
FREESTYLE LIBRE 2 SENSOR...	86	gnp best fiber	82	hydroxychloroquine sulfate	35
FREESTYLE LIBRE 3 PLUS		gnp glucose	22	hydroxyurea	38
SENSOR.....	86	gnp iron	79	hydroxyzine hcl	12
FREESTYLE LIBRE 3 READER...	86	gnp mineral oil	82	hydroxyzine pamoate	12, 13
FREESTYLE LIBRE 3 SENSOR...	86	gnp nasal spray	98	hyoscyamine sulfate	110
FREESTYLE LIBRE READER.....	86	gnp one daily maximum	94	hyoscyamine sulfate er	110
frovatriptan succinate	88	gnp pink bismuth	26	hyosyne	110
fungi-guard	63	goodsense anti-diarrheal ...	26	HYPERRHO S/D.....	104
furosemide	71	granisetron hcl	27	hypodermic needle	86
Fyavolv.....	73	griseofulvin microsize	27	HYQVIA.....	105
FYCOMPA.....	17	guaifenesin	61	ibandronate sodium	71
g tussin ac	60	guaifenesin er	61	IBRANCE.....	38
gabapentin	18	guanfacine hcl	33	Ibu.....	5
galantamine hydrobromide		guanfacine hcl er	1	ibuprofen	5
.....	106	GYNAZOLE-1.....	115	ibuprofen infants drops	5
galantamine hydrobromide		HADLIMA.....	3	ibuprofen junior strength	5
er	106	HADLIMA PUSH TOUCH.....	3	icatibant acetate	77
GAMASTAN.....	104	Hailey 1.5/30.....	53	ICLUSIG.....	37
GAMASTAN S/D.....	104	Hailey 24 Fe.....	53	imatinib mesylate	36, 37
GAMMAGARD.....	104	halcinonide	66	IMBRUVICA.....	37
GAMMAGARD S/D LESS IGA..	104	halobetasol propionate	66	imipramine hcl	22
GAMMAKED.....	104	HALOG.....	66	imiquimod	68
GAMMAPLEX.....	104	haloperidol	41	INATAL GT.....	96
GAMUNEX-C.....	104	haloperidol lactate	41	Incassia.....	58
GARDASIL 9.....	114	HAVRIX.....	114	INCRELEX.....	72
GAS-X EXTRA STRENGTH.....	74	HEALTHY MAMA BE WELL		INCRUSE ELLIPTA.....	15
GAS-X INFANT DROPS.....	74	ROUNDED.....	95	indapamide	71
GAS-X ULTRA STRENGTH.....	74	HEALTHYLAX.....	82	indomethacin	5
gatifloxacin	101	Heather.....	58	INLYTA.....	39
gavilax	82	hemorrhoidal	10	instant ear-dry	103
Gavilyte-G.....	81	heparin sodium (porcine) ...	17	insulin glargine-yfgn	23
Gavilyte-N With Flavor Pack...	81	heparin sodium (porcine)		INTELENCE.....	44
gemfibrozil	30	pf	17	Introvale.....	57

INVIRASE.....	44	Klor-Con 10.....	91	Lessina.....	54
IPOL.....	114	Klor-Con M10.....	91	letrozole	38
ipratropium bromide	15, 97	Klor-Con M20.....	91	leucovorin calcium	38
ipratropium-albuterol	14	Klor-Con Sprinkle.....	91	LEUKERAN.....	39
irbesartan	33	Klor-Con/Ef.....	91	leuprolide acetate	38
irbesartan-		KOATE.....	77	levabuterol hcl	15
hydrochlorothiazide	32	KOGENATE FS.....	77	levabuterol tartrate	15
iron chews pediatric	79	KONSYL.....	82	LEVEMIR.....	23
iron high-potency	79	konsyl original daily fiber ...	82	LEVEMIR FLEXTOUCH.....	23
ISENTRESS.....	44	kp b complex-c	94	levetiracetam	19
ISENTRESS HD.....	44	kp calcium-magnesium-		levetiracetam er	19
Isibloom.....	53	zinc	90	levobunolol hcl	100
isoniazid	35	kpn prenatal	95	levocarnitine	72
ISOPTO ATROPINE.....	100	K-Prime.....	91	levocetirizine	
isosorbide dinitrate	12	Kurvelo.....	54	dihydrochloride	29
isosorbide mononitrate	12	KYLEENA.....	57	levofloxacin	74, 101
isosorbide mononitrate er ...	12	labetalol hcl	47	Levonest.....	58
isotretinoin	62	LAC-HYDRIN FIVE.....	67	levonorgest-eth est & eth	
isradipine	48	lacosamide	18	est	56
itraconazole	28	LACRISERT.....	99	levonorgest-eth estrad 91-	
ivabradine hcl	50	lactulose	82	day	56
ivermectin	12, 69	lactulose encephalopathy ...	75	levonorgest-eth estradiol-	
IXINITY.....	77	LAGEVRIO.....	46	iron	51
Jaimiess.....	57	lamivudine	45, 46	levonorgestrel	56
JAKAFI.....	38	lamivudine-zidovudine	43	levonorgestrel-ethinyl	
janssen covid-19 vaccine ..	113	lamotrigine	18	estrad	52, 56
Jantoven.....	17	LANABIOTIC.....	63	levonorg-eth estrad	
JANUMET.....	23	lancets	85	triphasic	58
JANUMET XR.....	23	LAND BEFORE TIME		Levora 0.15/30 (28).....	54
JANUVIA.....	23	MULTIVITAMIN.....	95	Levo-T.....	109
JARDIANCE.....	25	LANOXIN.....	49	levothyroxine sodium	109
Jasmiel.....	53	lansoprazole	111	Levoxyl.....	109
Jencycla.....	58	lanthanum carbonate	75	lice control	69
jenliva prenatal/postnatal ..	95	lapatinib ditosylate	37	lice killing shampoo max	
Jinteli.....	73	Larin 1.5/30.....	54	str	69
Jolessa.....	57	Larin 1/20.....	54	lice treatment	69
Juleber.....	53	Larin 24 Fe.....	54	lidocaine	68
JULUCA.....	43	Larin Fe 1.5/30.....	54	lidocaine hcl	68
Junel 1.5/30.....	53	Larin Fe 1/20.....	54	lidocaine hcl	
Junel 1/20.....	53	LASTACAFT.....	100	urethral/mucosal	68
Junel Fe 1.5/30.....	53	latanoprost	103	lidocaine pain relief	69
Junel Fe 1/20.....	53	ledipasvir-sofosbuvir	46	lidocaine viscous hcl	93
Junel Fe 24.....	53	Leena.....	58	lidocaine-prilocaine	70
Kaitlib Fe.....	53	leflunomide	6	LILETTA (52 MG).....	57
Kalliga.....	53	lenalidomide	92	lindane	70
KALYDECO.....	108	LENVIMA (10 MG DAILY		linezolid	34
KAOPECTATE.....	26	DOSE).....	39	LINZESS.....	74
Kariva.....	51	LENVIMA (12 MG DAILY		liothyronine sodium	109
Kelnor 1/35.....	53	DOSE).....	39	liraglutide	25
Kelnor 1/50.....	54	LENVIMA (14 MG DAILY		lisdexamfetamine	
ketoconazole	28, 68	DOSE).....	39	dimesylate	1
ketoprofen	4	LENVIMA (18 MG DAILY		lisinopril	32
ketorolac tromethamine 5,	102	DOSE).....	39	lisinopril-	
ketotifen fumarate	100	LENVIMA (20 MG DAILY		hydrochlorothiazide	32
KEVZARA.....	4	DOSE).....	39	lithium carbonate	41
kimono micro thin	84	LENVIMA (24 MG DAILY		lithium carbonate er	41
KINERET.....	4	DOSE).....	39	LITTLE REMEDIES FOR FEVER... 7	
KLARITY-A.....	101	LENVIMA (4 MG DAILY DOSE). 39		LO LOESTRIN FE.....	51
Klor-Con.....	91	LENVIMA (8 MG DAILY DOSE). 40		Lojaimiess.....	57

LOKELMA.....	93	meclofenamate sodium	4	metoprolol tartrate	47
loperamide hcl	26	medroxyprogesterone		metoprolol-	
lopinavir-ritonavir	43, 44	acetate	57, 105	hydrochlorothiazide	33
loradamed	29	mefenamic acid	4	metronidazole	34, 69, 115
loratadine	29	mefloquine hcl	35	mexiletine hcl	13
loratadine-d 12hr	60	megestrol acetate	39	Mibelas 24 Fe.....	54
lorazepam	13	MEKINIST.....	37	micaderm	68
Lorcet.....	8	melatonin	3	miconazole 3	115
Lorcet Hd.....	8	melatonin er	3	miconazole 3 combo pack	115
Lorcet Plus.....	8	melatonin tr with vitamin		miconazole 3 combo-suppl	115
Loryna.....	54	b6	3	miconazole 7	115
losartan potassium	33	melatonin-pyridoxine	3	miconazole nitrate	68
losartan potassium-hctz	32	melatonin-pyridoxine er	3	Microgestin 1.5/30.....	54
LOTEMAX.....	102	melatonin-vitamin b-6	3	Microgestin 1/20.....	54
loteprednol etabonate	102	meloxicam	5	Microgestin Fe 1.5/30.....	54
LOTRIMIN AF.....	68	melphalan	39	Microgestin Fe 1/20.....	54
lovastatin	31	memantine hcl	107	midodrine hcl	116
Low-Ogestrel.....	54	memantine hcl er	107	mifepristone	71
loxapine succinate	42	MENEST.....	73	miglitol	22
Lo-Zumandimine.....	54	MENQUADFI.....	112	miglustat	78
lubiprostone	74	MENVEO.....	112	Mili.....	54
lubricant eye drops	99	meperidine hcl	9	milk of magnesia	
lubricant eye nighttime	99	meprobamate	12	milk of magnesia	
lubrifresh p.m.	99	mercaptapurine	36	concentrate	83
Ludent.....	90, 91	Merzee.....	54	Mimvey.....	73
luliconazole	68	mesalamine	75	mineral oil	82
LUMIGAN.....	103	mesalamine er	75	mineral oil heavy	82
lurasidone hcl	41	Metadate Er.....	3	MINI WRIGHT PEAK FLOW	
Lutera.....	54	METAMUCIL.....	82	METER.....	88
Lyleq.....	58	METAMUCIL 4 IN 1 FIBER.....	82	minocycline hcl	108
LYNPARZA.....	39	metaxalone	96	minoxidil	34
LYSODREN.....	36	metformin hcl	22	MINTOX.....	11
Lyza.....	58	metformin hcl er	22	mintox maximum strength	11
MAALOX CHILDRENS.....	11	methadone hcl	9	mirabegron er	112
MAALOX MAX.....	11	methamphetamine hcl	1	MIRENA (52 MG).....	57
MAALOX MULTI SYMPTOM		methazolamide	71	mirtazapine	20
MAX ST.....	11	methenamine hippurate	35	misoprostol	111
MACUVITE/LUTEIN.....	94	Methergine.....	104	MIUDELLA INTRAUTERINE	
mafenide acetate	65	methimazole	109	COPPER.....	56
MAGDELAY.....	91	methitest	10	M-M-R II.....	113
magnesium	91	methocarbamol	96	modafinil	2
magnesium 27	91	methotrexate sodium	36	moderna covid-19 bival	
magnesium citrate	83	methotrexate sodium (pf)	36	booster	113
magnesium gluconate	91	methscopolamine bromide	111	moderna covid-19 vaccine	113
magnesium oxide	11	methsuximide	19	moexipril hcl	32
magnesium oxide -mg		methyldopa	33	mometasone furoate	67
supplement	91	methylergonovine maleate	104	Mondoxyne NI.....	109
MAGNESIUM-OXIDE.....	91	methylphenidate hcl	2, 3	MONISTAT 7 COMBO PACK	
malathion	70	methylphenidate hcl er	2	APP.....	115
mapap	7	methylphenidate hcl er		MONISTAT 7 COMPLETE	
MAPAP ACETAMINOPHEN		(cd)	2	THERAPY.....	115
EXTRA STR.....	7	methylphenidate hcl er (la)	2	MONOCLATE-P.....	77
MAPAP CHILDRENS.....	7	methylphenidate hcl er		Mono-Linyah.....	54
maraviroc	44	(osm)	2	montelukast sodium	16
marlissa	52	methylprednisolone	59	morphine sulfate	9
MARPLAN.....	20	methyltestosterone	10	morphine sulfate	
MATULANE.....	38	metoclopramide hcl	74	(concentrate)	9
mebendazole	12	metolazone	71	morphine sulfate er	9
meclizine hcl	27	metoprolol succinate er	47	motion sickness relief	27

MOTOFEN.....	26	neomycin-polymyxin-dexameth	102	norethindrone acet-ethinyl est	52
MOTRIN IB.....	5	neomycin-polymyxin-gramicidin	101	norethindrone-eth estradiol	73
MOVANTIK.....	75	neomycin-polymyxin-hc	103	norethin-eth estradiol-fe	52
moxifloxacin hcl	74, 101	Neo-Polycin.....	101	norgestimate-eth estradiol ..	52
moxifloxacin hcl (2x day) ..	101	Neo-Polycin Hc.....	102	norgestim-eth estrad triphasic	58
MRESVIA.....	114	NEORAL.....	92	Norlyda.....	58
mucus & chest congestion ..	61	NEOSPORIN + PAIN RELIEF		Norlyroc.....	58
mucus dm	60	MAX ST.....	63	Nortrel 0.5/35 (28).....	55
MULTAQ.....	13	NESTABS.....	96	Nortrel 1/35 (21).....	55
multipro	94	Neuac.....	62	Nortrel 1/35 (28).....	55
multi-vit/fluoride	94	NEUPRO.....	40	Nortrel 7/7/7.....	58
multivit/multimineral adult	94	NEVANAC.....	102	nortriptyline hcl	22
multivitamin infant & toddler	94	nevirapine	45	NORVIR.....	44
multivitamin w/fluoride	94	nevirapine er	45	NOVOLIN 70/30.....	23
multi-vitamin/fluoride/iron	94	NEW DAY.....	56	NOVOLIN 70/30 FLEXPEN.....	23
multivitamins plus iron child	94	NEXIUM 24HR.....	111	NOVOLIN 70/30 FLEXPEN	
MULTI-VIT-FLOR.....	94	NEXLETOL.....	30	RELION.....	23
mupirocin	63	NEXLIZET.....	30	NOVOLIN N.....	24
MURINE EAR.....	103	NEXPLANON.....	57	NOVOLIN N FLEXPEN.....	24
MY CHOICE.....	56	NEXTSTELLIS.....	54	NOVOLIN N FLEXPEN RELION..	24
MY WAY.....	56	niacin	116	NOVOLIN R.....	24
MYCOCIDE CLINICAL NS.....	64	niacin (antihyperlipidemic) ..	31	NOVOLIN R FLEXPEN.....	24
mycophenolate mofetil	92	niacin er	116	NOVOLOG.....	24
mycophenolate sodium	92	niacin er (antihyperlipidemic)	31	NOVOLOG 70/30 FLEXPEN	
Myorisan.....	62	niacin flush free	49	RELION.....	24
na sulfate-k sulfate-mg sulf	81	niacinamide	116	NOVOLOG FLEXPEN.....	24
nabumetone	5	NIACOR.....	31	NOVOLOG FLEXPEN RELION....	24
nadolol	47	nicardipine hcl	48	NOVOLOG MIX 70/30.....	24
naftifine hcl	63	nicotine	108	NOVOLOG MIX 70/30 FLEXPEN.....	24
NAFTIN.....	63	nicotine polacrilex	108	NOVOLOG MIX 70/30 RELION..	24
naloxone hcl	27	NICOTROL.....	108	NOVOLOG PENFILL.....	24
naltrexone hcl	27	NICOTROL NS.....	108	NOVOLOG RELION.....	24
naproxen	4, 5	nifedipine	49	NP THYROID.....	109
naproxen dr	5	nifedipine er	49	NUCALA.....	15, 16
naproxen sodium	5	nifedipine er osmotic release	49	NUCYNTA.....	8
naratriptan hcl	89	Nikki.....	55	NUCYNTA ER.....	8
NARCAN.....	27	nilotinib hcl	37	NU-IRON.....	80
NASAL MOIST.....	97	nilutamide	36	Nulev.....	110
NATACYN.....	101	nimodipine	49	Nutrinat.....	96
Natalcare Three.....	96	nisoldipine er	48	Nyamyc.....	64
NATALVIT.....	96	nitazoxanide	34	Nylia 1/35.....	55
Natatab Fa.....	96	nitisinone	72	Nylia 7/7/7.....	58
NATAZIA.....	57	nitrofurantoin	35	nystatin	28, 63, 64, 93
nateglinide	25	nitrofurantoin macrocrystal macro	35	nystatin-triamcinolone	63
natural fiber	82	nitrofurantoin monohyd		Nystop.....	64
nebivolol hcl	47	nitroglycerin	10, 12	OCEAN FOR KIDS.....	97
nebulizer	86	NIVA-PLUS.....	96	Ocella.....	55
nebulizer mask adult	88	nizatidine	110	OCTAGAM.....	104
nebulizer mask child	88	Nolix.....	66	octreotide acetate	73
Necon 0.5/35 (28).....	54	Nora-Be.....	58	OCUVITE EXTRA.....	94
Necon 1/35 (28).....	54	norethin ace-eth estrad-fe ..	52	ODEFSEY.....	43
nefazodone hcl	21	norethindrone	58	ODOMZO.....	37
neomycin sulfate	3	norethindrone acetate	105	OFEV.....	108
neomycin-bacitracin zn-polymyx	101			ofloxacin	74, 101, 103

olmesartan medoxomil	33	oyster shell calcium 500 + d	90	pfizer-biontech covid-19 vacc	113
olmesartan medoxomil-hctz	32	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	24	PHARBETOL.....	7
olopatadine hcl	97, 100, 101	OZEMPIC (1 MG/DOSE).....	24	PHARBETOL EXTRA STRENGTH..	7
omega-3 fish oil concentrate	99	OZEMPIC (2 MG/DOSE).....	24	PHAZYME.....	74
omega-3-acid ethyl esters ..	30	Pacerone.....	14	phenazopyridine hcl	76
omeprazole	111	paliperidone er	41	phenelzine sulfate	20
omeprazole magnesium	111	PANOXYL FOAMING WASH.....	63	phenobarbital	80
OMNARIS.....	97	PANRETIN.....	64	phenoxybenzamine hcl	32
OMNIFLEX DIAPHRAGM.....	85	pantoprazole sodium	111	phenylephrine hcl	98
OMNITROPE.....	72	PARAGARD INTRAUTERINE COPPER.....	56	Phenylephrine.....	19
ondansetron	27	PARI LC PLUS NEBULIZER.....	86	phenytoin	19
ondansetron hcl	27	paricalcitol	72	phenytoin sodium extended	19
ONE-A-DAY WOMENS PRENATAL.....	96	Paroex.....	93	PHEXXI.....	115
OPCICON ONE-STEP.....	56	paroxetine hcl	20	Philith.....	55
OPILL.....	58	PASER.....	35	PHILLIPS MILK OF MAGNESIA..	83
OPSUMIT.....	50	PAXLOVID (150/100).....	45	phluorivit	94
OPTION 2.....	56	PAXLOVID (300/100).....	45	Phospha 250 Neutral.....	91
OPTIONS GYNOL II CONTRACEPTIVE.....	115	pazopanib hcl	37	PHOSPHOLINE IODIDE.....	100
Oralene.....	93	PEDIACARE CHILDRENS ALLERGY.....	28	Physiolyte.....	92
ORAVIG.....	93	PEDIA-LAX.....	83	Physiosol Irrigation.....	92
ORENCIA.....	6	PEDIARIX.....	109	phytonadione	117
ORENCIA CLICKJECT.....	6	pediatric electrolyte	90	PIFELTRO.....	44
ORENITRAM.....	49	PEDVAX HIB.....	112	pilocarpine hcl	93, 100
orphenadrine citrate er	97	peg 3350/electrolytes	81	pimecrolimus	69
Orsythia.....	55	peg 3350-kcl-na bicarb-nacl	81	pimozide	107
OS-CAL.....	90	peg-3350/electrolytes	81	Pimtreea.....	51
OS-CAL CALCIUM + D3.....	90	peg-3350/electrolytes/ascorbic acid	81	pindolol	47
OS-CAL EXTRA D3.....	90	PEGASYS.....	46	pinworm medicine	12
oscimin	110	PEGASYS PROCLICK.....	46	pioglitazone hcl	26
oseltamivir phosphate	47	peg-kcl-nacl-nasulf-na asc-c	81	pirfenidone	108
OSMOPREP.....	83	PENBRAYA.....	112	Pirmella 7/7/7.....	58
OSPHENA.....	72	penciclovir	65	piroxicam	5
OTEZLA.....	6	penicillamine	92	PLEGRIDY.....	106, 107
OXANDRIN.....	10	penicillin v potassium	105	PLEGRIDY STARTER PACK.....	106
oxandrolone	10	PENTACEL.....	109	PNEUMOVAX 23.....	112
oxaprozin	4	pentamidine isethionate	34	pnv prenatal plus multivitamin	95
oxcarbazepine	19	pentoxifylline er	78	podofilox	68
oxiconazole nitrate	68	perindopril erbumine	32	poly bacitracin	63
OXISTAT.....	68	Periogard.....	93	Polycin.....	101
oxybutynin chloride	112	permethrin	70	polyethylene glycol 3350	82
oxybutynin chloride er	112	permethrin lice treatment ...70		poly-iron 150 forte	79
oxycodone hcl	9	perphenazine	42	polymyxin b-trimethoprim	101
oxycodone hcl er	8	perphenazine-amitriptyline	107	polysaccharide iron complex	79
oxycodone-acetaminophen ...9		pfizer covid-19 vac bival 5-11	113	polysaccharide iron forte	79
OXYCONTIN.....	8	pfizer covid-19 vac bivalent	113	polyvinyl alcohol	99
oxymetazoline hcl	98	pfizer-biont covid-19 vac-tris	113	POLY-VI-SOL.....	95
oxymorphone hcl	8			polyvitamin/iron	94
oxymorphone hcl er	8			poly-vite pediatric	95
OXYTROL.....	112			POMALYST.....	37
OXYTROL FOR WOMEN.....	111			Portia-28.....	55
OYSCO 500+D.....	90			potassium chloride	91
oyster calcium + d	90			potassium chloride crys er ..	91
oyster shell calcium	90			potassium chloride er	91
				potassium citrate er	76

potassium citrate-citric acid	76	promethazine hcl	29	REFRESH LACRI-LUBE.....	99
pramipexole dihydrochloride	40	promethazine-codeine	62	REGENECARE HA.....	69
prasugrel hcl	78	promethazine-dm	61	REGANEX.....	70
pravastatin sodium	31	promethazine-pe-codeine ...	62	REGULOID.....	82
praziquantel	12	promethazine-phenylephrine	60	RELENZA DISKHALER.....	46
prazosin hcl	33	PROMOLAXIN.....	83	RELION TRUE MET AIR GLUC METER.....	86
prednicarbate	67	propafenone hcl	13	RELION TRUE METRIX TEST STRIPS.....	70
prednisolone	59	proparacaine hcl	102	RELISTOR.....	75
prednisolone acetate	103	propranolol hcl	47	rena-vite	94
prednisolone sodium phosphate	59	propranolol hcl er	47	reno caps	94
prednisone	59, 60	propylthiouracil	109	repaglinide	25
pregabalin	18, 19	PROQUAD.....	113	REPATHA.....	31
PREMARIN.....	73, 116	protriptyline hcl	21	REPATHA PUSHTRONEX SYSTEM.....	31
premium condoms lubricated	85	pseudoeph-bromphen-dm ...61		REPATHA SURECLICK.....	31
PREMPHASE.....	73	pseudoephedrine hcl	98	RETACRIT.....	79
PREMPRO.....	73	pseudoephedrine hcl er	98	REXULTI.....	42
prenatal	95	pseudoephedrine-guaifenesin er	61	RHOGAM ULTRA-FILTERED PLUS.....	104
prenatal (w/iron & fa)	95	psyllium	82	ribavirin	46
prenatal + complete multi ..	96	PULMICORT FLEXHALER.....	16	RID LICE KILLING SHAMPOO...69	
prenatal 19	95	PULMOZYME.....	108	RIDAURA.....	4
prenatal complete	95	PURE & GENTLE LUBRICANT..	100	rifabutin	35
prenatal dha	99	pyrazinamide	35	rifampin	35
prenatal formula	95	pyridostigmine bromide	35	riluzole	98
prenatal formula a-free	95	pyridoxine hcl	117	rimantadine hcl	46
prenatal forte	95	PYZCHIVA.....	64, 75	RINVOQ.....	3
prenatal multi +dha	95	QLEARQUIL.....	98	RINVOQ LQ.....	3
PRENATAL MULTIVITAMIN + DHA.....	96	QUADRACEL.....	110	risacal-d	90
prenatal multivitamin plus dha	96	quetiapine fumarate	42	risedronate sodium	71
prenatal vitamin and mineral	95	quetiapine fumarate er	42	risperidone	41
prenatal+dha	96	quinapril hcl	32	RITEFLO.....	88
PREPARATION H.....	10	quinaretic	32	ritonavir	44
PREPOPIK.....	81	quinidine sulfate	13	rivaroxaban	17
Prevalite.....	30	quinine sulfate	35	rivastigmine	106
PREVNAR 13.....	112	quintabs	94	rivastigmine tartrate	106
PREVNAR 20.....	112	QVAR REDIHALER.....	16	Rivelsa.....	57
PREZCOBIX.....	43	ra 12 hour nasal spray	98	rizatriptan benzoate	89
PREZISTA.....	44	ra antacid ultra strength	11	ROBAFEN DM CGH/CHEST CONGEST.....	60
PRIFTIN.....	35	ra aspirin adult low dose	7	ROBAFEN MUCUS/CHEST CONGESTION.....	61
PRILOSEC OTC.....	111	ra glycerin adult	82	ROBITUSSIN CHILDRENS COUGH LA.....	60
primaquine phosphate	35	ra slow release iron	79	roflumilast	16
primidone	19	ra vitamin b-6 cr	117	ropinirole hcl	41
PRIORIX.....	113	rabeprazole sodium	111	Rosadan.....	69
PRIVIGEN.....	104	raloxifene hcl	73	rosuvastatin calcium	30
probenecid	77	ramelteon	81	ROTARIX.....	114
prochlorperazine	42	ramipril	32	ROTATEQ.....	114
prochlorperazine maleate ...	42	ranolazine er	12	Roweepra.....	19
PROCRIT.....	79	rasagiline mesylate	40	Roweepra Xr.....	19
Procto-Med Hc.....	10	REACT.....	56	RUBRACA.....	39
Proctosol Hc.....	10	REBIF.....	107	rufinamide	18
Proctozone-Hc.....	10	REBIF REBIDOSE.....	107	RUKOBIA.....	44
Profeno.....	5	REBIF REBIDOSE TITRATION PACK.....	107	RYBELSUS.....	25
progesterone	105	REBIF TITRATION PACK.....	107		
		Reclipsen.....	55		
		RECOMBINATE.....	77		
		RECOMBIVAX HB.....	114		
		refenesen 400	61		

RYBELSUS (FORMULATION R2).....	25	sodium bicarbonate	11	sulconazole nitrate	68
RYCLORA.....	28	sodium chloride	61, 76, 92	sulfacetamide sodium	103
SAFETUSSIN DM		sodium chloride (hypertonic)	101, 102	sulfacetamide sodium (acne)	62
COUGH/CHEST CONG.....	60	sodium fluoride	90, 93	sulfacetamide-prednisolone	102
saline nasal spray	97	sodium fluoride 5000 plus ..	93	sulfadiazine	108
salsalate	7	sodium fluoride 5000 ppm ..	93	sulfamethoxazole-trimethoprim	34
SANDIMMUNE.....	92	sodium oxybate	106	SULFAMYLON.....	65
SANTYL.....	68	sodium phenylbutyrate	73	sulfasalazine	75
sapropterin dihydrochloride	72	sodium polystyrene sulfonate	93	Sulfatrim Pediatric.....	34
SARNOL-HC.....	67	sofosbuvir-velpatasvir	46	sulindac	5
SAVELLA.....	106	Solia.....	55	sumatriptan succinate	89
SAVELLA TITRATION PACK...	106	solifenacin succinate	111	sunitinib malate	37, 38
sb bismuth	26	SOLQUA.....	25	SUPARTZ FX.....	97
sb lice treatment	69	SOMAVERT.....	72	SURFAK.....	84
scopolamine	27	SOOTHE.....	26	Syeda.....	55
scot-tussin expectorant	61	SOOTHE MAXIMUM STRENGTH	26	SYMJEPI.....	116
selegiline hcl	40	SOOTHE XP.....	99	SYMLINPEN 120.....	22
selenium sulfide	65	sorafenib tosylate	37	SYMLINPEN 60.....	22
SELZENTRY.....	44	Sorine.....	48	SYMPROIC.....	75
senna	83	sotalol hcl	47	SYMTUZA.....	43
senna laxative	83	sotalol hcl (af)	47	SYNAREL.....	72
senna maximum strength ...	83	sotalol hydrochloride	47	SYNJARDY.....	25
senna plus	82	SOVALDI.....	46	SYNJARDY XR.....	25
sertraline hcl	21	SPIKEVAX.....	114	SYNTHROID.....	109
Setlakin.....	57	spinosad	69	SYSTANE CONTACTS.....	99
sevelamer carbonate	75	SPIRIVA RESPIMAT.....	15	SYSTANE NIGHTTIME.....	99
sf	93	spironolactone	71	TABLOID.....	36
Sharobel.....	58	spironolactone-hctz	71	tacrolimus	69, 92
SHINGRIX.....	114	Sprintec 28.....	55	tadalafil (pah)	50
SHUR-SEAL CONTRACEPTIVE	115	Sps.....	93	TAFINLAR.....	37
sildenafil citrate	50	Sps (Sodium Polystyrene Sulf)	93	tafluprost (pf)	103
silodosin	76	SPS (SODIUM POLYSTYRENE SULF).....	93	TAGRISSE.....	37
siltussin sa	61	Sronyx.....	55	TAKE ACTION.....	56
silver sulfadiazine	65	Ssd.....	65	TAMIFLU.....	46
SIMBRINZA.....	99	ST JOSEPH LOW DOSE.....	8	tamoxifen citrate	36
simethicone	74	stavudine	45	tamsulosin hcl	76
SIMLANDI (1 PEN).....	3	sterile water for irrigation ..	92	Tarina 24 Fe.....	55
SIMLANDI (1 SYRINGE).....	4	STIOLTO RESPIMAT.....	14	Tarina Fe 1/20 Eq.....	55
SIMLANDI (2 SYRINGE).....	4	STIVARGA.....	38	tasimelteon	81
Simliya.....	51	stomach relief	26	tavaborole	69
Simpesse.....	57	stool softener	83	TAVALISSE.....	78
SIMPLY SLEEP.....	80	stop lice complete treatment	69	tazarotene	65
SIMPONI.....	4	stop lice maximum strength	69	Taztia Xt.....	49
simvastatin	31	STRIBILD.....	43	TDVAX.....	110
sirolimus	92	STRIVERDI RESPIMAT.....	15	teclite insulin syringe	86
SIRTURO.....	35	STYE.....	99	TECHLITE PEN NEEDLES.....	87
SKYLA.....	57	Subvenite.....	19	telmisartan	33
SKYRIZI.....	64, 75	sucralfate	110	temazepam	80
SKYRIZI (150 MG DOSE).....	64	SUDAFED CHILDRENS.....	98	TEMIXYS.....	43
SKYRIZI PEN.....	64	SUDAFED PE CHILDRENS.....	98	temozolomide	38
sleep aid (doxylamine)	80	SUDOGEST.....	98	TENCON.....	7
SLO-NIACIN.....	117	SUDOGEST MAXIMUM		TENIVAC.....	110
slow iron	79	STRENGTH.....	98	tenofovir disoproxil fumarate	45
slow release iron	80	SUDOGEST PE.....	98	terazosin hcl	33
SLYND.....	58			terbinafine hcl	28, 64
sm petroleum jelly	105				
sod citrate-citric acid	76				

terbutaline sulfate	15	trazodone hcl	21	TRUEPLUS INSULIN SYRINGE	87, 88
terconazole	115	TREATOR.....	35	TRULICITY.....	25
teriflunomide	106	TRELEGY ELLIPTA.....	14	TRUMENBA.....	113
teriparatide	72	TREMFYA.....	65, 75	TUMS SMOOTHIES.....	11
testosterone cypionate	10	TREMFYA CROHNS		tussin mucus & chest	
testosterone enanthate	10	INDUCTION.....	75	congest	61
tetrabenazine	106	TREMFYA ONE-PRESS.....	65	TWINRIX.....	113
tetracycline hcl	108	treprostinil	49	TWIRLA.....	56
THALOMID.....	92	TRESIBA.....	24	TYBLUME.....	55
theophylline	16	TRESIBA FLEXTOUCH.....	24	TYBOST.....	45
theophylline er	16	tretinoin	39, 62, 63	Tydemy.....	55
THERA-D 2000.....	117	Tri Femynor.....	58	TYMLOS.....	72
THERANATAL PLUS.....	96	triamcinolone acetonide	67, 93, 98	UBRELVY.....	88
thioridazine hcl	42	triamterene	71	ULTRA FRESH PM.....	99
thiothixene	42	triamterene-hctz	71	UNIFIBER.....	82
THRIVE.....	108	triazolam	80	Unithroid.....	109
thrivite rx	95	Tricon.....	79	UPTRAVI.....	50
Tiadyt Er.....	49	Triderm.....	67	UPTRAVI TITRATION.....	50
tiagabine hcl	19	Tri-Estarylla.....	59	ursodiol	74
ticagrelor	78	Tri-Lo-Estarylla.....	59	valacyclovir hcl	46
ticlopidine hcl	78	Tri-Lo-Marzia.....	59	valganciclovir hcl	45
Tilia Fe.....	58	Tri-Lo-Mili.....	59	valproic acid	20
timolol maleate	48, 100	Tri-Lo-Sprintec.....	59	valsartan	33
tinaspore	64	TRILURON.....	97	valsartan-	
tinidazole	34	Trilyte.....	81	hydrochlorothiazide	32
tioconazole-1	115	trimethobenzamide hcl	27	VALTOCO 10 MG DOSE.....	18
tiopronin	76	trimethoprim	34	VALTOCO 15 MG DOSE.....	18
tiotropium bromide		Tri-Mili.....	59	VALTOCO 20 MG DOSE.....	18
monohydrate	15	trimipramine maleate	21	VALTOCO 5 MG DOSE.....	18
TIVICAY.....	44	trinatal rx 1	95	vancomycin hcl	34
TIVICAY PD.....	44	TRINTELLIX.....	21	VAQTA.....	114
tizanidine hcl	97	TRIPLE PASTE AF.....	68	varenicline tartrate	
tl folate	95	Tri-Sprintec.....	59	varenicline tartrate	
TOBRADEX.....	102	TRIUMEQ.....	43	(starter)	108
tobramycin	3, 101	triumeq pd	43	VARIVAX.....	114
tobramycin-		TRI-VI-SOL A/C/D.....	95	VAXELIS.....	110
dexamethasone	102	tri- vitamin/fluoride	94	VAXNEUVANCE.....	113
TODAY SPONGE.....	115	tri-vite pediatric	95	VCF VAGINAL	
tolazamide	26	Trivora (28).....	59	CONTRACEPTIVE.....	115
tolbutamide	26	Tri-Vylibra.....	59	VECAMYL.....	33
tolcapone	40	Tri-Vylibra Lo.....	59	Veetids.....	105
tolnaftate	64	tropicamide	100	VELIVET.....	59
tolterodine tartrate	112	trosipium chloride	112	VELPHORO.....	75
tolvaptan	73	trosipium chloride er	111	VELTASSA.....	93
topiramate	19	TRUE METRIX AIR GLUCOSE		VEMLIDY.....	46
toremifene citrate	36	METER.....	86	VENCLEXTA.....	36
torsemide	71	TRUE METRIX BLOOD		VENCLEXTA STARTING PACK... 36	
TOUJEO MAX SOLOSTAR.....	24	GLUCOSE TEST.....	70	venlafaxine hcl	21
TOUJEO SOLOSTAR.....	24	TRUE METRIX METER.....	86	venlafaxine hcl er	21
TRACLEER.....	50	TRUEPLUS 5-BEVEL PEN		VENTAVIS.....	50
tramadol hcl	9	NEEDLES.....	87	verapamil hcl	49
tramadol hcl (er biphasic) ...	9			verapamil hcl er	48, 49
tramadol hcl er	9			VEREGEN.....	63
tramadol-acetaminophen	10			VERZENIO.....	38
trandolapril	32			Vestura.....	55
tranexamic acid	80			Vienna.....	55
tranylcyromine sulfate	20			vigabatrin	19
travel-ease	27			Vigadrone.....	19
travoprost (bak free)	103				

vilazodone hcl	21	XARELTO STARTER PACK.....	17
viorele	51	XELJANZ.....	3
VIRACEPT.....	44	XELJANZ XR.....	3
VIREAD.....	45	XIFAXAN.....	34
virt-phos 250 neutral	91	XIGDUO XR.....	25
VISCO-3.....	97	XOFLUZA (40 MG DOSE).....	47
VITAFOL-OB.....	96	XOFLUZA (80 MG DOSE).....	47
vitamin a-c-d infant	95	XOLAIR.....	14, 15
vitamin b1	116	XPECT.....	61
vitamin b-1	116	XTANDI.....	36
vitamin b-12	78	Xulane.....	56
vitamin b-12 er	78	XULTOPHY.....	25
vitamin b-6	117	YESINTEK.....	65, 75
vitamin c	117	Yuvaferm.....	116
vitamin d	117	zafirlukast	16
vitamin d (cholecalciferol)	117	zaleplon	81
vitamin d (ergocalciferol)	117	ZEASORB-AF.....	68
vitamin d3	117	ZEJULA.....	39
Volnea.....	51	Zenatane.....	62
VOLTAREN.....	64	ZENPEP.....	70
voriconazole	28	Zenedi.....	2
VOSEVI.....	46	ZEPATIER.....	46
VRAYLAR.....	41	zidovudine	45
Vyfemla.....	55	zileuton er	14
Vylibra.....	55	zinc sulfate	92
WAL-DRYL ALLERGY.....	29	ziprasidone hcl	41
WAL-DRYL ALLERGY REL		ZIRGAN.....	101
CHILDRENS.....	29	ZOLINZA.....	37
WAL-FEX ALLERGY.....	29	zolmitriptan	89
WAL-FINATE.....	28	zolidem tartrate	81
WAL-ITIN.....	29	ZOMIG.....	89
WAL-ITIN D.....	61	zonisamide	19
WAL-ITIN D 24 HOUR.....	61	ZONTIVITY.....	78
WAL-MUCIL.....	82	Zovia 1/35 (28).....	55
WAL-PHED 12 HOUR.....	98	Zumandimine.....	56
WAL-PHED PE.....	98	ZYDELIG.....	39
WAL-TUSSIN DM CGH/CHEST		ZYKADIA.....	36
CONG.....	60	ZYLET.....	102
WAL-VERT.....	29		
WAL-ZYR.....	29		
WAL-ZYR ALL DAY ALLERGY			
CHILD.....	29		
WAL-ZYR D.....	61		
warfarin sodium	17		
wee care	80		
Wera.....	55		
WIDE-SEAL DIAPHRAGM 60....	85		
WIDE-SEAL DIAPHRAGM 65....	85		
WIDE-SEAL DIAPHRAGM 70....	85		
WIDE-SEAL DIAPHRAGM 75....	85		
WIDE-SEAL DIAPHRAGM 80....	85		
WIDE-SEAL DIAPHRAGM 85....	85		
WIDE-SEAL DIAPHRAGM 90....	85		
WIDE-SEAL DIAPHRAGM 95....	85		
Wixela Inhub.....	14		
womans laxative	83		
Wymzya Fe.....	55		
XALKORI.....	36		
XARELTO.....	17		