

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

Molina Healthcare of California Marketplace

Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at 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 Drug Look-Up tool.

Aviso:

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

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



Effective January 1, 2021
En vigor desde el 1.º de enero del 2021

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.

Contraceptive Coverage 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 which birth control products are covered. The drug list covers many types of birth control products, including: Barrier products (condoms, caps, and diaphragms), birth control pills (prescription and OTC), patches, vaginal rings, intrauterine devices, injections and injected devices, and emergency birth control or “morning after” pills (prescription and OTC).

We cover up to a 12-month supply of birth control medication at a time. There are no requirements to try other drugs first or to get plan approval for any birth control products on the drug list. There are no quantity limits against continuous birth control. You can switch birth control methods any time you need to. Under state rules, qualified pharmacists can dispense drug list birth control products to you using your pharmacy benefit without a doctor’s prescription.

If you have tried to use your drug benefit at a pharmacy, but had to pay for birth control that is on the drug list, you can submit a refund request with your receipt, the pharmacy information, and a “Prescription Reimbursement Claim Form”. This form is on MolinaMarketplace.com under Members “Forms and Documents”. Please note, if you choose to pay for OTC birth control directly instead of using your drug benefit at an in-network pharmacy, Molina will reimburse a qualifying claim request up to the amount we pay network pharmacies for the same formulary product. You can find network pharmacies at MolinaMarketplace.com by using the “Find a Pharmacy” tool under the Members drop down list.

Resumen de cobertura de métodos anticonceptivos

Su plan cubre servicios anticonceptivos, medicamentos recetados y productos de venta libre (OTC) con \$0 de costo compartido para miembros. Se aplican las reglas del formulario y de la red de farmacias del plan. La lista de medicamentos muestra qué productos anticonceptivos están cubiertos. La lista de medicamentos cubre muchos tipos de productos anticonceptivos, entre los que se encuentran: Productos de barrera (condones, capuchones y diafragmas), píldoras anticonceptivas (con receta y OTC), parches, anillos vaginales, dispositivos intrauterinos, inyecciones y dispositivos inyectables y píldoras anticonceptivas de emergencia o “del día después” (con receta y OTC).

Cubrimos un suministro de medicamentos anticonceptivos para hasta 12 meses a la vez. No hay requisitos para probar otros medicamentos primero ni para obtener la aprobación del plan para ningún producto anticonceptivo de la lista de medicamentos. No existen límites de cantidad para el control de la natalidad de manera continua. Puede cambiar de método anticonceptivo en cualquier momento que lo necesite. Según las reglas estatales, los farmacéuticos calificados pueden dispensarle productos anticonceptivos de la lista de medicamentos mediante su beneficio de farmacia sin receta médica.

Si intentó utilizar su beneficio de medicamentos en una farmacia, pero tuvo que pagar por un método anticonceptivo que está en la lista de medicamentos, puede enviar una solicitud de reembolso con su recibo, la información de la farmacia y un “Formulario de reclamación de reembolso de medicamentos”. Este formulario se encuentra en MolinaMarketplace.com en la sección para miembros “Forms and Documents” (Formularios y documentos). Tenga en cuenta que si elige pagar los anticonceptivos OTC directamente en vez de utilizar su beneficio de medicamentos en una farmacia de la red, Molina reembolsará una solicitud de reclamación calificada hasta el monto que pagamos a las farmacias de la red por el mismo producto del formulario. Puede encontrar farmacias de la red en MolinaMarketplace.com utilizando la herramienta “Find a Pharmacy” (Buscar una farmacia) en la lista desplegable para miembros.

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Welcome to Molina Healthcare!

Molina Healthcare 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. 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 in the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Drugs are added or removed from 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

Within the current plan year, we only make certain changes to the formulary. These changes may include:

- Addition of drugs or dosage forms
- Movement of a drug from one drug tier to another that results in lower enrollee cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions like prior authorization or step therapy on a drug or dosage form

When updates happen through our standard process, we will publish any changes on a monthly basis. Your plan's most current drug list is on our website MolinaMarketplace.com. A notice of changes is included with 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. You may also call Molina Healthcare and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- How do I find estimates on 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?

Call toll-free **1 (888) 858-2150**, Monday through Friday, **8:00 a.m. through 6:00 p.m.** 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 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 doctor 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.

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dosage form” is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using the Drug Formulary as your prescription drug coverage 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 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

What drug names are used on the list?

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

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

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

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

We put drugs on different levels called tiers based on how well they improve health and how much they cost compared to similar treatments. Your plan has the following tiers. For Tiers 1 through 4, in general the lower the Drug Tier, the lower your share of the cost will be.

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

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a pharmacy in the Specialty Pharmacy Network. Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution")
Tier 5	Preventative and family planning drugs and devices (ie, contraception) with \$0 cost sharing
DME	Durable Medical Equipment; Cost sharing follows the medical benefit cost sharing for DME for the non-drug product on the drug list

Following sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code:

- Your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.
- Your plan covers a variety of drug, device, and over-the-counter products for family planning (ie, contraception) under the prescription drug benefit, with \$0 cost sharing (Tier 5).
- Your plan covers treatment and testing for diabetes including insulin, glucagon, medically necessary devices and supplies on the DME tier, and other prescription drugs.

When coverage of nonformulary drugs is approved on formulary exception, enrollees pay Tier 3 cost sharing for Nonspecialty drugs or Tier 4 cost sharing for Specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

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 applies.

- There are limits on your cost sharing for anticancer drugs taken by mouth.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.

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 before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

Finding a pharmacy to fill a prescription

Pharmacy Network

Molina 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.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on Tier 4 on the formulary. 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.

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.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's 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

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina enrollees.

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 the Molina Customer Support Center at 1 (888) 858-2150. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Pacific Time. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075 Monday through Friday 8:30 a.m. – 5:00 p.m. Pacific Time.

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 may be obtained from Molina. (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. Molina 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 Molina at 1 (855) 322-4075 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. This may be true for Specialty Drugs used to treat long term or other rare conditions. 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 **Molina at 1 (866) 508-6445**. The clinical policies and forms are on our website MolinaMarketplace.com. 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.

If your prescription requires a Prior Authorization or Formulary Exception, the request can be considered under Standard or Exigent Circumstances.

- A request is considered an Exigent Circumstance if any of the following apply:
 - You are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function
 - You are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision
 - You are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment
- Supporting information is required to justify the urgency of the request
- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request

You and/or your provider will be notified of our decision, made no later than:

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

If a determination is not made within these timeframes, the request will automatically be approved.

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.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

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 has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not on the formulary but that he or she believes is best for you. You may be taking a drug that is no longer on the new plan year's drug list. Pharmacy systems may require you to try certain drugs before others are covered ("Step Therapy"). Your doctor may send Molina a formulary exception request using the Prior Authorization process above.

Molina will grant an exception for a nonformulary drug or step therapy requirement 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 from previous insurance coverage. If the established drug is a brand drug and we cover the generic or interchangeable biological product, an exception may be given if 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

Review timeframes and conditions are found in the "Prior Authorization" section of this guide. If the request is approved, Molina will send a letter to your doctor. If the request is not approved, we will send a letter to you with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy on a formulary drug if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at (888) 858-2150. If Molina denies 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.
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.
ONC	Abbreviation for "Oncology" or cancer specialty. Drugs taken by mouth to treat cancer have monthly Cost Sharing limits under your plan.
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. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
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.

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements apply to some Tier 4 Specialty Drugs.

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.

Your plan also covers up to 90-day supplies in person at CVS retail pharmacies on the same drugs that are eligible for Mail Order.

2024

Guía del formulario

(Lista de medicamentos cubiertos)

Covered California – Molina Marketplace

MolinaMarketplace.com



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¡Bienvenido a Molina Healthcare!

Formulario de medicamentos de Molina Healthcare (lista de medicamentos)

Su plan tiene una lista de medicamentos que están cubiertos. La lista se conoce como Formulario de medicamentos. El formulario cambia de un año del plan a otro. 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 están en el formulario. Revisan los nuevos medicamentos y los cambios en la atención de salud. Tratan de encontrar los medicamentos más eficaces para diferentes condiciones. Se incorporan o eliminan medicamentos del formulario por diferentes razones. Las razones pueden incluir:

- Cambios en la práctica médica.
- Disponibilidad de nuevos medicamentos.
- Disponibilidad de nuevos medicamentos genéricos y reemplazo de 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.

Dentro del año del plan actual, solo hacemos ciertos cambios en el formulario. Estos cambios pueden incluir:

- Incorporación de medicamentos o formas farmacéuticas.
- Movimiento de un medicamento de una categoría de medicamentos a otra que da como resultado un costo compartido más bajo para los afiliados.
- Cambios en el estado de preferido entre medicamentos similares en la lista.
- Eliminación de restricciones como autorización previa o terapia progresiva en un medicamento o forma farmacéutica.

Cuando se realicen actualizaciones a través de nuestro proceso estándar, publicaremos cualquier cambio mensualmente. La lista de medicamentos más actualizada de su plan se encuentra en nuestro sitio web MolinaMarketplace.com. Se incluye un aviso de cambios con la actualización.

¿Incluye la lista de medicamentos inyectables con los que un proveedor me brinda tratamiento en una clínica u otro lugar?

En general, los medicamentos de la lista de medicamentos son fármacos que su proveedor le receta para que usted los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables donde usted necesite la ayuda de un proveedor para su administración se cubren bajo el beneficio médico en lugar del beneficio de medicamentos recetados (“farmacia”). Su proveedor tiene instrucciones nuestras sobre la manera de obtener una aprobación para los medicamentos que compran y ayudan a entregarle. Es posible obtener aprobación para adquirir algunos medicamentos inyectables en una farmacia mediante el beneficio de medicamentos recetados.

Tengo preguntas sobre de qué manera mi plan cubre los medicamentos.

Esta guía contiene muchos detalles para preguntas frecuentes. También puede llamar a Molina Healthcare y hacer preguntas específicas de cobertura sobre un medicamento:

- ¿Puedo adquirir mi medicamento en una farmacia minorista?
- ¿Cómo encuentro estimaciones sobre el monto en dólares del costo compartido para mi receta?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?

- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está cubierto mi medicamento por el beneficio de medicamentos recetados o por el beneficio médico?

Llame gratis al **1 (888) 858-2150**, de lunes a viernes, de **8 a. m. a 6 p. m.** Si es sordo o tiene problemas de audición, marque el 711 para 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 también contienen información importante sobre la cobertura. Consulte el acuerdo del plan para obtener información sobre cobertura de anticonceptivos, exclusiones de beneficios, servicios de cuidados paliativos y más.

Si un medicamento está incluido en el formulario, ¿se me recetará ese medicamento?

Un medicamento incluido en el formulario no garantiza que su médico se lo vaya a recetar a usted. Esta guía les permite a usted y a su médico saber qué medicamentos recetados están cubiertos por su plan. Es posible que su plan no cubra los medicamentos que no están en esta lista y que el costo sea mayor. Puede pedir que se cubran medicamentos que están fuera del formulario. Las solicitudes de medicamentos que están fuera del formulario se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones incluidas en el formulario o se cumplan otros requisitos de cobertura. Los detalles están incluidos en esta guía.

Definiciones

“Medicamento de marca” es un medicamento que se comercializa bajo un nombre patentado protegido por marca registrada. El medicamento de marca aparecerá en letras MAYÚSCULAS.

El “coseguro” es un porcentaje del costo de un beneficio de atención médica cubierto que paga un afiliado después de que este haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

“Copago” es un monto fijo en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que este haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

“Deducible” es la cantidad que paga un afiliado por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar la totalidad o parte del costo del beneficio de atención médica según los términos de la póliza.

“Forma farmacéutica” es la forma física en la que se produce y entrega un medicamento recetado, como un comprimido, una cápsula o un inyectable.

“Categoría de medicamentos” es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido específico en la cobertura de medicamentos recetados del plan de salud. La categoría asignada a un medicamento recetado determina la parte del costo del medicamento que corresponde al afiliado.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a afiliados en esta plantilla de formulario también incluirán al suscriptor como se define en esta sección a continuación.

“Solicitud de excepción” es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su designado o el proveedor de atención médica que receta presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determine que es médicamente necesario para tratar la afección del afiliado.

“Circunstancias urgentes” significa que un afiliado está sufriendo una afección de salud que puede poner en grave peligro la vida, la salud o la capacidad del afiliado para recuperar su función máxima o cuando un afiliado está recibiendo un curso actual de tratamiento utilizando un medicamento que no está en el formulario.

“Formulario” es la lista completa de medicamentos preferidos para su uso y elegibles para la cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como lista de medicamentos recetados.

“Medicamento genérico” es el mismo medicamento que su equivalente de marca en cuanto a dosis, seguridad, concentración, forma de administración, calidad, rendimiento y uso previsto. Un medicamento genérico aparece en letras minúsculas en negrita y cursiva.

“Medicamento fuera del formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

Los “costos de bolsillo” son los copagos, el coseguro y el deducible aplicable, más todos los costos de los servicios de atención médica que no están cubiertos por el plan de salud.

“Proveedor que receta” es un proveedor de atención médica autorizado para escribir una receta para tratar una afección médica para un afiliado al plan de salud.

“Receta” es una orden oral, escrita o electrónica de un proveedor que receta para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta es por escrito y, si lo solicita el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

“Medicamento recetado” es un medicamento recetado por el proveedor que receta al afiliado y que requiere una receta según la ley aplicable.

“Autorización previa” es el requisito de un plan de salud de que el afiliado o el proveedor que receta al afiliado obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

La “terapia progresiva” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica dada y médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la afección médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de terapia progresiva. Si el proveedor que receta al afiliado presenta una solicitud de excepción de terapia progresiva, los planes de salud harán excepciones a la terapia progresiva cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable pagarle al plan o cuyo empleo u otro estado, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.

Uso del Formulario de medicamentos como su guía de cobertura de medicamentos recetados

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

La lista de medicamentos está organizada alfabéticamente por categoría y clase terapéutica utilizando la clasificación del American Hospital Formulary Service (AHFS). Dentro de la categoría y la clase, los nombres de los medicamentos también se organizan por orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, hay dos formas de buscar el medicamento por nombre.

- Si está usando una versión electrónica de la lista de medicamentos, puede usar la función de búsqueda de PDF al presionar Ctrl + F en el teclado de su computadora. Escriba el nombre del medicamento que está buscando 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 al final de esta guía.

Las entradas de medicamentos en la lista contienen el Nombre del medicamento, Categoría del medicamento y otros detalles de cobertura para 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 diferir de este ejemplo).

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

¿Qué nombres de medicamentos se utilizan en la lista?

La lista de medicamentos utiliza marcas registradas y nombres comunes o “genéricos” para mostrar la forma del medicamento que está cubierta. También hay marcas registradas utilizadas por ciertos medicamentos genéricos. La forma en que se muestra el nombre de un medicamento en la lista de medicamentos le indicará si está cubierta la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra la forma de marca, genérica y genérica de marca registrada del medicamento “warfarin sodium”.

Cuando la forma de marca de un medicamento está cubierta, el nombre del medicamento aparecerá en letras MAYÚSCULAS como su NOMBRE DE MARCA. El nombre no de propiedad exclusiva o “**nombre genérico**” para el medicamento de marca seguirá entre paréntesis y en letras totalmente en **negrita y minúsculas cursivas**. Cuando la forma genérica del medicamento está cubierta, aparece por separado por sus **nombres genéricos** en letras totalmente en **negrita y minúsculas cursivas**. Un medicamento genérico que está cubierto como la forma genérica de marca registrada aparecerá por separado por su **nombre genérico** seguido del nombre de la 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 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 **warfarin sodium** se enumeran por

separado para mostrar que tanto la forma de marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica de marca registrada (Jantoven). Es posible que se apliquen diferentes Categorías de medicamentos y Requisitos/límites para la forma de marca registrada en comparación con una forma genérica de un medicamento si figuran varias formas de medicamentos como cubiertas en la lista de medicamentos real.

¿Qué son las Categorías de medicamentos y cómo afectan mi parte del costo del medicamento?

Clasificamos los medicamentos en diferentes niveles, llamados categorías, en función de qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Para las categorías 1 a 4, en general, cuanto más baja sea la categoría del medicamento, menor será su parte del costo.

A continuación, encontrará más detalles sobre los medicamentos que se encuentran en cada categoría.

Categoría de medicamento	Descripción
Categoría 1	Medicamentos genéricos preferidos y medicamentos de marca de bajo costo; Costo compartido de afiliado más bajo
Categoría 2	Medicamentos genéricos no preferidos y medicamentos de marca preferidos; Costo compartido más alto que la Categoría 1
Categoría 3	Medicamentos no preferidos, de marca y genéricos; mayor costo compartido que los medicamentos de categoría inferior que se utilizan para tratar las mismas afecciones
Categoría 4	Medicamentos especializados, de marca y genéricos: mayor costo compartido que los medicamentos de categoría inferior a se utilizan para tratar las mismas enfermedades, si están disponibles. La mayoría de los Medicamentos especializados cubiertos por su plan estarán disponibles a través de una farmacia de la Red de farmacias de especialidad. Algunos Medicamentos especializados solo los venden ciertas farmacias que la compañía farmacéutica ha elegido ("Distribución limitada").
Categoría 5	Medicamentos y dispositivos preventivos y de planificación familiar (es decir, anticonceptivos) con un costo compartido de \$0
DME	Equipo médico duradero; el costo compartido sigue el costo compartido de beneficios médicos para DME para el producto no farmacológico en la lista de medicamentos

En cumplimiento de las secciones 1367.002, 1367.25 y 1367.51 del Código de Salud y Seguridad:

- Su plan cubre medicamentos y formas farmacéuticas de servicios preventivos reconocidos a nivel nacional (Categoría 5) con un costo compartido de \$0 cuando se lo recetan para que los use de acuerdo con esas recomendaciones.
- Su plan cubre una variedad de medicamentos, dispositivos y productos de venta libre para planificación familiar (es decir, anticoncepción) bajo el beneficio de medicamentos recetados, con un costo compartido de \$0 (Categoría 5).
- Su plan cubre el tratamiento y las pruebas para la diabetes, incluidos la insulina, el glucagón, los dispositivos y suministros médicamente necesarios en la Categoría de DME y otros medicamentos recetados.

Cuando se aprueba la cobertura de medicamentos fuera del formulario por excepción del formulario, los afiliados pagan el costo compartido de Categoría 3 para los medicamentos no especializados o el costo compartido de Categoría 4 para los medicamentos especializados. Consulte el acuerdo de su plan para obtener más detalles sobre los costos compartidos para las excepciones al formulario.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surta. Si su estado tiene límites específicos, el costo compartido será el menor entre los costos compartidos del diseño de su plan y cualquier límite que se aplique.

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se toman por vía oral.
- Usted no tiene costos compartidos para mifepristone y misoprostol cuando se recetan para interrumpir un embarazo en etapa temprana.

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

Puede encontrar información sobre los costos compartidos de los medicamentos recetados en nuestro folleto Descripción general de beneficios, o ingresando la información de la receta en la herramienta “Search Drugs” (“Buscar medicamentos”) en MolinaMarketplace.com. Esta herramienta le proporcionará una estimación del costo de los medicamentos del formulario. Si crea una cuenta en Caremark.com antes de usar la herramienta, la información del diseño de su plan también se usará para estimar mejor los precios reales que paga en la farmacia.

Encontrar una farmacia para surtir una receta

Red de Farmacias

Molina tiene redes de farmacias minoristas, de pedido por correo y especializadas que pueden procesar y entregar medicamentos mediante uso de su cobertura. Para ubicar 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 o los servicios ofrecidos.

Farmacia de especialidad

Molina cuenta con una red de farmacias de especialidad que pueden procesar y entregar medicamentos especializados.

Medicamentos especializados

están asignados a la Categoría 4 del formulario. Algunos medicamentos tienen distribución limitada. Distribución limitada

significa que el medicamento solo se vende en ciertas farmacias. El administrador de beneficios de farmacia de Molina, CVS Caremark, tiene una

farmacia de especialidad 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. La persona que le receta puede enviar solicitudes de autorización previa

directamente a Molina o enviar una receta a CVS para comenzar el proceso. Si la entrega por correo del medicamento especializado

no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para retirar.

Puede comunicarse con el servicio de asistencia de CVS Pharmacy llamando al 1 (888) 407-6425.

Farmacia de pedido por correo

Su plan tiene una red de farmacias de pedidos por correo que pueden procesar y entregar un suministro de hasta 90 días de medicamentos elegibles. Los medicamentos elegibles están marcados como “CORREO” en el formulario.

El administrador de beneficios de farmacia de su plan tiene una farmacia de pedido por correo. Para surtir recetas a través de su servicio, el proveedor o afiliado puede llamar al número gratuito de FastStart® al 1 (800) 875-0867 de lunes a viernes, de 7 a. m. a 7 p. m. o visite Caremark.com.

Farmacia fuera de la red

Si las farmacias de la red no satisfacen las necesidades del afiliado, se puede solicitar una excepción para obtener autorización para usar una farmacia fuera de la red. Se revisará la necesidad médica de las excepciones caso por caso.

Procesador de reclamaciones de recetas

Molina Healthcare seleccionó a CVS Caremark como la empresa de administración de beneficios de farmacia (PBM) para administrar el beneficio de medicamentos recetados para los afiliados de Molina.

Las preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas pueden dirigirse al servicio de asistencia de CVS Caremark al 1 (888) 407-6425. Las inquietudes sobre membresía, costos compartidos, beneficios de medicamentos recetados y elegibilidad pueden abordarse llamando al Centro de Atención al Cliente de Molina al 1(888) 858-2150 El Departamento de Servicios para Miembros está disponible de lunes a viernes, ¹¹de 8 a. m. a 6 p. m., hora del Pacífico. Las preguntas relacionadas con el proveedor pueden resolverse llamando al Servicio de asistencia para proveedores de Molina al 1 (855) 322-4075 de lunes a viernes, de 8:30 a. m. a 5 p. m., hora del Pacífico.

Política de medicamentos urgentes y fuera del horario de atención

Para evitar que la condición de un afiliado empeore en una situación urgente, puede ser necesario entregar un suministro de 72 horas de un medicamento agudo antes de obtener de Molina la autorización previa. (p. ej., un afiliado es dado de alta de un hospital después del horario de atención normal con una receta especial de antibiótico).

Las farmacias deberán ejercer su criterio profesional. Molina reembolsará a las farmacias por un suministro de 72 horas de un medicamento agudo a las tarifas contratadas para estas recetas. Las farmacias pueden comunicarse con el servicio de asistencia de CVS Caremark al 1 (888) 407-6425 para obtener una anulación de un suministro de 72 horas.

Las farmacias pueden llamar a Molina al 1 (855) 322-4075 al día hábil siguiente para obtener la autorización que permita tramitar en línea la receta urgente o fuera de horario. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se entregaron medicamentos en estas circunstancias urgentes.

Plazos de resurtido, sincronización y prorrateo

En general, los suministros de medicamentos para 30 días se pueden resurtir cuando ya transcurrieron el 85 % de los días de uso previstos desde la fecha del resurtido anterior. Consulte la sección “Prorrateo y sincronización” de su acuerdo del plan para conocer los medicamentos que tienen un plazo de resurtido especial. Su farmacia o proveedor pueden solicitar que se anulen los plazos límite de resurtido para sincronizar las fechas de surtido de sus medicamentos comunicándose con el servicio de asistencia de CVS Caremark® al 1 (888) 407-6425. Si se despachan suministros para más o menos días para sincronizar sus medicamentos, su costo compartido en esos suministros será prorrateado.

Procedimiento de solicitud de autorización previa y excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se revisan según las reglas estándar para determinar la necesidad médica. Los proveedores deben demostrar que tiene un uso médicamente aceptado para el medicamento y que otros tratamientos no han funcionado para usted o no son apropiados desde el punto de vista clínico. Es posible que se apliquen otros requisitos según el medicamento. Es posible que necesitemos ciertos resultados de pruebas para demostrar que un medicamento es adecuado para usted. Esto puede ser cierto para los Medicamentos especializados que se usan para tratar afecciones a largo plazo u otras afecciones infrecuentes. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como una razón para eludir las reglas estándar de cobertura.

Su proveedor puede enviarnos por fax un formulario de autorización previa de medicamentos completo a **Molina al 1 (866) 508-6445**. Las políticas y formularios clínicos están en nuestro sitio web MolinaMarketplace.com. El formulario se puede obtener en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario debe estar completado 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.

Si su receta médica requiere una excepción del formulario o autorización previa, la solicitud se puede considerar en circunstancias urgentes o estándar.

- Una solicitud se considera una circunstancia urgente si se aplica alguna de las siguientes:
 - Sufre una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar su función máxima.
 - Tiene un dolor intenso no controlado o la urgencia de su atención requiere una decisión de cobertura rápida.
 - Está recibiendo un tratamiento actual con un medicamento que no está en el formulario. Los ensayos de muestras farmacéuticas de su médico o de un fabricante no se considerarán como tratamiento en curso.
- Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no se considere una circunstancia urgente se considerará como solicitud de excepción estándar.

Usted o su proveedor recibirán una notificación de nuestra decisión a más tardar:

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

Si no se toma una determinación dentro de estos plazos, la solicitud se aprobará automáticamente.

Si se aprueba la solicitud, le enviaremos una carta a la persona que le receta. Incluiremos por cuánto tiempo se aprueba la solicitud antes de que se requiera la renovación de la autorización. Si la solicitud no es aprobada, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos para el seguimiento.

De acuerdo con 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, continuará cubierto por la duración de la receta, incluidos resurtidos. Molina no limitará ni excluirá la cobertura de un medicamento si lo aprobamos previamente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete correctamente y siga siendo seguro y efectivo.

Cómo solicitar una excepción

¿Puedo tener cobertura de un medicamento si no está en el formulario o no sigue los requisitos del plan, como la terapia progresiva?

Molina tiene un proceso que le permite solicitar medicamentos clínicamente apropiados que no están en el formulario o que tienen requisitos o límites en virtud de su plan. Su médico puede ordenar un medicamento que no está en el formulario de medicamentos que él crea que es el mejor para usted. Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos del nuevo año del plan. Los sistemas de farmacia pueden exigirle que pruebe ciertos medicamentos antes de que otros estén cubiertos (“Terapia Progresiva”). Su médico puede enviar a Molina una solicitud de excepción al formulario mediante el proceso de autorización previa anterior.

Molina otorgará una excepción para un medicamento fuera del formulario o un requisito de terapia progresiva si sus revisores determinan que la información de respaldo muestra cualquiera de los siguientes:

- El miembro tiene una contraindicación médica para el formulario o los medicamentos requeridos.
- Es probable que los medicamentos requeridos causen una reacción adversa clínicamente predecible si los toma el miembro.
- Se espera que el medicamento requerido sea ineficaz según las características clínicas documentadas del miembro.
- El miembro probó el medicamento requerido, un medicamento relacionado o un medicamento que funciona de manera similar y lo suspendió debido a la falta de eficacia, pérdida de efecto o evento adverso.
- El miembro está establecido en la toma del medicamento como un tratamiento actual de una cobertura de seguro anterior. Si el medicamento establecido es un medicamento de marca y cubrimos el producto biológico genérico o intercambiable, se puede otorgar una excepción si cambiar al medicamento requerido hay probabilidad de que cause reacciones adversas o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que los medicamentos del formulario o requeridos no son lo mejor para el miembro, porque es probable que:
 - Presente un obstáculo para cumplir con el plan de tratamiento, o
 - Afecte negativamente la afección comórbida de un miembro, o
 - Cause una interacción farmacológica negativa clínicamente predecible, o
 - Disminuya la capacidad del miembro para lograr o mantener una capacidad funcional razonable en el desempeño de las actividades diarias.

Los plazos de revisión y las condiciones se encuentran en la sección “Autorización previa” de esta guía. Si se aprueba la solicitud, Molina le enviará una carta a su médico. Si la solicitud no es aprobada, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos para el seguimiento. Si no está de acuerdo con los motivos de la denegación, puede apelar la decisión. Su médico puede solicitar una revisión de excepción externa.

De acuerdo con 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita la terapia progresiva en un medicamento del formulario si cambió de plan de seguro y continúa con un medicamento que ahora está sujeto a los requisitos de terapia progresiva según su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción para que podamos saber que continúa tomando el medicamento anterior, que se le recetó correctamente y que es seguro y eficaz para su afección.

Quejas y apelaciones

Puede presentar una queja o reclamo comunicándose con el Centro de Atención al Cliente de Molina al (888) 858-2150. Si Molina no aprueba su solicitud de medicamentos, se incluirá un aviso de derechos a apelar la decisión en el aviso de acción. Para obtener más información, consulte la sección de su Acuerdo (póliza) que cubre “Quejas 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 exclusiva. La información no se puede copiar de manera parcial ni total sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres y servicios de los socios, como CVS Caremark, CVS Specialty y Caremark.com, son propiedad de CVS Health Corporation y están operados por ella. CoverMyMeds® y Surescripts® son marcas registradas de terceros pertenecientes a sus respectivas empresas.

Leyenda

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

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

Requisitos/Límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos este medicamento o forma farmacéutica para determinados grupos de edad según la información sobre la seguridad, la eficacia y el costo del medicamento.
MED	Se aplican límites de dosis equivalente de morfina (Morphine Equivalent Dose, MED). Las cantidades de este medicamento están limitadas al equivalente (“EQ”) de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de “Oncología” o especialidad del cáncer. Los medicamentos que se toman por vía oral para tratar el cáncer tienen límites de costos compartidos mensuales según su plan.
OTC	Las formas farmacéuticas de venta libre (Over-the-Counter, OTC) están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere Autorización previa (Prior Authorization, PA). Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen. Si se requiere Autorización previa para un medicamento o forma farmacéutica, los proveedores deben demostrar que tiene un uso médicamente aceptado para el medicamento y otros tratamientos no han funcionado o no son apropiados. Es posible que se apliquen otros requisitos según el medicamento.
QL	Se aplican Límites de cantidad (Quantity Limits, QL). Pagaremos una cantidad diaria máxima según la información sobre el uso y el costo médicamente aceptados del medicamento.
ST	Se requiere terapia progresiva (Step Therapy, ST). Si hemos pagado para que usted tenga los medicamentos requeridos para la terapia progresiva en el pasado, este medicamento se pagará en la farmacia sin necesidad de una autorización previa o una solicitud de excepción de terapia progresiva. La lista de medicamentos le mostrará qué medicamentos necesita primero y por cuánto tiempo.

Algunos medicamentos se designan como “de marca preferidos” en la clase de medicamentos en la que aparecen. Si hay un medicamento en la misma clase que el medicamento que está solicitando y es el medicamento de marca preferido en la clase, requerimos que se use primero el de marca preferido o que se use en su lugar. Los medicamentos específicos que requieren el uso primero de un medicamento de Marca Preferido también pueden estar indicados como “PA de Necesidad Médica”. Los requisitos de autorización previa de necesidad médica se aplican a algunos medicamentos especializados de categoría 4.

La lista de medicamentos también indicará si un medicamento es elegible para programas de pedido 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 más bajo con el pedido por correo en algunos medicamentos.

Su plan también cubre suministros para hasta 90 días en persona en las farmacias minoristas de CVS en los mismos medicamentos que son elegibles para pedidos por correo.



Molina Healthcare Marketplace

2024 Formulary Changes Effective July 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
ARIPIRAZOLE SOL 1MG/ML	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 10MG	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 15MG	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 20MG	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 2MG	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 30MG	Update to Generic Tier (1) Cost Sharing	
ARIPIRAZOLE TAB 5MG	Update to Generic Tier (1) Cost Sharing	
ASENAPINE SUB 10MG	Remove PA	
ASENAPINE SUB 2.5MG	Remove PA	
ASENAPINE SUB 5MG	Remove PA	
DOPTELET TABS 20MG	Add to formulary, Specialty Tier (4) Cost Sharing, with PA and QL	
GUANFACINE TAB 1MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 2MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 3MG ER	Update to Generic Tier (1) Cost Sharing	
GUANFACINE TAB 4MG ER	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 10MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 15MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 2.5MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 20MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 5MG	Update to Generic Tier (1) Cost Sharing	
OLANZAPINE TAB 7.5MG	Update to Generic Tier (1) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
PREGABALIN CAP 100MG	Remove PA	
PREGABALIN CAP 150MG	Remove PA	
PREGABALIN CAP 200MG	Remove PA	
PREGABALIN CAP 225MG	Remove PA	
PREGABALIN CAP 25MG	Remove PA	
PREGABALIN CAP 300MG	Remove PA	
PREGABALIN CAP 50MG	Remove PA	
PREGABALIN CAP 75MG	Remove PA	
TAVALISSE TABS 100MG	Add to formulary, Specialty Tier (4) Cost Sharing, with PA and QL	
TAVALISSE TABS 150MG	Add to formulary, Specialty Tier (4) Cost Sharing, with PA and QL	
VALSARTAN TAB 40MG	QL updated to 2 per day	

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 2	PA; AGE (Min 6 Years and Max 18 Years)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (Amphetamine)	Tier 2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dexedrine Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dextrostat Oral Tablet 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Analeptics*** - Drugs For The Nervous System		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	QL (120 ML per 999 days); AGE (Max 1 Years)
*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder		
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 10 Mg)	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Oral Tablet 10 Mg, 20 Mg, 5 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Alternative Medicines - Vitamins And Minerals		
*Alternative Medicine - Me's*** - Vitamins And Minerals		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 1	OTC
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 1	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 1	OTC
*Alternative Medicine Combinations - Two Ingredients*** - Vitamins And Minerals		
<i>melatonin oral tablet 3-2 mg</i>	Tier 1	OTC
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine er oral tablet extended release 10-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine oral tablet 1-10 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>melatonin-vitamin b-6 oral tablet 3-1 mg</i>	Tier 1	OTC
Aminoglycosides - Drugs For Infections		
*Aminoglycosides*** - Antibiotics		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 4	PA
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 4	PA
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 2	
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 4	PA; QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs		
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 4	PA; QL (0.072 ML per 1 day); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Adalimumab-bwwd)	Tier 4	PA; QL (4 EA per 28 days); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (Adalimumab-bwwd)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 4	PA; QL (2 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (3 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>celecoxib oral capsule 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Gold Compounds*** - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 2	PA
*Interleukin-1 Blockers*** - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Riloncept)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Interleukin-1 Receptor Antagonist (IL-1Ra)*** - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 2	QL (2 EA per 1 day)
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)*** - Arthritis And Pain Drugs		
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 2	PA; QL (4 EA per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Tier 2	PA; QL (4 EA per 1 day)
<i>ketoprofen oral capsule 75 mg</i>	Tier 2	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 2	PA
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	PA
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>oxaprozin oral tablet 600 mg</i>	Tier 2	PA; QL (3 EA per 1 day)
<i>tolmetin sodium oral tablet 200 mg</i>	Tier 2	
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 2	PA; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>etodolac oral tablet 400 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen infants drops oral suspension 50 mg/1.25ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen junior strength oral tablet 100 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>ibuprofen oral tablet 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen kit oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	OTC; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	Tier 1	PA; MAIL; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Tier 1	PA; MAIL; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
Diclofenac Potassium (Cataflam Oral Tablet 50 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 4	PA; Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 4	PA; Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Selective Costimulation Modulators*** - Arthritis And Pain Drugs		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
*Analgesics Other*** - Arthritis And Pain Drugs		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Tier 1	OTC
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Tier 1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	OTC
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	OTC
<i>acetaminophen oral capsule 500 mg</i>	Tier 1	OTC
<i>acetaminophen oral elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral solution 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral suspension 80 mg/0.8ml</i>	Tier 1	OTC
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	OTC
<i>acetaminophen oral tablet chewable 80 mg</i>	Tier 1	OTC
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Tier 1	OTC
<i>acetaminophen rectal suppository 120 mg, 325 mg, 650 mg</i>	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC

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

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Drug Name	Formulary Status	Requirements/Limits
*Hydrocodone Combinations*** - Arthritis And Pain Drugs		
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Xylon Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED (MED)
<i>hydrocodone/acetaminophen oral tablet 10-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	MED (MED)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lortab Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 7.5-200 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
*Opioid Agonists*** - Arthritis And Pain Drugs		
<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 3	PA; MED (MED)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (Oxycodone HCl)	Tier 3	PA; MED (MED)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA; MED (MED)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; MED (MED)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (120 EA per 25 days); MED (MED)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 2	PA; MED (MED)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl)	Tier 2	PA; MED (MED)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl)	Tier 2	PA; MED (MED)
OPANA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG (Oxymorphone HCl)	Tier 2	

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

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Drug Name	Formulary Status	Requirements/Limits
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED (MED)
*Opioid Partial Agonists*** - Arthritis And Pain Drugs		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 2	PA; MED (MED)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	PA; QL (15 ML per 25 days); MED (MED)
*Tramadol Combinations*** - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years); MED (MED)
Androgens-Anabolic - Hormones		
*Anabolic Steroids*** - Drugs For Men		
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (Oxandrolone)	Tier 2	
*Androgens*** - Drugs For Men		
<i>methitest oral tablet 10 mg</i>	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 4	PA
<i>danazol oral capsule 100 mg, 200 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>danazol oral capsule 50 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days)
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	Tier 1	QL (10 ML per 25 days)
Anorectal And Related Products - Rectal Preparations		
*Intrarectal Steroids*** - Rectal Preparations		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 2	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60ML)	Tier 2	QL (1680 ML per 25 days)
*Nitrate Vasodilating Agents*** - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 3	
RECTIV RECTAL OINTMENT 0.4 % (Nitroglycerin)	Tier 2	
*Rectal Anesthetic Combinations*** - Rectal Preparations		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Rectal Local Anesthetics*** - Rectal Preparations		
<i>dibucaine rectal ointment 1 %</i>	Tier 1	OTC
*Rectal Steroids*** - Rectal Preparations		
<i>hemorrhoidal-hc rectal cream 2.5 %</i>	Tier 1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5 %</i>	Tier 1	
Hydrocortisone (Proctocare-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Kit Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)	Tier 1	
Antacids - Drugs For The Stomach		
*Antacid & Simethicone*** - Drugs For Ulcers And Stomach Acid		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	OTC
*Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Tier 1	OTC
<i>antacid oral tablet chewable 80-20 mg</i>	Tier 1	OTC
<i>calcium rich supreme antacid oral suspension 400-135 mg/5ml</i>	Tier 1	OTC
<i>gavis-care oral suspension 95-358 mg/15ml</i>	Tier 1	OTC
*Antacids - Bicarbonate*** - Drugs For Ulcers And Stomach Acid		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	OTC
*Antacids - Calcium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>calcium antacid ultra oral tablet chewable 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet chewable 750 mg</i>	Tier 1	OTC
<i>childrens pepto oral tablet chewable 400 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
*Antacids - Magnesium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	OTC
Anthelmintics - Drugs For Infections		
*Anthelmintics*** - Drugs For Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days)
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 1	OTC
Antianginal Agents - Drugs For The Heart		
*Antianginals-Other*** - Drugs For Angina		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
*Nitrates*** - Drugs For Angina		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Nitroquick Sublingual Tablet Sublingual 0.3 Mg, 0.4 Mg, 0.6 Mg)	Tier 1	MAIL
Antianxiety Agents - Drugs For The Nervous System		
*Antianxiety Agents - Misc.*** - Drugs For Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>bupirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)

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

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Drug Name	Formulary Status	Requirements/Limits
Antiarrhythmics - Drugs For The Heart		
*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MAIL
*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MAIL
*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MAIL
*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms		
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG (Dronedarone HCl)	Tier 2	PA
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	MAIL
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs		
*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 2	PA
*Adrenergic Combinations*** - Drugs For Asthma/Copd		
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 3	
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 3	QL (20.4 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT, 62.5-25 MCG/INH (Umeclidinium-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BEVESPI INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 EA per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (60 EA per 25 days)
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Tier 1	MAIL; QL (1 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	Tier 1	MAIL; QL (1 EA per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	MAIL; QL (360 ML per 25 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 100-50 Mcg/Dose, 250-50 Mcg/Act, 250-50 Mcg/Dose, 500-50 Mcg/Act, 500-50 Mcg/Dose)	Tier 1	MAIL; QL (1 EA per 25 days)
*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 4	PA; QL (5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 4	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 4	PA; QL (2.5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 4	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (Omalizumab)	Tier 4	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 4	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 4	PA; QL (5 EA per 24 days)
*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	
*Beta Adrenergics*** - Drugs For Asthma/Copd		
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 2	QL (120 ML per 25 days)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 2	QL (6 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 2	MAIL; QL (0.14 GM per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (18 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (6.7 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (8.5 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	MAIL; QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml</i>	Tier 1	MAIL; QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	MAIL; QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	MAIL; QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	ST; MAIL; QL (150 ML per 25 days)
*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (Ipratropium Bromide HFA)	Tier 2	MAIL; QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 GM per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 EA per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MAIL; QL (10 ML per 1 day)
*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 4	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 4	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 4	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 4	PA; QL (3 EA per 23 days)
*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd		
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 9 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>montelukast sodium oral tablet chewable 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 14 Years)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 2	PA
*Steroid Inhalants*** - Drugs For Asthma/Copd		
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Tier 3	MAIL; QL (12 GM per 30 days); AGE (Max 11 Years)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Tier 3	MAIL; QL (10.6 GM per 30 days); AGE (Max 11 Years)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 2	QL (120 ML per 25 days); AGE (Max 9 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
*Xanthines*** - Drugs For Asthma/Copd		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	MAIL
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	MAIL
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	MAIL
Theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	Tier 1	MAIL
Theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg, 450 Mg)	Tier 1	MAIL
Anticoagulants - Drugs For The Blood		
*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	MAIL
*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (Rivaroxaban)	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (Rivaroxaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
*Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1	PA
*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 3	PA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 2	QL (3 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Tier 2	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Tier 2	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Tier 2	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Tier 2	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 2	QL (1.2 ML per 1 day)
*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
Anticonvulsants - Drugs For The Nervous System		
*Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 3	
*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)
*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 3	MAIL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 2	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 2	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MAIL
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MAIL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	MAIL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MAIL
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral tablet 200 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MAIL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MAIL
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	MAIL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	MAIL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	MAIL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 1	MAIL
LamoTRIGine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	MAIL
Topiramate (Topiragen Oral Tablet 100 Mg, 200 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	
*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>vigabatrin oral packet 500 mg</i>	Tier 4	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 4	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	QL (6 EA per 1 day)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	
*Hydantoin*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Tier 1	MAIL
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 1	MAIL
*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (Methsuximide)	Tier 3	MAIL
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MAIL
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MAIL
*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>divalproex sodium er oral tablet delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MAIL
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MAIL
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	MAIL
Antidepressants - Drugs For The Nervous System		
*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression		
<i>mirtazapine oral tablet 15 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Antidepressants - Misc.*** - Drugs For Depression		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 100 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 150 Mg)	Tier 1	MAIL; QL (3 EA per 1 day)
BuPROPion HCl (Budeprion XI Oral Tablet Extended Release 24 Hour 150 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression		
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 2	PA
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 2	PA
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
NARDIL ORAL TABLET 15 MG (Phenelzine Sulfate)	Tier 1	MAIL; QL (6 EA per 1 day)
*Selective Serotonin Reuptake Inhibitors (Ssris)*** - Drugs For Depression		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years)
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Serotonin Modulators*** - Drugs For Depression		
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	PA
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 2	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 2	PA
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (Vilazodone HCl)	Tier 2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 2	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 2	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Tricyclic Agents*** - Drugs For Depression		
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
Antidiabetics - Hormones		
*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes		
<i>miglitol oral tablet 100 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>miglitol oral tablet 25 mg</i>	Tier 2	QL (12 EA per 1 day)
<i>miglitol oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (Miglitol)	Tier 2	
<i>acarbose oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Antidiabetic - Amylin Analogs*** - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 3	PA; MAIL

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Drug Name	Formulary Status	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 3	PA; MAIL
*Biguanides*** - Drugs For Diabetes		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Diabetic Other - Combinations*** - Drugs For Diabetes		
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	Tier 1	OTC
*Diabetic Other*** - Drugs For Diabetes		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 2	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
GLUCAGEN INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
<i>glucagon emergency kit 1 mg injection</i>	Tier 1	QL (2 EA per 30 days)
<i>glucose oral tablet chewable 4 gm</i>	Tier 1	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 2	QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (Alogliptin Benzoate)	Tier 2	
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 2	QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SitaGLIPTin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SitaGLIPTin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SitaGLIPTin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (Alogliptin-Metformin HCl)	Tier 2	
*Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)

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

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

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; QL (18 ML per 25 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; QL (18 ML per 25 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; MAIL; QL (2 ML per 24 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (Liraglutide)	Tier 2	ST; MAIL; QL (9 ML per 25 days)
*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
*Meglitinide Analogues*** - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linagliptin-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linagliptin-Metform)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Sulfonylureas*** - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glycron oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	MAIL
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
*Thiazolidinediones*** - Drugs For Diabetes		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Antidiarrheal/Probiotic Agents - Drugs For The Stomach		
*Antidiarrheal/Probiotic Agents - Misc.*** - Drugs For Diarrhea		
<i>bismuth subsalicylate oral suspension 262 mg/15ml, 525 mg/30ml</i>	Tier 1	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
KAOPECTATE ORAL TABLET 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
MAALOX TOTAL RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
*Antiperistaltic Agents*** - Drugs For Diarrhea		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
<i>anti-diarrheal oral capsule 2 mg</i>	Tier 1	OTC
<i>diphenatol oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 0.025-2.5 mg, 2.5-0.025 mg</i>	Tier 1	
<i>lofene oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>loperamide hcl oral liquid 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	OTC
Diphenoxylate-Atropine (Lonox Oral Tablet 2.5-0.025 Mg)	Tier 1	
Antidotes And Specific Antagonists - Drugs For Overdose Or Poisoning		
*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning		
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 4	PA
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 2	PA
*Opioid Antagonists*** - Drugs For Overdose Or Poisoning		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	QL (4 ML per 25 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Antiemetics - Drugs For The Stomach		
*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	QL (2 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 2	PA
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (50 ML per 25 days); AGE (Max 12 Years)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
*Antiemetic Combinations*** - Drugs For Vomiting And Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 2	PA
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	OTC
*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 2	QL (4 EA per 25 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>meclizine hcl oral tablet chewable 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet 50 mg</i>	Tier 1	OTC
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea		
<i>aprepitant oral 80 & 125 mg</i>	Tier 2	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 2	PA
Antifungals - Drugs For Infections		
*Antifungals*** - Drugs For Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL (1 EA per 1 day)
*Imidazoles*** - Drugs For Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*Triazoles*** - Drugs For Fungus		
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (105 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 25 days)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
Antihistamines - Drugs For The Lungs		
*Antihistamines - Alkylamines*** - Drugs For Allergies		
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	Tier 3	PA
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
*Antihistamines - Ethanolamines*** - Drugs For Allergies		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 1	OTC
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
<i>diphedryl oral elixir 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>di-phen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>di-phen oral liquid 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphendryl oral capsule 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphenhydramine hcl oral tablet 25 mg, 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5ML)	Tier 1	
Carbinoxamine Maleate (Arbinoxa Oral Tablet 4 Mg)	Tier 1	
*Antihistamines - Non-Sedating*** - Drugs For Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl childrens alrgy oral syrup 1 mg/ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine oral solution 5 mg/5ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
*Antihistamines - Phenothiazines*** - Drugs For Allergies		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenergan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
*Antihistamines - Piperidines*** - Drugs For Allergies		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	AGE (Max 64 Years)
Antihyperlipidemics - Drugs For The Heart		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 2	PA

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

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Drug Name	Formulary Status	Requirements/Limits
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 2	PA
*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
*Nicotinic Acid Derivatives*** - Drugs For Cholesterol		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 2	QL (4 EA per 1 day)
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	Tier 2	
*Pcsk9 Inhibitors*** - Drugs For Cholesterol		
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 - Drugs For The Heart		
*Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Ace Inhibitors*** - Drugs For High Blood Pressure		
<i>benazepril hcl oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg, 5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>captopril oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>lisinopril oral tablet 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>perindopril erbumine oral tablet 8 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Agents For Pheochromocytoma*** - Drugs For High Blood Pressure		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 4	
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 2	QL (1 EA per 1 day)
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 2	ST; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG (Azilsartan Medoxomil)	Tier 2	ST; QL (1 EA per 1 day)
TEVETEN ORAL TABLET 600 MG (Eprosartan Mesylate)	Tier 2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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

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

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Drug Name	Formulary Status	Requirements/Limits
*Oxazolidinones*** - Antibiotics		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 2	PA
<i>linezolid oral tablet 600 mg</i>	Tier 2	PA
*Urinary Anti-Infectives*** - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
Antimalarials - Drugs For Infections		
*Antimalarial Combinations*** - Drugs For Parasites		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antimalarials*** - Drugs For Parasites		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	QL (30 EA per 25 days)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (20 EA per 25 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (10 EA per 25 days)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	Tier 1	PA; QL (21 EA per 25 days)
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles		
*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
Antimycobacterial Agents - Drugs For Infections		
*Anti Tb Combinations*** - Antibiotics		
RIFATER ORAL TABLET 50-120-300 MG (Isoniazid-Rifamp-Pyrazinamide)	Tier 2	
*Antimycobacterial Agents*** - Antibiotics		
SIRTURO ORAL TABLET 20 MG (Bedaquiline Fumarate)	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 2	PA
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
SIRTURO ORAL TABLET 100 MG (Bedaquiline Fumarate)	Tier 2	
TRECTOR ORAL TABLET 250 MG (Ethionamide)	Tier 2	
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
*Antiadrenals*** - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 4	PA; ONC (ONC)
*Antiandrogens*** - Drugs For Cancer		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	Tier 2	
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 2	
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	ONC (ONC); QL (3 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i>	Tier 1	PA; ONC (ONC)
*Antiestrogens*** - Drugs For Cancer		
<i>toremifene citrate oral tablet 60 mg</i>	Tier 2	PA; ONC (ONC); QL (1 EA per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; ONC (ONC)
*Antimetabolites*** - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	PA; ONC (ONC)
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 4	PA; ONC (ONC)
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	ONC (ONC)
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	QL (10 ML per 30 days)
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 4	PA; ONC (ONC); QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 4	PA; QL (3 EA per 1 day)
*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer		
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (Dasatinib)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (Dasatinib)	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (Nilotinib HCl)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 4	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
*Antineoplastic - Immunomodulators*** - Drugs For Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
<i>everolimus oral tablet soluble 3 mg</i>	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 4	PA; ONC (ONC); QL (6 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
<i>vandetanib oral tablet 100 mg</i>	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
<i>vandetanib oral tablet 300 mg</i>	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 4	PA; ONC (ONC); QL (3 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG (PAZOPanib HCl)	Tier 4	PA; ONC (ONC); QL (4 EA per 1 day)
*Antineoplastics Misc.*** - Drugs For Cancer		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 4	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 4	PA; ONC (ONC)
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	ONC (ONC)
*Aromatase Inhibitors*** - Drugs For Cancer		
<i>exemestane oral tablet 25 mg</i>	Tier 2	
<i>anastrozole oral tablet 1 mg</i>	Tier 1	MAIL
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	ONC (ONC); QL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
*Estrogens-Antineoplastic*** - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 4	PA; ONC (ONC)
*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	ONC (ONC)
*Imidazotetrazines*** - Drugs For Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; ONC (ONC)
*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
*Lhrh Analogs*** - Drugs For Cancer		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 4	PA
*Mitotic Inhibitors*** - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 4	PA; ONC (ONC)

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

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Drug Name	Formulary Status	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC (ONC); QL (2 EA per 1 day)
Antiparkinson And Related Therapy Agents - Drugs For The Nervous System		
*Antiparkinson Anticholinergics*** - Drugs For Parkinson		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
*Antiparkinson Dopaminergics*** - Drugs For Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson		
<i>tolcapone oral tablet 100 mg</i>	Tier 2	PA
*Decarboxylase Inhibitors*** - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 2	
*Levodopa Combinations*** - Drugs For Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-200-75 mg, 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>atamet oral tablet 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4	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 3	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 1	MAIL
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MAIL
*Peripheral Comt Inhibitors*** - Drugs For Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 2	QL (8 EA per 1 day)
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
*Antimanic Agents*** - Drugs For Severe Mental Disorders		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
*Benzisoxazoles*** - Drugs For Severe Mental Disorders		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	PA
<i>risperidone oral tablet dispersible 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)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone)	Tier 2	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone)	Tier 2	PA
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg, 3 Mg)	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years)
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years)
*Butyrophenones*** - Drugs For Severe Mental Disorders		
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Dibenzodiazepines*** - Drugs For Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
*Dibenzothiazepines*** - Drugs For Severe Mental Disorders		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
*Dibenzoxazepines*** - Drugs For Severe Mental Disorders		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Phenothiazines*** - Drugs For Severe Mental Disorders		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	AGE (Min 6 Years)
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	AGE (Min 6 Years)
Prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders		
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	AGE (Max 11 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
*Thioxanthenes*** - Drugs For Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
Antiseptics & Disinfectants - Antiseptics And Disinfectants		
*Chlorine Antiseptics*** - Antiseptics And Disinfectants		
<i>chlorhexidine gluconate external liquid 4 %</i>	Tier 1	OTC
<i>chlorhexidine gluconate external solution 4 %</i>	Tier 1	OTC
Antivirals - Drugs For Infections		
*Antiretroviral Combinations*** - Drugs For Viral Infections		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 2	QL (2 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals Adjuvants*** - Drugs For Viral Infections		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day)
*Antiviral Combinations*** - Drugs For Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG, 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
*Cmv Agents*** - Drugs For Viral Infections		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 4	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 4	PA
*Hepatitis B Agents*** - Drugs For Viral Infections		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 2	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 2	PA
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections		
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	Tier 4	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Tier 4	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 4	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 4	PA; QL (1 EA per 1 day)
*Hepatitis C Agents*** - Drugs For Viral Infections		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 4	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 4	PA
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 4	PA; QL (1 EA per 1 day)
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
*Influenza Agents*** - Drugs For Viral Infections		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
*Neuraminidase Inhibitors*** - Drugs For Viral Infections		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER (Zanamivir)	Tier 2	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (25 ML per 1 day); AGE (Max 12 Years)
*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 2	QL (1 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
Beta Blockers - Drugs For The Heart		
*Alpha-Beta Blockers*** - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure		
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MAIL
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl af oral tablet 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL
Calcium Channel Blockers - Drugs For The Heart		
*Calcium Channel Blockers*** - Drugs For High Blood Pressure		
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Tier 2	PA
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 25.5 MG (Nisoldipine)	Tier 2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (Verapamil HCl)	Tier 2	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 300 MG (Verapamil HCl)	Tier 2	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>dilt-cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isradipine oral capsule 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
NIFEdipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 90 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiotonics - Drugs For The Heart		
*Cardiac Glycosides*** - Drugs For The Heart		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc. - Drugs For The Heart		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
*Peripheral Vasodilators*** - Drugs For High Blood Pressure		
<i>niacin flush free oral capsule 500 mg</i>	Tier 1	MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 4	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 4	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 4	PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 4	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 4	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure		
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 4	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 4	PA; QL (2 EA per 1 day)
*Sinus Node Inhibitors** - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
CORLANOR ORAL TABLET 5 MG, 7.5 MG (Ivabradine HCl)	Tier 2	PA; MAIL
Cephalosporins - Drugs For Infections		
*Cephalosporins - 1St Generation*** - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Cephalosporins - 2Nd Generation*** - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	QL (20 EA per 10 days)
*Cephalosporins - 3Rd Generation*** - Antibiotics		
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Tier 1	
Contraceptives - Drugs For Women		
*Biphasic Contraceptives - Oral*** - Birth Control Pills		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Oral*** - Birth Control Pills		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty drug with non-specialty cost-sharing **ST** - Step Therapy

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

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Drug Name	Formulary Status	Requirements/Limits
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (Levonorgestrel-Eth Estrad-Fe Bisg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-0.03 Mg, 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gemmiy Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Gianvi Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Gildagia Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Ethinodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
Ethinodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Transdermal*** - Birth Control Pills		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (3 EA per 28 days)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
*Combination Contraceptives - Vaginal*** - Birth Control Pills		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PREV	MAIL; QL (0.05 EA per 1 day)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
Etonogestrel-Ethinyl Estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
*Continuous Contraceptives - Oral*** - Birth Control Pills		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Dolishale Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
*Copper Contraceptives - Iud*** - Birth Control Pills		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 days)
*Emergency Contraceptives*** - Birth Control Pills		
<i>levonorgestrel oral tablet 1.5 mg</i>	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills		
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)

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

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Drug Name	Formulary Status	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
*Progestin Contraceptives - Iud*** - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
*Progestin Contraceptives - Oral*** - Birth Control Pills		
<i>norethindrone oral tablet 0.35 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jolivette Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	MAIL; OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	
Norethindrone (Tulana Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Triphasic Contraceptives - Oral*** - Birth Control Pills		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Myzilra Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	MAIL; QL (1 EA per 1 day)
Corticosteroids - Hormones		
*Glucocorticosteroids*** - Drugs For Inflammation		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 2	PA
<i>cortisone acetate oral tablet 25 mg</i>	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Oral Solution 15 Mg/5MI)	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5MI)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5MI)	Tier 1	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5MI)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
PredniSONE (Deltasone Oral Tablet 20 Mg)	Tier 1	
*Mineralocorticoids*** - Drugs For Inflammation		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MAIL
Cough/Cold/Allergy - Drugs For The Lungs		
*Antitussive - Nonnarcotic*** - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
*Antitussive - Opioid*** - Drugs For Cough And Cold		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	
*Antitussive-Expectorant*** - Drugs For Cough And Cold		
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>gani-tuss dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>gani-tuss nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	OTC
<i>myci-gc oral solution 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>mytussin ac oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pulexn dm oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>robafen ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
Guaifenesin-Codeine (Romilar Ac Oral Solution 100-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
*Decongestant & Antihistamine*** - Drugs For Cough And Cold		
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	Tier 2	OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>loratadine-pseudoephedrine er oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
*Decongestant W/ Expectorant*** - Drugs For Cough And Cold		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	OTC
*Expectorants*** - Drugs For Cough And Cold		
<i>ganidin-nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>guaifenesin nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Tier 1	OTC
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Tier 1	OTC
GuaiFENesin (Organidin Nr Oral Tablet 200 Mg)	Tier 1	
*Misc. Respiratory Inhalants*** - Drugs For Allergies		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
Sodium Chloride (Nebusal Inhalation Nebulization Solution 3 %)	Tier 1	
Sodium Chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 1	
*Mucolytics*** - Drugs For The Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
<i>genebrom dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Bromfed Dm Oral Syrup 30-2-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Decon-Dm Oral Syrup 30-2-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
DIMETANE DX ORAL SYRUP 30-2-10 MG/5ML (Pseudoeph-Bromphen-DM)	Tier 1	OTC; QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
<i>phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Dermatologicals - Drugs For The Skin		
*Acne Antibiotics*** - Drugs For The Skin		
<i>clindamycin phosphate external gel 1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	Tier 2	QL (60 ML per 25 days)
Clindamycin Phosphate (Clindamax External Gel 1 %)	Tier 2	QL (60 GM per 25 days)
Clindamycin Phosphate (Clindamax External Lotion 1 %)	Tier 2	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1	QL (60 ML per 25 days)
<i>sodium sulfacetamide external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium external suspension 10 %</i>	Tier 1	
*Acne Combinations*** - Drugs For The Skin		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 2	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Tier 2	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 2	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 2	PA
<i>sulfacetamide-sulfur wash external emulsion 10-4 %</i>	Tier 1	
Sulfacetamide-Sulfur in Urea (Claris Clarifying Wash External Emulsion 10-4 %)	Tier 1	
*Acne Products*** - Drugs For The Skin		
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOTretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	PA
Tretinoin (Avita External Cream 0.025 %)	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
Tretinoin (Avita External Gel 0.025 %)	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOTretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
ISOTretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Sotret Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
<i>acne medication-5 external gel 5 %</i>	Tier 1	
<i>adapalene treatment external gel 0.1 %</i>	Tier 1	OTC
<i>benzoyl peroxide external gel 10 %</i>	Tier 1	
<i>benzoyl peroxide external gel 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide external liquid 10 %</i>	Tier 1	OTC; QL (240 EA per 25 days)
<i>benzoyl peroxide external liquid 5 %</i>	Tier 1	QL (240 EA per 25 days)
<i>benzoyl peroxide external lotion 10 %, 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Tier 1	QL (240 GM per 25 days)
<i>benzoyl peroxide wash external liquid 5 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>bp foaming wash external liquid 10 %</i>	Tier 1	QL (240 GM per 25 days)
<i>bp gel external gel 10 %</i>	Tier 1	OTC
<i>bp wash external liquid 10 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>del-aqua external gel 5 %</i>	Tier 1	
Benzoyl Peroxide (Clearplex X External Gel 10 %)	Tier 1	
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
DIFFERIN EXTERNAL LOTION 0.1 % (Adapalene)	Tier 1	ST; QL (59 ML per 25 days); AGE (Min 10 Years and Max 35 Years)
Benzoyl Peroxide (Ethexderm Bpw-10 External Liquid+ 10 %)	Tier 1	QL (240 GM per 25 days)
Benzoyl Peroxide (Ethexderm Bpw-5 External Liquid+ 5 %)	Tier 1	QL (240 GM per 25 days)
Benzoyl Peroxide (Solucenz Rx External Gel 5 %)	Tier 1	
*Agents For External Genital And Perianal Warts*** - Drugs For The Skin		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 2	PA
*Antibiotic Mixtures Topical*** - Drugs For The Skin		
<i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</i>	Tier 1	OTC
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus max st external ointment 1 %</i>	Tier 1	OTC
*Antibiotics - Topical*** - Drugs For The Skin		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 2	PA
<i>antibiotic external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	OTC
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
*Antifungals - Topical Combinations*** - Drugs For The Skin		
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 2	QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 2	QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	QL (60 ML per 25 days)
*Antifungals - Topical*** - Drugs For The Skin		
NAFTIN EXTERNAL GEL 2 % (Naftifine HCl)	Tier 3	
<i>naftifine hcl external cream 1 %</i>	Tier 2	PA
<i>naftifine hcl external gel 1 %</i>	Tier 2	PA
<i>naftifine hcl external gel 2 %</i>	Tier 2	
NAFTIN EXTERNAL CREAM 1 % (Naftifine HCl)	Tier 2	
NAFTIN EXTERNAL GEL 1 % (Naftifine HCl)	Tier 2	PA
NAFTIN-MP EXTERNAL CREAM 1 % (Naftifine HCl)	Tier 2	
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 1	OTC
<i>antifungal external solution 1 %</i>	Tier 1	OTC
<i>antifungal foot external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>butenafine hcl external cream 1 %</i>	Tier 1	OTC
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (90 GM per 25 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>pedi-dri external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>tolnaftate external aerosol powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external cream 1 %</i>	Tier 1	OTC
<i>tolnaftate external powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external solution 1 %</i>	Tier 1	
Ciclopirox Olamine (Ciclodan External Cream 0.77 %)	Tier 1	QL (90 GM per 25 days)
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOZYL AL EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nyata External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
*Antihistamine-Topical Combinations*** - Drugs For The Skin		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Tier 1	OTC
*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin		
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	OTC; QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
VOLTAREN TRANSDERMAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin		
<i>fluorouracil external cream 5 %</i>	Tier 2	
*Antineoplastic Retinoids - Topical*** - Drugs For The Skin		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 4	PA
*Antipsoriatics - Systemic*** - Drugs For The Skin		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 4	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 Days); Preferred Brand
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 4	PA; QL (0.5 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 4	PA; QL (1 ML per 56 days); Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	PA
*Antipsoriatics*** - Drugs For The Skin		
<i>calcipotriene external ointment 0.005 %</i>	Tier 2	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 2	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>tazarotene external gel 0.05 %</i>	Tier 2	PA; QL (100 GM per 25 days)
<i>tazarotene external gel 0.1 %</i>	Tier 2	PA
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	PA
TAZORAC EXTERNAL CREAM 0.05 % (Tazarotene)	Tier 2	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (Calcitriol)	Tier 2	
*Antiseborrheic Products*** - Drugs For The Skin		
<i>anti-dandruff external shampoo 1 %</i>	Tier 1	OTC
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
*Antivirals - Topical*** - Drugs For The Skin		
<i>acyclovir external ointment 5 %</i>	Tier 2	PA
<i>docosanol external cream 10 %</i>	Tier 1	OTC; QL (2 GM per 25 days)
<i>penciclovir external cream 1 %</i>	Tier 1	PA
*Burn Products*** - Drugs For The Skin		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 2	QL (454 GM per 25 days)
<i>mafenide acetate external packet 5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd Af External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Thermazene External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
*Corticosteroids - Topical*** - Drugs For The Skin		
<i>amcinonide external cream 0.1 %</i>	Tier 2	
<i>amcinonide external lotion 0.1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>amcinonide external ointment 0.1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>clobetasol propionate external solution 0.05 %</i>	Tier 2	QL (50 ML per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 2	QL (60 GM per 25 days)
<i>desoximetasone external gel 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 2	QL (60 GM per 25 days)
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 2	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 2	QL (120 ML per 25 days)
<i>flurandrenolide external cream 0.05 %</i>	Tier 2	QL (30 GM per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	Tier 2	QL (120 ML per 25 days)
<i>halcinonide external cream 0.1 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>isovate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>prednicarbate external cream 0.1 %</i>	Tier 2	
<i>prednicarbate external ointment 0.1 %</i>	Tier 2	QL (60 GM per 30 days)
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 2	PA; QL (60 GM per 25 days)
Diflorasone Diacetate (Apexicon External Ointment 0.05 %)	Tier 2	QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 2	PA
Clobetasol Propionate (Cormax External Cream 0.05 %)	Tier 2	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Ointment 0.05 %)	Tier 2	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Solution 0.05 %)	Tier 2	QL (50 ML per 25 days)
Clobetasol Propionate (Cormax Scalp Application External Solution 0.05 %)	Tier 2	QL (50 ML per 25 days)
DERMATOP EXTERNAL CREAM 0.1 % (Prednicarbate)	Tier 2	
DERMATOP EXTERNAL OINTMENT 0.1 % (Prednicarbate)	Tier 2	
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 2	PA; QL (60 GM per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 2	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 2	QL (120 ML per 25 days)
PSORCON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 2	
PSORCON EXTERNAL CREAM 0.05 % (Diflorasone Diacetate)	Tier 2	
<i>ala-cort external cream 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ala-cort external lotion 1 %</i>	Tier 1	QL (120 ML per 25 days)
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alphatrex external gel 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>del-beta external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>desonide external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (150 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>fluocinonide-e external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone anti-itch external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %, 5 mg/ml</i>	Tier 1	OTC; QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone intensive heal external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone max st external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone max st external ointment 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone/aloe max str external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (15 GM per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (15 GM per 25 days)
Betamethasone Valerate (Beta-Val External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)
Hydrocortisone (Hydrocortisone In Absorbase External Ointment 1 %)	Tier 1	QL (60 GM per 25 days)
Hydrocortisone (Procto-Kit External Cream 1 %)	Tier 1	QL (60 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)
Triamcinolone Acetonide (Triderm External Ointment 0.1 %)	Tier 1	QL (454 GM per 25 days)
*Emollients*** - Drugs For The Skin		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
<i>petrolatum & lanolin external ointment</i>	Tier 1	OTC
AMLACTIN EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 1	OTC; QL (280 GM per 25 days)
*Enzymes - Topical*** - Drugs For The Skin		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 2	PA; QL (60 GM per 25 days)
*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin		
<i>sulconazole nitrate solution 1 % external</i>	Tier 3	PA
<i>econazole nitrate external cream 1 %</i>	Tier 2	PA
<i>luliconazole external cream 1 %</i>	Tier 2	PA
<i>oxiconazole nitrate external cream 1 %</i>	Tier 2	PA; QL (90 GM per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	Tier 2	PA
<i>sulconazole nitrate external solution 1 %</i>	Tier 2	
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 2	PA
EXELDERM EXTERNAL CREAM 1 % (Sulconazole Nitrate)	Tier 2	
EXELDERM EXTERNAL SOLUTION 1 % (Sulconazole Nitrate)	Tier 2	
LUZU EXTERNAL CREAM 1 % (Luliconazole)	Tier 2	
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 2	PA
<i>antifungal external cream 2 %</i>	Tier 1	OTC
<i>antifungal external powder 2 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>clotrimazole af external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Tier 1	
<i>clotrimazole athletes foot external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (120 ML per 25 days)
<i>miconazole nitrate external aerosol powder 2 %</i>	Tier 1	OTC
<i>miconazole nitrate external cream 2 %</i>	Tier 1	
FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION 1 % (Clotrimazole)	Tier 1	OTC
Ketoconazole (Kuric External Cream 2 %)	Tier 1	QL (60 GM per 25 days)
Miconazole Nitrate (Nuzole External Cream 2 %)	Tier 1	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days)
*Keratolytic/Antimitotic/Vesicant Agents*** - Drugs For The Skin		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)
*Local Anesthetics - Topical*** - Drugs For The Skin		
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (90 EA per 25 days)
Lidocaine (Lidocan External Patch 5 %)	Tier 2	
Lidocaine (Lidocan Ii External Patch 5 %)	Tier 2	
<i>capsaicin external cream 0.1 %</i>	Tier 1	OTC
<i>lidocaine external cream 4 %</i>	Tier 1	OTC; QL (90 GM per 25 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine pain relief external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
<i>lidocaine pain relieving external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 1	OTC
*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin		
<i>pimecrolimus external cream 1 %</i>	Tier 3	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 2	PA; QL (30 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Misc. Topical Combinations*** - Drugs For The Skin		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 1	OTC
*Misc. Topical*** - Drugs For The Skin		
<i>aluminum chloride external solution 20 %</i>	Tier 1	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
*Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin		
<i>tavaborole external solution 5 %</i>	Tier 3	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
*Rosacea Agents*** - Drugs For The Skin		
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 2	PA
<i>metronidazole external cream 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external lotion 0.75 %</i>	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Vitzol External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
*Scabicide Combinations*** - Drugs For The Skin		
<i>lice killing external shampoo 0.33-4 %</i>	Tier 1	OTC
<i>lice killing maximum strength external liquid 0.33-4 %</i>	Tier 1	OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 1	OTC
<i>lice solution combination kit 0.33-4-0.5 %</i>	Tier 1	OTC
<i>lice solution complete combination kit 0.33-4-0.5 %</i>	Tier 1	OTC
<i>lice treatment external liquid 0.33-4 %</i>	Tier 1	OTC
<i>lice treatment max st combination kit 0.33-4-0.5 %</i>	Tier 1	OTC
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 1	OTC
*Scabicides & Pediculicides*** - Drugs For The Skin		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 3	PA; ST
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	Tier 2	PA; OTC; QL (117 GM per 25 days)
<i>ivermectin external lotion 0.5 %</i>	Tier 2	PA; QL (117 GM per 25 days)
<i>spinosad external suspension 0.9 %</i>	Tier 2	QL (120 ML per 25 days)
NATROBA EXTERNAL SUSPENSION 0.9 % (Spinosad)	Tier 2	
<i>lice control aerosol† 0.5 %</i>	Tier 1	OTC
<i>lice treatment external liquid 1 %</i>	Tier 1	OTC
<i>lindane external shampoo 1 %</i>	Tier 1	QL (60 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>malathion external lotion 0.5 %</i>	Tier 1	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	QL (120 GM per 25 days)
<i>permethrin external liquid 1 %</i>	Tier 1	OTC
<i>permethrin external lotion 1 %</i>	Tier 1	OTC
<i>permethrin lice treatment external lotion 1 %</i>	Tier 1	OTC
Permethrin (Acticin External Cream 5 %)	Tier 1	QL (120 GM per 25 days)
*Seborrheic Keratosis Products** - Drugs For The Skin		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 2	PA
*Skin Protectants*** - Drugs For The Skin		
<i>dry skin external cream</i>	Tier 1	OTC
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 1	OTC
*Topical Anesthetic Combinations*** - Drugs For The Skin		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>lidopril external cream 2.5-2.5 %</i>	Tier 1	QL (60 EA per 25 days)
Lidocaine-Prilocaine (Relador Pak External Cream 2.5-2.5 %)	Tier 1	QL (60 EA per 25 days)
*Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin		
<i>bexarotene external gel 1 %</i>	Tier 4	PA
*Topical Steroid Combinations*** - Drugs For The Skin		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 2	PA; QL (120 GM per 25 days)
*Wound Care - Growth Factor Agents*** - Drugs For The Skin		
REGGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 2	PA; QL (15 GM per 25 days)
Diagnostic Products		
*Diagnostic Tests***		
RELION KETONE IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION KETONE TEST IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
*Infection Tests***		
<i>covid-19 at home antigen test in vitro kit</i>	DME	OTC; QL (2 EA per 30 days)

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

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Drug Name	Formulary Status	Requirements/Limits
Endocrine And Metabolic Agents - Misc. - Hormones		
*Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women		
<i>mifepristone oral tablet 200 mg</i>	Tier 4	QL (1 EA per 1 day)
*Bisphosphonates*** - Drugs For Menopause And Bone Loss		
<i>risedronate sodium oral tablet 35 mg</i>	Tier 3	MAIL; QL (0.143 EA per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	QL (0.036 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MAIL; QL (0.143 EA per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.036 EA per 1 day)
*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 3	PA
*Calcitonins*** - Drugs For Menopause And Bone Loss		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day)
*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	MAIL
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MAIL
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	MAIL
MCCARNITINE ORAL TABLET 330 MG (LevOCARNitine)	Tier 1	MAIL; OTC
*Dopamine Receptor Agonists*** - Drugs For Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
*Growth Hormone Receptor Antagonists*** - Drugs For Growth		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 4	PA
*Growth Hormones*** - Drugs For Growth		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 4	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss		
<i>betaine oral powder</i>	Tier 4	PA
*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	MAIL
*Insulin-Like Growth Factors (Somatomedins)*** - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 4	PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 4	PA
*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 4	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 4	PA
*Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss		
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 4	PA
Sapropterin Dihydrochloride (Javygtor Oral Packet 100 Mg)	Tier 4	PA
Sapropterin Dihydrochloride (Javygtor Oral Tablet 100 Mg)	Tier 4	PA
*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 3	PA; QL (1 EA per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists*** - Hormones		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 4	PA
*Somatostatic Agents*** - Drugs For Growth		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA
*Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss		
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Vasopressin*** - Hormones		
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 4	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (Desmopressin Acetate)	Tier 4	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 2	PA
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 2	PA
Desmopressin Ace Spray Refrig (Minirin Nasal Solution 0.1 Mg/MI)	Tier 2	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
Estrogens - Hormones		
*Estrogen & Progestin*** - Drugs For Women		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jevantique Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Estrogens*** - Drugs For Women		
<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)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 2	QL (4 EA per 23 days)
Estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 2	QL (8 EA per 23 days)
Estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 2	QL (8 EA per 23 days)

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Drug Name	Formulary Status	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens)	Tier 2	MAIL; QL (1 EA per 1 day)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (Estradiol)	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; MAIL
*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 2	QL (1 EA per 1 day)
Fluoroquinolones - Drugs For Infections		
*Fluoroquinolones*** - Antibiotics		
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 2	PA
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
*Antiflatulents*** - Drugs For The Stomach		
<i>gas relief oral tablet chewable 80 mg</i>	Tier 1	OTC
<i>simethicone drops infants oral liquid 20 mg/0.3ml</i>	Tier 1	OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Tier 1	OTC
<i>simethicone extra strength oral capsule 125 mg</i>	Tier 1	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	Tier 1	OTC
<i>simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Tier 1	OTC
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	Tier 1	OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 1	OTC
*Gallstone Solubilizing Agents*** - Drugs For The Stomach		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA
*Gastrointestinal Stimulants*** - Drugs For The Stomach		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>metoclopramide hcl oral solution 1 mg/ml, 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linacotide)	Tier 2	PA; MAIL
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 2	PA
*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease		
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (Mesalamine)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 2	
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Ec Oral Tablet Delayed Release 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Oral Tablet 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease		
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 4	PA; QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 4	PA; QL (2.4 ML per 56 days); Preferred Brand
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 4	PA; Preferred Brand
*Intestinal Acidifiers*** - Drugs For The Stomach		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>lactulose encephalopathy oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	MAIL
*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach		
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 4	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 2	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 2	PA
*Phosphate Binder Agents*** - Drugs For The Stomach		
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 2	ST
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	ST
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 2	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate		
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Citrates*** - Drugs For Infections		
<i>citric acid-sodium citrate oral solution 334-500 mg/5ml</i>	Tier 1	
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Tier 1	OTC
<i>cytra-k oral solution 1100-334 mg/5ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	QL (3 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	Tier 1	
Sod Citrate-Citric Acid (Liqui-Dualcitra Oral Solution 500-334 Mg/5MI)	Tier 1	
*Cystinosis Agents*** - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 4	PA
*Genitourinary Irrigants*** - Drugs For The Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
Sodium Chloride (GU Irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
Sodium Chloride (GU Irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
*Interstitial Cystitis Agents*** - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 2	PA
*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
*Urinary Analgesics*** - Drugs For Infections		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
Phenazopyridine HCl (Phenazo Oral Tablet 200 Mg)	Tier 1	QL (3 EA per 1 day)
Gout Agents - Drugs For Pain And Fever		
*Gout Agent Combinations*** - Gout Drugs		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Gout Agents*** - Gout Drugs		
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MAIL
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (30 EA per 90 days)
*Uricosurics*** - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Hematological Agents - Misc. - Drugs For The Blood		
*Antihemophilic Products*** - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 4	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 4	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (Coagulation Factor IX)	Tier 4	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 4	PA
REFACTO INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor (Recomb))	Tier 4	PA
*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 4	PA
Icatibant Acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)	Tier 4	PA
*C1 Esterase Inhibitors*** - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 4	PA
*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 2	PA; QL (2 EA per 1 day)
*Hematorheologic Agents*** - Drugs For The Blood		
<i>pentopak oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Pentoxifylline (Pentoxil Oral Tablet Extended Release 400 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL
*Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
*Platelet Aggregation Inhibitors*** - Drugs For The Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL
*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 2	PA; QL (1 EA per 1 day)
*Quinazoline Agents*** - Drugs For The Blood		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	MAIL
*Spleen Tyrosine Kinase (Syk) Inhibitors*** - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 4	PA; QL (2 EA per 1 Day)
*Thienopyridine Derivatives*** - Drugs For The Blood		
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Hematopoietic Agents - Drugs For Nutrition		
*Agents For Gaucher Disease*** - Drugs For Nutrition		
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 4	PA
*Cobalamins*** - Drugs For Nutrition		
<i>b-12 oral tablet 100 mcg, 250 mcg</i>	Tier 1	OTC
<i>cobal-1000 injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	OTC
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 1	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 1	OTC
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/ML)	Tier 1	QL (10 ML per 25 days)
*Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
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*** - Drugs For Nutrition		
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
<i>folic acid oral tablet 1 mg</i>	Tier 1	MAIL
<i>folic acid oral tablet 400 mcg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>folic acid oral tablet 800 mcg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
<i>kp folic acid oral tablet 1 mg</i>	Tier 1	MAIL; OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 4	PA; QL (7 ML per 12 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 4	PA; QL (11.2 ML per 12 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-bmez)	Tier 4	PA; QL (0.6 ML per 11 days)
*Iron Combinations*** - Drugs For Nutrition		
<i>ferocon oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrinic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>foltrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>martinic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tl icon oral capsule</i>	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Conison Oral Capsule)	Tier 1	QL (2 EA per 1 day)
Iron Polysacch Cmplx-B12-FA (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 1	QL (2 EA per 1 day)
*Iron*** - Drugs For Nutrition		
<i>ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg</i>	Tier 1	OTC
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate cr oral tablet extended release 160 (50 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Tier 1	OTC
<i>ferrous sulfate iron oral tablet 200 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	Tier 1	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Tier 1	OTC
<i>iron (ferrous sulfate) oral tablet extended release 142 (45 fe) mg</i>	Tier 1	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>iron oral tablet extended release 142 (45 fe) mg</i>	Tier 1	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Tier 1	OTC
<i>polysaccharide iron oral capsule 150 mg</i>	Tier 1	
<i>ra slow release iron oral tablet extended release 47.5 mg</i>	Tier 1	OTC
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 1	OTC
<i>wee care oral suspension 15 mg/1.25ml</i>	Tier 1	OTC
*Iron-B12-Folate*** - Drugs For Nutrition		
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG (Polysaccharide Iron-FA-B12)	Tier 1	OTC
*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 4	PA; QL (3 EA per 1 Day)
PROMACTA ORAL TABLET 12.5 MG (Eltrombopag Olamine)	Tier 4	PA; QL (1 EA per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG (Eltrombopag Olamine)	Tier 4	PA; QL (2 EA per 1 day)
Hemostatics - Drugs For The Blood		
*Hemostatics - Systemic*** - Drugs To Prevent Bleeding		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	QL (236.5 ML per 30 days); AGE (Max 12 Years)
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents - Drugs For The Nervous System		
*Antihistamine Hypnotics*** - Drugs For Insomnia		
<i>diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg</i>	Tier 1	OTC
<i>nitetime sleep-aid oral tablet 25 mg</i>	Tier 1	OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 1	OTC
*Barbiturate Hypnotics*** - Drugs For Insomnia		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral solution 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day)
*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
*Hypnotics - Tricyclic Agents*** - Drugs For Insomnia		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 2	PA
*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
*Orexin Receptor Antagonists*** - Drugs For Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 2	PA
*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia		
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 2	PA
Laxatives - Drugs For The Stomach		
*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation		
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	
*Bulk Laxatives*** - Drugs To Prevent Constipation		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>clear soluble fiber oral powder</i>	Tier 1	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 1	OTC
<i>cvs natural fiber supplement oral packet 58.6 %</i>	Tier 1	OTC
<i>daily fiber oral capsule 400 mg</i>	Tier 1	OTC
<i>daily fiber oral powder 43 %</i>	Tier 1	OTC
<i>fiber laxative oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral powder 28.3 %, 48.57 %, 58.6 %</i>	Tier 1	OTC
<i>fiber oral tablet 625 mg</i>	Tier 1	OTC
<i>fiber therapy oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber therapy oral tablet 500 mg</i>	Tier 1	OTC
<i>konsyl original daily fiber oral packet 100 %</i>	Tier 1	OTC
<i>natural vegetable fiber oral powder 48.57 %</i>	Tier 1	OTC
<i>psyllium husk oral powder 100 %</i>	Tier 1	OTC
<i>psyllium oral powder 33 %</i>	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
METAMUCIL SMOOTH TEXTURE ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>glycerin (adult) rectal suppository 80.7 %</i>	Tier 1	OTC
<i>glycerin (child) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (infant) rectal suppository 80.7 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>glycerin (infants & children) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Tier 1	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	MAIL
<i>peg 3350 oral packet 17 gm</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC; QL (527 GM per 25 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Tier 1	QL (2 EA per 1 day)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	QL (527 GM per 25 days)
<i>polyethylene glycol 3350-grx oral powder</i>	Tier 1	OTC; QL (527 GM per 25 days)
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
Polyethylene Glycol 3350 (Pegylax Oral Powder 17 Gm/Scoop)	Tier 1	QL (527 GM per 25 days)
*Laxatives & Dss*** - Drugs To Prevent Constipation		
<i>senna plus oral capsule 50-8.6 mg</i>	Tier 1	OTC
<i>senna s oral tablet 8.6-50 mg</i>	Tier 1	OTC
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
*Lubricant Laxatives*** - Drugs To Prevent Constipation		
<i>mineral oil heavy oral oil</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	OTC
<i>mineral oil rectal enema</i>	Tier 1	OTC
*Saline Laxative Mixtures*** - Drugs To Prevent Constipation		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 2	PA
<i>enema disposable enema 19-7 gm/118ml</i>	Tier 1	OTC
*Saline Laxatives*** - Drugs To Prevent Constipation		
<i>magnesium citrate oral solution , 1.745 gm/30ml</i>	Tier 1	OTC
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 1	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	Tier 1	OTC
*Stimulant Laxatives*** - Drugs To Prevent Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Tier 1	
<i>bisacodyl laxative oral tablet delayed release 5 mg</i>	Tier 1	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Tier 1	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	Tier 1	OTC
<i>senna maximum strength oral tablet 25 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>senna oral liquid 8.8 mg/5ml</i>	Tier 1	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	
*Surfactant Laxatives*** - Drugs To Prevent Constipation		
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	OTC
<i>docusate sodium oral capsule 100 mg</i>	Tier 1	OTC
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	
<i>docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml</i>	Tier 1	OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	OTC
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	OTC
<i>stool softener oral capsule 250 mg</i>	Tier 1	OTC
COLACE ORAL CAPSULE 50 MG (Docusate Sodium)	Tier 1	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
DOK ORAL CAPSULE 250 MG (Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
Macrolides - Drugs For Infections		
*Azithromycin*** - Antibiotics		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (2 EA per 25 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
*Clarithromycin*** - Antibiotics		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
*Erythromycins*** - Antibiotics		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (Erythromycin Stearate)	Tier 2	
*Fidaxomicin*** - Antibiotics		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 2	PA
Medical Devices And Supplies - Medical Supplies And Durable Medical Equipment		
*Applicators,Cotton Balls,Etc*** - Medical Supplies And Durable Medical Equipment		
<i>alcohol pads pad 70 %</i>	Tier 1	OTC; QL (200 EA per 25 days)
<i>alcohol wipes pad</i>	Tier 1	QL (200 EA per 25 days)
ALCOH-GLOVE CONTOURED WIPE PAD (Alcohol Swabs)	Tier 1	QL (200 EA per 25 days)
*Cervical Caps*** - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM (Cervical Caps)	PREV	
*Condoms - Female*** - Medical Supplies And Durable Medical Equipment		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
*Condoms - Male*** - Medical Supplies And Durable Medical Equipment		
<i>condoms</i>	PREV	OTC; QL (12 EA per 45 days)
<i>kimono micro thin</i>	PREV	OTC; QL (12 EA per 45 days)
<i>premium condoms lubricated</i>	PREV	OTC; QL (12 EA per 45 days)
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	OTC; QL (12 EA per 45 days)
*Diaphragms*** - Medical Supplies And Durable Medical Equipment		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment		
<i>lancets</i>	DME	OTC
<i>lancets 28g</i>	DME	OTC
<i>lancets 30g</i>	DME	OTC
<i>lancets 33g</i>	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 Days)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 Days)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
*Nebulizers*** - Medical Supplies And Durable Medical Equipment		
<i>aura portaneb</i>	DME	

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Drug Name	Formulary Status	Requirements/Limits
<i>bentley the bear ped nebulizer</i>	DME	
<i>captain eagle ped nebulizer</i>	DME	
<i>compressor nebulizer</i>	DME	
<i>compressor/nebulizer</i>	DME	OTC
<i>medneb neb-with dispo neb kit</i>	DME	
<i>neb-rite4</i>	DME	
<i>nebulizer</i>	DME	
<i>nebulizer compressor</i>	DME	
<i>nebulizer ped frog</i>	DME	
<i>nebulizer ped frog kit</i>	DME	
<i>nebulizer system all-in-one</i>	DME	
<i>nebulizer updraft-style</i>	DME	
<i>pediatric compressor nebulizer</i>	DME	
<i>soothe neb mesh nebulizer</i>	DME	
<i>sootheneb compressor nebulizer</i>	DME	
<i>sparky the dog ped nebulizer</i>	DME	
AEROECLIPSE II NEBULIZER (Nebulizers)	DME	
AERONEB GO COMPLETE SYSTEM (Nebulizers)	DME	
AERONEB GO CONVENIENCE UNIT (Nebulizers)	DME	
AERONEB GO HANDSET/CABLE (Nebulizers)	DME	
AERONEB GO NEBULIZER HANDSET (Nebulizers)	DME	
AIRIAL COMPACT COMPRESSOR NEB (Nebulizers)	DME	
AIRIAL COMPACT MINI NEBULIZER (Nebulizers)	DME	
AIRIAL COMPRESS PED NEBULIZER (Nebulizers)	DME	
AIRIAL PEDIATRIC NEBULIZER (Nebulizers)	DME	
AIRIAL VOYAGER NEBULIZER (Nebulizers)	DME	
BESTMED COMPRESSOR NEBULIZER (Nebulizers)	DME	
BESTMED ULTRASONIC NEBULIZER (Nebulizers)	DME	
CLEVER CHOICE NEBULIZER (Nebulizers)	DME	
CLEVER CHOICE WHIS AIR PED NEB (Nebulizers)	DME	
CLEVER CHOICE WHISPER AIRE NEB (Nebulizers)	DME	
CLEVER CHOICE WHISPER AIRE PED (Nebulizers)	DME	
COMP AIR COMPRESSOR NEBULIZER (Nebulizers)	DME	
COMP AIR ELITE COMPACT NEB (Nebulizers)	DME	
COMP A-I-R NEBULIZER (Nebulizers)	DME	
COMP-AIR ELITE COMPACT NEB (Nebulizers)	DME	
COMPAIR NEBULIZER (Nebulizers)	DME	
COMPAIR XL NEBULIZER (Nebulizers)	DME	
COMPAIR XLT NEBULIZER (Nebulizers)	DME	

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Drug Name	Formulary Status	Requirements/Limits
DEVILBISS PULMO-AIDE DEVICE (Nebulizers)	DME	
DEVILBISS TRAVELER NEBULIZER (Nebulizers)	DME	
EFLOW SCF ELECTRONIC NEBULIZER (Nebulizers)	DME	
EFLOW SCF NEBULIZER HANDSET (Nebulizers)	DME	
ELITE NEBULIZER SYSTEM (Nebulizers)	DME	
FLYP NEBULIZER (Nebulizers)	DME	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (Nebulizers)	DME	
INNOSPIRE ELEGANCE NEBULIZER (Nebulizers)	DME	
INNOSPIRE ESSENCE NEBULIZER (Nebulizers)	DME	
INNOSPIRE MINI COMPRESSOR NEB (Nebulizers)	DME	
INSPIRATION ELITE COMPRESS/NEB (Nebulizers)	DME	
INSPIRATION ELITE NEBULIZER (Nebulizers)	DME	
INSPIRATION NEBULIZER SYSTEM (Nebulizers)	DME	
LEXAN POCKET NEBULIZER (Nebulizers)	DME	
LUMINEB II PISTON NEBULIZER (Nebulizers)	DME	
MABIS COSMOCOMP NEBULIZER (Nebulizers)	DME	
MICRO AIR NEBULIZER (Nebulizers)	DME	
MICRO PLUS NEBULIZER (Nebulizers)	DME	
MICROAIR VIBRATING MESH NEBUL (Nebulizers)	DME	
MICROELITE COMPRESSOR NEB SYS (Nebulizers)	DME	
MICRONEB (Nebulizers)	DME	
MINI COMPRESSOR (Nebulizers)	DME	
MINI PLUS NEBULIZER (Nebulizers)	DME	
MINIELITE COMPRESSOR NEB SYS (Nebulizers)	DME	
MISTERNEB COMPRESSOR NEBULIZER (Nebulizers)	DME	
MY MDI PORTABLE NEBULISER (Nebulizers)	DME	
OPTIONHOME NEBULIZER SYSTEM (Nebulizers)	DME	
PARI ALTERA NEBULIZER SYSTEM (Nebulizers)	DME	
PARI BABY DEVICE (Nebulizers)	DME	
PARI BABY SIZE 1/PARI LC PLUS DEVICE (Nebulizers)	DME	
PARI ERAPID NEBULIZER SYSTEM (Nebulizers)	DME	
PARI LC D NEBULIZER (Nebulizers)	DME	
PARI LC PLUS (Nebulizers)	DME	
PARI LC PLUS NEB SET PED MASK (Nebulizers)	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	
PARI LC PLUS VIOS PRO NEB (Nebulizers)	DME	
PARI LC SPRINT NEBULIZER SET (Nebulizers)	DME	
PARI LC STAR (Nebulizers)	DME	
PARI LC STAR NEBULIZER (Nebulizers)	DME	

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Drug Name	Formulary Status	Requirements/Limits
PARI PRONEB MAX LC PLUS (Nebulizers)	DME	
PARI PRONEB MAX LC SPRINT (Nebulizers)	DME	
PARI PRONEB ULTRA II (Nebulizers)	DME	
PARI SINUS AEROSOL SYSTEM (Nebulizers)	DME	
PARI TREK S COMPACT COMPRESSOR DEVICE (Nebulizers)	DME	
PARI TREK S W/12V DC ADAPTOR DEVICE (Nebulizers)	DME	
PARI VIOS PRO LC PLUS SYSTEM (Nebulizers)	DME	
PARI VIOS PRO LC SPRINT SYSTEM (Nebulizers)	DME	
PRONEB ULTRA II DELUXE/LC STAR (Nebulizers)	DME	
PRONEB ULTRA II DELUXE/LCD DEVICE (Nebulizers)	DME	
PRONEB ULTRA II DELX/LC SPRINT DEVICE (Nebulizers)	DME	
PRONEB ULTRA II PEDIATRIC DEVICE (Nebulizers)	DME	
PRONEB ULTRA II/LC PLUS DEVICE (Nebulizers)	DME	
PRONEB ULTRA II/LC SPRINT (Nebulizers)	DME	
PULMOMATE COMP/MICRO-MIST NEB (Nebulizers)	DME	
PULMONEB LT (Nebulizers)	DME	
SIDESTREAM NEBULIZER-DISP (Nebulizers)	DME	
SIDESTREAM NEBULIZER-REUSABLE (Nebulizers)	DME	
SIDESTREAM PLUS NEBULIZER (Nebulizers)	DME	
VENTSTREAM NEBULIZER (Nebulizers)	DME	
VIOS AEROSOL DELIVERY SYSTEM (Nebulizers)	DME	
VIOS LC PLUS (Nebulizers)	DME	
VIOS LC PLUS DELUXE (Nebulizers)	DME	
VIOS LC PLUS PEDIATRIC (Nebulizers)	DME	
VIOS LC SPRINT (Nebulizers)	DME	
VIOS LC SPRINT DELUXE (Nebulizers)	DME	
VIOS LC SPRINT PEDIATRIC (Nebulizers)	DME	
VIXONE DISPOSABLE NEBULIZER (Nebulizers)	DME	
ZOEY INSPIRATION NEBULIZER SYS (Nebulizers)	DME	
*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment		
<i>carepoint poly hub needle 18g x 1-1/2"</i>	DME	
<i>carepoint syringe luer lock 3 ml</i>	DME	
<i>hypodermic needle 18g x 1-1/2"</i>	DME	OTC
<i>syringe disposable 3 ml</i>	DME	OTC
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	DME	OTC; QL (150 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
BD SYRINGE SLIP TIP 3 ML (Syringe (Disposable))	DME	
MONOJECT BLUNTIP SYR/CANNULA 3 ML (Syringe (Disposable))	DME	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (Needle (Disp))	DME	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" (Needle (Disp))	DME	
MONOJECT PHARMACY TRAY 3 ML (Syringe (Disposable))	DME	
MONOJECT SAFETY SYRINGE/SHIELD 3 ML (Syringe (Disposable))	DME	
MONOJECT SYRINGE 3 ML (Syringe (Disposable))	DME	
MONOJECT SYRINGE REG LUER 3 ML (Syringe (Disposable))	DME	
MONOJECT SYRINGE REGULAR TIP 3 ML (Syringe (Disposable))	DME	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
TERUMO SURGUARD2 SAFETY NEEDLE 18G X 1-1/2" (Needle (Disp))	DME	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment		
<i>peak flow meter device</i>	DME	QL (1 EA per 365 days)
<i>peak flow meter universal rang device</i>	DME	OTC; QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
*Respiratory Therapy Supplies*** - Medical Supplies And Durable Medical Equipment		
<i>adult aerosol mask</i>	DME	OTC; QL (1 EA per 365 days)
*Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment		
<i>breathe ease large device</i>	DME	QL (1 EA per 365 days)
<i>breathe ease medium device</i>	DME	QL (1 EA per 365 days)
<i>breathe ease small device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static l device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static m device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static s device</i>	DME	QL (1 EA per 365 days)
<i>prochamber vhc device</i>	DME	QL (1 EA per 365 days)
<i>valved holding chamber device</i>	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MV (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)

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

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

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

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Drug Name	Formulary Status	Requirements/Limits
*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches		
<i>zolmitriptan nasal solution 2.5 mg</i>	Tier 3	ST; QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
ZOMIG SOLUTION 2.5 MG NASAL (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>sumatriptan succinate refill subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (2 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (2 ML per 25 days)
<i>zolmitriptan nasal solution 5 mg</i>	Tier 2	ST; QL (6 EA per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
*Selective Serotonin Agonists 5-Ht(1F)*** - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 3	PA; QL (8 EA per 25 days)
Minerals & Electrolytes - Drugs For Nutrition		
*Calcium Combinations*** - Drugs For Nutrition		
<i>calcium + d3 oral tablet 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 + d oral tablet 500-125 mg-unit, 500-200 mg-unit</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 +d oral tablet 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Tier 1	OTC
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium carbonate w/vitamin d oral tablet 600-400 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral capsule 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral tablet 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	Tier 1	OTC
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	Tier 1	OTC
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>calcium-vitamin d3 oral capsule 600-500 mg-unit</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg</i>	Tier 1	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	OTC
<i>oyster calcium + d oral tablet 250-3.125 mg-mcg</i>	Tier 1	OTC
<i>oyster shell calcium 500 + d oral tablet 500-200 mg-unit</i>	Tier 1	OTC
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 1	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 1	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET CHEWABLE 500-15 MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
*Calcium*** - Drugs For Nutrition		
<i>calcium 600 oral tablet 600 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg</i>	Tier 1	OTC
<i>calcium citrate oral tablet 200 mg, 950 (200 ca) mg</i>	Tier 1	OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	OTC
*Electrolytes Oral*** - Drugs For Nutrition		
<i>oral electrolytes oral solution</i>	Tier 1	OTC
<i>pediatric electrolyte oral solution</i>	Tier 1	OTC
*Fluoride*** - Drugs For Nutrition		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	Tier 1	MAIL; QL (30 ML per 25 days)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>renaf oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodiphluor oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 0.5 mg/ml</i>	Tier 1	MAIL; OTC; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Epiflur Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ethedent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)

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

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

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Drug Name	Formulary Status	Requirements/Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	MAIL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	MAIL
*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; ONC (ONC); QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals		
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	MAIL
*Irrigation Solutions*** - Vitamins And Minerals		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Water For Irrigation, Sterile (Argyle Sterile Water Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
*Macrolide Immunosuppressants*** - Vitamins And Minerals		
<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 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	MAIL
Tacrolimus (Hecoria Oral Capsule 0.5 Mg, 1 Mg, 5 Mg)	Tier 1	MAIL
*Potassium Removing Agents*** - Vitamins And Minerals		
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 3	
SPS ORAL SUSPENSION 15 GM/60ML (Sodium Polystyrene Sulfonate)	Tier 3	
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 2	QL (3 EA per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 2	QL (1 EA per 1 day)
<i>kalexate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Sodium Polystyrene Sulfonate (Kionex Oral Powder)	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Suspension 15 Gm/60MI)	Tier 1	
*Purine Analogs*** - Vitamins And Minerals		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 2	PA
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Perisol Mouth/Throat Solution 0.12 %)	Tier 1	
*Fluoride Dental Products*** - Drugs For The Mouth And Throat		
<i>dentall 1100 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	MAIL
Sodium Fluoride (Cavarest Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Controlrx Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Denta 5000 Plus Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Dentagel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Gel 1.1 %)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Sodium Fluoride (Fluoridex Daily Defense Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Fluoridex Enhanced Whitening Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Just Right 5000 Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel-N Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Neutragard Advanced Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Phos-Flur Dental Gel 1.1 %)	Tier 1	MAIL
*Saliva Stimulants*** - Drugs For The Mouth And Throat		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 2	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	MAIL
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
Multivitamins - Drugs For Nutrition		
*B-Complex W/ C & Folic Acid*** - Drugs For Nutrition		
<i>b complex-c-folic acid oral tablet</i>	Tier 1	OTC
<i>b-plex oral tablet</i>	Tier 1	
<i>folbee plus oral tablet</i>	Tier 1	
<i>formula b oral tablet</i>	Tier 1	
<i>hylavite oral tablet</i>	Tier 1	
<i>mynephrocaps oral capsule 1 mg</i>	Tier 1	
<i>nephro vitamins oral tablet 0.8 mg</i>	Tier 1	OTC
<i>renal softgels oral capsule 1 mg</i>	Tier 1	
<i>renal vitamin oral tablet 0.8 mg</i>	Tier 1	OTC
<i>reno caps oral capsule 1 mg</i>	Tier 1	
<i>therobec oral tablet</i>	Tier 1	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	
<i>virt-caps oral capsule 1 mg</i>	Tier 1	
<i>virt-vite plus oral tablet 5 mg</i>	Tier 1	
<i>wescaps oral capsule 1 mg</i>	Tier 1	
B Complex-C-Folic Acid (Dexfol Oral Tablet)	Tier 1	
B Complex-C-Folic Acid (Dexifol Oral Tablet 5 Mg)	Tier 1	
B Complex-C-Folic Acid (Mynephron Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renal Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renalpren Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renaphro Oral Capsule 1 Mg)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Multiple Vitamins W/ Iron*** - Drugs For Nutrition		
<i>daily vitamin/iron oral tablet</i>	Tier 1	OTC
*Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
<i>biocel oral tablet</i>	Tier 1	
<i>b-plex plus oral tablet</i>	Tier 1	
<i>century oral tablet</i>	Tier 1	OTC
<i>choice-tabs oral tablet</i>	Tier 1	
<i>daily vitamin plus oral capsule</i>	Tier 1	OTC
<i>formula b plus oral tablet</i>	Tier 1	
<i>genesupp-500 oral capsule</i>	Tier 1	
<i>genetect plus oral capsule</i>	Tier 1	
<i>genetical oral capsule</i>	Tier 1	
<i>multi vitamin/minerals oral tablet</i>	Tier 1	OTC
<i>multi-b-plus oral tablet</i>	Tier 1	
<i>multi-pro oral capsule</i>	Tier 1	
<i>multivit/multimineral adult oral liquid</i>	Tier 1	OTC
<i>therobec plus oral tablet</i>	Tier 1	
<i>v-c forte oral capsule</i>	Tier 1	
<i>vica forte oral capsule</i>	Tier 1	
<i>vicap forte oral capsule</i>	Tier 1	
<i>vit b3-azela-turm-fa-b6-zn-cu oral tablet</i>	Tier 1	
<i>vitamin forte oral capsule</i>	Tier 1	
<i>vitamins/minerals oral tablet</i>	Tier 1	OTC
Multiple Vitamins-Minerals (Corvite Free Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Megavite Rx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (NutraVance Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Nutrafac Zx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Strovite Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vic-Forte Oral Capsule)	Tier 1	
Multiple Vitamins-Minerals (Vita S Forte Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vitacel Oral Tablet)	Tier 1	
*Multivitamins*** - Drugs For Nutrition		
<i>daily vitamins oral tablet</i>	Tier 1	OTC
<i>folika-v oral tablet</i>	Tier 1	
<i>multivitamins oral capsule</i>	Tier 1	OTC
<i>novite oral capsule</i>	Tier 1	
<i>vitaxyme oral tablet</i>	Tier 1	

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

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Drug Name	Formulary Status	Requirements/Limits
<i>poly-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>re multivit with fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re multivit with fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg)	Tier 1	QL (1 EA per 1 day)
Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	Tier 1	QL (2 EA per 1 day)
*Ped Mv W/ Iron*** - Drugs For Nutrition		
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Tier 2	OTC
<i>baby vitamin/iron oral solution</i>	Tier 1	OTC
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Tier 1	OTC
*Ped Vitamins Acd W/ Fluoride*** - Drugs For Nutrition		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin select/fluoride oral solution 0.25 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>triple-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
*Pediatric Multiple Vitamins W/ C*** - Drugs For Nutrition		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
*Pediatric Multiple Vitamins W/ Extra C & Fa*** - Drugs For Nutrition		
<i>childrens multivitamins oral tablet chewable w/extra c & fa</i>	Tier 1	OTC
*Pediatric Multiple Vitamins*** - Drugs For Nutrition		
<i>multivitamin infant & toddler oral solution</i>	Tier 2	OTC; QL (50 ML per 25 days)
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
*Pediatric Vitamins A & D W/ C*** - Drugs For Nutrition		
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 2	OTC; QL (50 ML per 25 days)
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
*Prenatal Mv & Min W/Fe-Fa*** - Drugs For Nutrition		
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>m-natal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal plus oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal-z oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>natal-v rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>nutri-tab ob oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>one vite womens plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv fe fum/docusate/folic acid oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenacare oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenaplus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet 29-1 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal forte oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal plus iron oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus/iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamins plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatvite rx oral tablet 0.8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>preplus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pretab oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re prenatal multivitamin/iron oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>re-nata 29 ob oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal one oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>thrivite 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>triadvance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal ultra oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra natal oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra tabs oral tablet</i>	Tier 1	
<i>ultra-natal oral tablet</i>	Tier 1	
<i>venatal-fa oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vil-rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vinate ultra oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-advance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-vite gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vita-natal oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>v-natal oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vol-plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vol-tab rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>westab plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Advanced Natalcare Oral Tablet 90-1 Mg)	Tier 1	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CAVAN-FOLATE OB ORAL TABLET 65-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL ADVANCE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL ULTRA ORAL TABLET , 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
LACTOCAL-F ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
M-VIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
MYNATAL ADVANCE ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
MYNATAL ORAL CAPSULE (Prenatal Multivit-Min-Fe-FA)	Tier 1	QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
NATACHEW ORAL TABLET CHEWABLE 29-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Natalcare Glosstabs Oral Tablet 90-1 Mg)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 1	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Iron Carbonyl-FA (Natatab Rx Oral Tablet 29-1 Mg)	Tier 1	QL (1 EA per 1 day)
NATELLE PREFER ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
NEONATAL PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NEWGEN ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 1	QL (1 EA per 1 day)
O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet)	Tier 1	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	OTC; QL (1 EA per 1 day)
TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE GT ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
VINATE II ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE ONE ORAL TABLET 60-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-PN ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
*Prenatal Mv & Min W/Fe-Fa-Dha*** - Drugs For Nutrition		
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (Prenatal MV-Min-Fe Cbn-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (2 EA per 1 day)
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
*Prenatal Mv & Minerals W/Fa Without Iron*** - Drugs For Nutrition		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Tier 1	OTC
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>metaxalone oral tablet 800 mg</i>	Tier 2	PA
Metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ed baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
Carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 1	QL (4 EA per 1 day)
*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	PA; QL (8 EA per 1 day)
*Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml</i>	Tier 4	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA
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
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 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)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA
Nasal Agents - Systemic And Topical - Drugs For The Nose		
*Nasal Agents - Misc.*** - Allergy		
<i>saline nasal spray nasal solution 0.65 %</i>	Tier 1	OTC
*Nasal Anticholinergics*** - Allergy		
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier 1	MAIL; QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
*Nasal Antihistamines*** - Allergy		
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 2	ST; QL (30.5 GM per 25 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	ST; QL (30 ML per 25 days)
*Nasal Mast Cell Stabilizers*** - Allergy		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	OTC; QL (52 ML per 25 days)
*Nasal Steroids*** - Allergy		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 2	PA
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	OTC; QL (8.43 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	ST; QL (25 ML per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	OTC; QL (16.9 ML per 25 days)
*Systemic Decongestants*** - Allergy		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral liquid 30 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral syrup 30 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	
*Topical Decongestants*** - Allergy		
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 1	OTC
Neuromuscular Agents - Drugs For Nerves And Muscles		
*Benzothiazoles*** - Drugs For Nerves And Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
Nutrients - Drugs For Nutrition		
*Misc. Nutritional Substances*** - Drugs For Nutrition		
<i>dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>fish oil omega-3 oral capsule 1000 mg</i>	Tier 1	OTC
<i>fish oil oral capsule 1000 mg</i>	Tier 1	
<i>fish oil oral capsule 300 mg, 500 mg</i>	Tier 1	OTC
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Tier 1	OTC
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Tier 1	OTC
<i>omega-3 fish oil oral capsule 500 mg</i>	Tier 1	OTC
<i>omega-3 oral capsule 300 mg</i>	Tier 1	OTC
<i>prenatal dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
Ophthalmic Agents - Drugs For The Eye		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brimonidine-Brinonidine)	Tier 2	QL (8 ML per 25 days)
*Artificial Tear And Lubricant Combinations*** - Drugs For The Eye		
<i>artificial eye ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %</i>	Tier 1	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	OTC
*Artificial Tear Inserts*** - Drugs For The Eye		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 2	PA
*Artificial Tear Solutions*** - Drugs For The Eye		
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
*Artificial Tears And Lubricants*** - Drugs For The Eye		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>eye drops ophthalmic solution 0.5 %</i>	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	QL (10 ML per 25 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 2	QL (5 ML per 25 days)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Cycloplegic Mydriatics*** - Drugs For The Eye		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 25 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>atropine-care ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>cylate ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>mydral ophthalmic solution 0.5 %, 1 %</i>	Tier 1	MAIL
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 1	MAIL
Cyclopentolate HCl (Ak-Pentolate Ophthalmic Solution 1 %)	Tier 1	MAIL; QL (15 ML per 25 days)
*Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
*Miotics - Direct Acting*** - Drugs For Glaucoma		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	MAIL
<i>piloptic-1 ophthalmic solution 1 %</i>	Tier 1	MAIL
<i>piloptic-2 ophthalmic solution 2 %</i>	Tier 1	MAIL
<i>piloptic-4 ophthalmic solution 4 %</i>	Tier 1	MAIL
*Ophthalmic Antiallergic*** - Drugs For Itchy Eye		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 2	PA
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 2	QL (5 ML per 25 days)
ALOCRILOPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 2	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 2	PA
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 2	PA
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (10 ML per 25 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 1	OTC; QL (5 ML per 30 days)
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	OTC; QL (5 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
PATADAY SOLUTION 0.1 % OPHTHALMIC (Olopatadine HCl)	Tier 1	OTC; QL (5 ML per 30 days)
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (Olopatadine HCl)	Tier 1	OTC; QL (2.5 ML per 30 days)
*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 2	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 2	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 2	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	PA
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>gantasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>romycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobramycin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobrasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 1	
*Ophthalmic Antifungal*** - Drugs For The Eye		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 2	PA
*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, 500-100000 unit/gm</i>	Tier 1	
<i>neocin ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neocin-pg ophthalmic solution 0.025-2.5-10000</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000, 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025</i>	Tier 1	
<i>polycin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	QL (10 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier 1	
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 2	PA
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma		
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Ophthalmic Hyperosmolar Products*** - Drugs For The Eye		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	OTC
*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 2	PA
*Ophthalmic Local Anesthetics*** - Drugs For The Eye		
<i>parcaine ophthalmic solution 0.5 %</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 2	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 2	PA
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma		
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 2	QL (15 ML per 25 days)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 3	QL (10 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>methadex ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	QL (10 ML per 25 days)
<i>triple antibiotic ophthalmic ointment 0.35-10000-0.1</i>	Tier 1	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Tier 3	PA
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 2	PA
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 2	PA
ALREX OPHTHALMIC SUSPENSION 0.2 % (Loteprednol Etabonate)	Tier 2	PA
LOTEMAX OPHTHALMIC GEL 0.5 % (Loteprednol Etabonate)	Tier 2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 2	PA
<i>dexasol ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 25 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
Fluorometholone (Fluor-Op Ophthalmic Suspension 0.1 %)	Tier 1	QL (15 ML per 25 days)
*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	QL (15 ML per 25 days)
*Ophthalmics - Cystinosis Agents** - Drugs For The Eye		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 4	PA
*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 2	ST; QL (5 ML per 25 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MAIL; QL (5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	ST; MAIL; QL (30 EA per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
Otic Agents - Drugs For The Ear		
*Otic Agents - Miscellaneous*** - Wax Removal		
<i>acetic acid otic solution 2 %</i>	Tier 1	
<i>carbamide ear drops otic solution 6.5 %</i>	Tier 1	OTC
<i>ear drops for swimmers otic liquid 95-5 %</i>	Tier 1	OTC
<i>instant ear-dry otic liquid 95-5 %</i>	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
*Otic Anti-Infectives*** - Antibiotics		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 2	PA
CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone)	Tier 2	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 2	
<i>antibiotic ear otic solution 3.5-10000-1</i>	Tier 1	
<i>cortomycin otic solution 3.5-10000-1</i>	Tier 1	
<i>cortomycin otic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
*Otic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
Hydrocortisone-Acetic Acid (Acetasol Hc Otic Solution 2-1 %)	Tier 1	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
Oxytocics - Hormones		
*Oxytocics*** - Drugs For Women		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 2	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	
Passive Immunizing And Treatment Agents - Biological Agents		
*Antiviral Monoclonal Antibodies*** - Biological Agents		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Immune Serums*** - Biological Agents		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
GAMUNEX INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 4	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
*Passive Immunizing Agents - Combinations*** - Biological Agents		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
Penicillins - Drugs For Infections		
*Aminopenicillins*** - Antibiotics		
<i>amoxicillin oral tablet 500 mg</i>	Tier 2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin oral tablet 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	AGE (Max 12 Years)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 1	
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5MI)	Tier 1	AGE (Max 12 Years)
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 1	
*Natural Penicillins*** - Antibiotics		
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5MI)	Tier 1	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 1	
*Penicillin Combinations*** - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	AGE (Max 12 Years)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 2	AGE (Max 12 Years)
AUGMENTIN ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG (Amoxicillin-Pot Clavulanate)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	QL (20 EA per 10 days)
*Penicillinase-Resistant Penicillins*** - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
Progestins - Hormones		
*Progestins*** - Drugs For Women		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)

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

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AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 4	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 4	PA
*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 4	PA
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	Tier 4	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 4	PA
*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4	PA
*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 4	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (Glatiramer Acetate)	Tier 4	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	Tier 4	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 2	PA
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents*** - Drugs For Depression		
<i>duo-vil 2-10 oral tablet 2-10 mg</i>	Tier 2	
<i>duo-vil 2-25 oral tablet 2-25 mg</i>	Tier 2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	PA; AGE (Max 64 Years)
*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders		
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 2	PA
<i>pimozide oral tablet 1 mg</i>	Tier 1	MAIL; QL (10 EA per 1 day)
<i>pimozide oral tablet 2 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
*Smoking Deterrents*** - Drugs For Depression		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PREV	QL (2 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PREV	OTC; QL (56 EA per 25 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	PREV	OTC; QL (1 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	PREV	QL (106 EA per 365 days)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 4	PA
Respiratory Agents - Misc. - Drugs For The Lungs		
*Alpha-Proteinase Inhibitor (Human)*** - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (Alpha1-Proteinase Inhibitor)	Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (Alpha1-Proteinase Inhibitor)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
*Cftr Potentiators*** - Drugs For Cystic Fibrosis		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 4	PA
*Hydrolytic Enzymes*** - Drugs For The Lungs		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 4	PA; QL (75 ML per 25 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 4	PA
*Pulmonary Fibrosis Agents*** - Drugs For The Lungs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA
Sulfonamides - Drugs For Infections		
*Sulfonamides*** - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
Tetracyclines - Drugs For Infections		
*Tetracyclines*** - Antibiotics		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>avidoxy oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
Doxycycline Monohydrate (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)	Tier 1	
Doxycycline Monohydrate (Okebo Oral Capsule 100 Mg)	Tier 1	
Thyroid Agents - Hormones		
*Antithyroid Agents*** - Drugs For Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MAIL
Methimazole (Northyx Oral Tablet 10 Mg, 5 Mg)	Tier 1	MAIL
*Thyroid Hormones*** - Drugs For Thyroid		
<i>thyroid oral tablet 120 mg, 130 mg, 15 mg, 30 mg, 32.5 mg, 60 mg, 65 mg, 90 mg</i>	Tier 2	MAIL
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
WESTHROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levothroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Toxoids - Biological Agents		
*Toxoid Combinations*** - Vaccines		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics - Drugs For The Stomach		
*Antispasmodics*** - Drugs For Stomach Cramps		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	AGE (Max 64 Years)
*Belladonna Alkaloids*** - Drugs For Stomach Cramps		
<i>colidrops oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax Oral Tablet 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Ft Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Spacol T/S Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax Fastabs Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
Hyoscyamine Sulfate (Symax-SI Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid		
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 1	OTC
<i>cimetidine oral tablet 200 mg</i>	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	MAIL
<i>famotidine maximum strength oral tablet 20 mg</i>	Tier 1	MAIL; OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	MAIL; QL (5 ML per 1 day); AGE (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MAIL
*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid		
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
<i>cvs lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>eql lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>heartburn treatment 24 hour oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC
<i>hm lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>ra lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
HEARTBURN RELIEF 24 HOUR ORAL CAPSULE DELAYED RELEASE 15 MG (Lansoprazole)	Tier 2	ST; OTC
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
*Quaternary Anticholinergics*** - Drugs For Stomach Cramps		
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 2	QL (20 EA per 10 days)
PREVPAC ORAL THERAPY PACK 500 & 500 & 30 MG (Amoxicill-Clarithro-Lansopraz)	Tier 2	
*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 4	QL (4 EA per 1 day)
Urinary Antispasmodics - Drugs For The Urinary System		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	Tier 2	ST; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>oxybutynin transdermal patch twice weekly 3.9 mg/24hr</i>	Tier 2	MAIL; QL (8 EA per 25 days)
<i>solifenacin succinate oral tablet 10 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>solifenacin succinate oral tablet 5 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	ST; MAIL; OTC; QL (8 EA per 25 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; QL (8 EA per 25 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1	QL (600 ML per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	MAIL; QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (Mirabegron)	Tier 2	PA; QL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
*Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Vaccines - Biological Agents		
*Bacterial Vaccines*** - Vaccines		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 ML per 999 days)
*Viral Vaccine Combinations*** - Vaccines		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Viral Vaccines*** - Vaccines		
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	PREV	
<i>moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	PREV	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i>	PREV	
<i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i>	PREV	
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	PREV	
<i>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	PREV	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 EA per 999 days); AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 999 days)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B SA Adj Quad)	PREV	QL (1 ML per 365 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recomb HA Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (Influenza Virus Vac Live Quad)	PREV	QL (1 EA per 365 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (Influenza Vac High-Dose Quad)	PREV	QL (0.7 ML per 180 days); AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 999 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Months)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
Vaginal And Related Products - Drugs For Women		
*Imidazole-Related Antifungals*** - Drugs For Infections		
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
Terconazole (Zazole Vaginal Suppository 80 Mg)	Tier 2	
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2 %</i>	Tier 1	
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	OTC
<i>miconazole 3 vaginal cream 4 %</i>	Tier 1	OTC
<i>miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 1	
<i>miconazole 7 vaginal cream 2 %</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppository 100 mg</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Tier 1	OTC
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (Tioconazole)	Tier 1	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 1	OTC
Terconazole (Zazole Vaginal Cream 0.4 %, 0.8 %)	Tier 1	
*Spermicides*** - Birth Control Pills		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
GYNOL II EXTRA STRENGTH VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
GYNOL II VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
*Vaginal Anti-Infectives*** - Drugs For Infections		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	QL (40 GM per 25 days)
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 25 days)
Clindamycin Phosphate (Clindamax Vaginal Cream 2 %)	Tier 1	QL (40 GM per 25 days)
*Vaginal Estrogens*** - Drugs For Women		
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	QL (2 EA per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 2	MAIL; QL (30 GM per 25 days)
Estradiol (YuvaFem Vaginal Tablet 10 Mcg)	Tier 2	QL (2 EA per 1 day)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	MAIL; QL (42.5 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Vaginal Progestins*** - Drugs For Women		
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG (Progesterone)	Tier 2	PA
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG (Progesterone)	Tier 2	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 2	PA
Vasopressors - Drugs For The Heart		
*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction		
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA
*Vasopressors*** - Drugs For Serious Allergic Reaction		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vitamins - Drugs For Nutrition		
*Vitamin B-1*** - Drugs For Nutrition		
<i>b1 oral tablet 100 mg</i>	Tier 1	OTC
<i>b-1 oral tablet 100 mg</i>	Tier 1	OTC
<i>vitamin b-1 oral tablet 250 mg</i>	Tier 1	OTC
<i>vitamin b1 oral tablet 50 mg</i>	Tier 1	OTC
*Vitamin B-2*** - Drugs For Nutrition		
<i>b-2 oral tablet 100 mg</i>	Tier 1	OTC
*Vitamin B-3*** - Drugs For Nutrition		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Tier 1	OTC
<i>niacin er oral tablet extended release 250 mg, 500 mg, 750 mg</i>	Tier 1	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	OTC
<i>niacinamide oral tablet 500 mg</i>	Tier 1	OTC
*Vitamin B-6*** - Drugs For Nutrition		
<i>b-6 oral tablet 100 mg, 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl oral tablet 25 mg</i>	Tier 1	OTC
<i>ra vitamin b-6 cr oral tablet extended release 200 mg</i>	Tier 1	OTC
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	OTC
*Vitamin C*** - Drugs For Nutrition		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>vitamin c oral tablet 500 mg</i>	Tier 1	OTC
*Vitamin D*** - Drugs For Nutrition		
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 1000 oral tablet 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 1000 oral tablet chewable 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 1	OTC
<i>d 2000 oral tablet 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>d 400 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC
<i>d 400 oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	OTC
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>d 5000 oral tablet 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>d3 2000 oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>d3 5000 oral capsule 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d3 maximum strength oral liquid 5000 unit/ml</i>	Tier 1	OTC
<i>d3 vitamin oral liquid 10 mcg/ml</i>	Tier 1	OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Tier 1	
<i>vitamin d oral tablet 1000 unit, 400 unit, 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Tier 1	OTC
<i>vitamin d3 oral liquid 400 unit/ml</i>	Tier 1	OTC
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Tier 1	OTC
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Tier 1	OTC
*Vitamin K*** - Drugs For Nutrition		
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)

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