

2025 | 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 January 1, 2025.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

Aviso:

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

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

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



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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Drug Formulary and Guide

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

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

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

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

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

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

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

I have questions about how my plan covers drugs.

This guide contains many details for common questions:

- Can my prescription be filled at a retail pharmacy?
- Where can I see the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

You may also call us and ask specific coverage questions about a drug. Call toll-free **1 (888) 858-2150**, 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 (“Evidence of Coverage”) 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 and Guide

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

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

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| COUMADIN TAB 1MG (<i>warfarin sodium</i>) | Tier 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 drugs, family planning drugs and devices (ie, contraception), and other drugs 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 Non-specialty 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 do deductible and out-of-pocket maximums work?

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

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

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

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

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

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

- If you change plans during the plan year, you may have a different deductible and out-of-pocket maximum.
- Claim activities on both the pharmacy and medical benefit channels can affect your balances.
- Depending on timing, balances may include member pay amounts due that you are about to pay on recent medical and pharmacy claims.
- Drug company patient assistance is not counted as true member out of pocket or deductible unless required by state or federal rules.

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

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

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

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the “Search Drugs” tool at MolinaMarketplace.com. This tool will provide an estimate of your cost for formulary drugs. You can also access the tool by downloading the Molina app to your mobile device or creating a profile at Caremark.com. When using the tool on the app or at Caremark.com the tool will consider the total cost sharing you have already paid towards meeting your plan design limits like deductible and out of pocket maximum.

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. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show "90-day Supply Available" in the details of your search results.

Specialty Pharmacy

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

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

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.

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

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

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. |
| MAIL | Drug is eligible for Mail Order and other 90-day fill programs at participating retail pharmacies. It is your choice if you want to use Mail Order programs. There is no discount to cost sharing for using 90-day fill programs. |
| MED | Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled. |
| 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. |
| 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.

2025

Guía del formulario

(Lista de medicamentos cubiertos)

Covered California, Molina Marketplace

MolinaMarketplace.com



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Formulario y guía de medicamentos

Formulario de medicamentos de Molina Healthcare (Lista de medicamentos)

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

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

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

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

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

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

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

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

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

- ¿Se puede surtir mi receta en una farmacia minorista?
- ¿Dónde puedo ver el monto en dólares del costo compartido de mi receta?

- ¿Cuál es el proceso para solicitar un medicamento con requisito de autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o que tiene requisitos de tratamiento escalonado?
- ¿Mi medicamento está cubierto por el beneficio de medicamentos recetados o por el beneficio médico?

También puede llamarnos y hacernos preguntas específicas sobre la cobertura de un medicamento. Llame a la línea gratuita al **1 (888) 858-2150**, de lunes a viernes, de **8:00 a.m. a 6:00 p.m.** Si es sordo o tiene problemas de audición, llame al 711 para comunicarse con el Servicio de Telecomunicaciones. También puede pedirnos que le enviemos por correo postal una copia de la lista de medicamentos.

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

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

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

Definiciones

Un “afiliado” es una persona inscrita en un plan médico que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también incluirán al suscriptor, según se define en esta sección a continuación.

La “autorización previa” es el requisito del plan médico de que el afiliado o su proveedor emisor de recetas obtenga la autorización del plan médico para un medicamento recetado antes de que el plan médico lo cubra. El plan médico otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

Las “circunstancias urgentes” son cuando un afiliado tiene una afección médica que podría poner en grave riesgo su vida, salud o su capacidad de recuperar una función en su totalidad, o cuando un afiliado esté recibiendo un tratamiento actual con un medicamento no incluido en el formulario.

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

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

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

Un “deducible” es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que su plan de salud comience a pagar la totalidad o parte del costo del beneficio de atención médica en virtud de los términos de la póliza.

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

El “formulario” es la lista completa de medicamentos de uso preferido y elegibles para la cobertura en virtud de un producto del plan médico, e incluye todos los medicamentos cubiertos en virtud del beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan médico. El formulario también se conoce como lista de medicamentos recetados.

Un “medicamento de marca” es un medicamento que se comercializa con un nombre patentado y protegido por una marca registrada. El medicamento de marca debe figurar todo en MAYÚSCULAS.

Un “medicamento genérico” es el mismo equivalente que su medicamento de marca en cuanto a dosificación, seguridad, concentración, forma de tomarlo, calidad, rendimiento y uso previsto. Un medicamento genérico figura en negrita y en cursiva, en minúsculas.

Un “medicamento no incluido en el formulario” es un medicamento recetado que no figura en el formulario del plan médico.

Un “medicamento recetado” es un medicamento recetado por el proveedor emisor de recetas del afiliado y que requiere una receta en virtud de la ley correspondiente.

El “nivel de medicamento” es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan médico. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento que le corresponde al afiliado.

El “proveedor emisor de recetas” es un proveedor de atención médica autorizado a emitir una receta para tratar una afección médica para un afiliado del plan de salud.

Una “receta” es una orden oral, escrita o electrónica de un proveedor emisor de recetas 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 el afiliado lo solicita, la afección médica o el propósito para el cual se receta el medicamento.

Una “solicitud de excepción” es una solicitud de cobertura de un medicamento recetado. Si un afiliado, la persona designada por este o el proveedor de atención médica emisor de recetas presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan médico debe cubrir el medicamento recetado cuando se determine que es médicamente necesario para tratar la afección del afiliado.

“Suscriptor” se refiere a la persona que es responsable de pagarle a un plan o cuyo empleo u otra condición, con excepción de la dependencia familiar, es la base de la elegibilidad para la membresía del plan.

El “tratamiento escalonado” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan médico puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan médico cubra un medicamento en particular para la afección conforme a una solicitud de tratamiento escalonado. Si el proveedor emisor de recetas del afiliado presenta una solicitud de excepción de tratamiento escalonado, los planes médicos harán excepciones al tratamiento escalonado cuando se cumplan los criterios.

Cómo usar el formulario y la guía de medicamentos

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

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

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

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

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

| Nombre del medicamento | Nivel del medicamento | Requisitos/límites |
|---|------------------------------|----------------------------------|
| COUMADIN TAB 1MG (<i>warfarin sodium</i>) | Tier 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 |

¿Qué nombres de medicamentos se usan en la lista?

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

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

Si tanto la forma de la marca como la forma genérica de un medicamento están cubiertas en el formulario, cada una aparecerá como entradas de medicamentos separadas. Por ejemplo, COUMADIN y **warfarina sódica** figuran por

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

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

Colocamos los medicamentos en diferentes niveles en función de lo bien que mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene los siguientes niveles. Para los Niveles 1 a 4, en general, cuanto más bajo sea el Nivel del medicamento, menor será su parte del costo.

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

| Nivel del medicamento | Descripción |
|------------------------------|---|
| Tier 1 | Medicamentos genéricos preferidos y medicamentos de marca de bajo costo; costos compartidos más bajos para los afiliados |
| Tier 2 | Medicamentos genéricos no preferidos y medicamentos de marca preferidos; costos compartidos más altos que el Nivel 1 |
| Tier 3 | Medicamentos no preferidos, de marca y genéricos; costos compartidos más elevados que los medicamentos de niveles inferiores usados para tratar las mismas afecciones |
| Tier 4 | Medicamentos especializados, tanto de marca como genéricos; costos compartidos más elevados que los medicamentos de niveles inferiores usados para tratar las mismas afecciones, si están disponibles La mayoría de los medicamentos especializados cubiertos en su plan estarán disponibles a través de una farmacia de la red de farmacias especializadas. Algunos medicamentos especializados solo se venden en determinadas farmacias que la compañía farmacéutica ha elegido (“distribución limitada”) |
| PREV | Medicamentos preventivos, medicamentos y dispositivos para la planificación familiar (es decir, anticoncepción) y otros medicamentos con un costo compartido de \$0 |
| DME | Equipo médico duradero; el costo compartido corresponde al costo compartido del beneficio médico para el DME para el producto no farmacológico de la lista de medicamentos |

Según las secciones 1367.002, 1367.25 y 1367.51 del Código de Salud y Seguridad, tenga en cuenta lo siguiente:

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

Cuando la cobertura de medicamentos no incluidos en el formulario se aprueba en virtud de una excepción al formulario, los afiliados pagan el costo compartido del Tier 3 para los medicamentos no especializados o el costo

compartido del Tier 4 para los medicamentos especializados. Consulte el acuerdo del plan para obtener más información sobre los costos compartidos en el caso de las excepciones al formulario.

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

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se administran por vía oral.
- No existen costos compartidos para la mifepristona y el misoprostol cuando se recetan para detener un embarazo en etapa inicial.

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

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

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

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

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

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

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

- Si cambia de plan durante el año del plan, es posible que tenga un deducible y un gasto máximo de bolsillo diferentes.

- Las actividades de reclamación tanto en la farmacia como en los canales de beneficios médicos pueden afectar los saldos.
- Según el plazo, los saldos pueden incluir los montos adeudados a pagar por el miembro que usted está por saldar en concepto de reclamaciones médicas y de farmacia recientes.
- La asistencia para el paciente de la compañía farmacéutica no se cuenta como deducible o gasto de bolsillo verdadero para el miembro, a menos que lo exijan las reglas estatales o federales.

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

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

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

Puede encontrar información sobre los montos de costo compartido de los medicamentos recetados en nuestro folleto Consulte sus beneficios en un vistazo o ingresando la información de los medicamentos en la herramienta “Search Drugs” (Buscar medicamentos) en MolinaMarketplace.com. Esta herramienta le proporcionará un cálculo aproximado del costo por medicamentos del formulario. También puede acceder a la herramienta descargando la aplicación Molina en su dispositivo móvil o creando un perfil en Caremark.com. Al usar la herramienta en la aplicación o en Caremark.com, la herramienta considerará el costo compartido total que ya ha pagado para cumplir con los límites del diseño de su plan, como el deducible y el máximo de gastos de su bolsillo.

Cómo encontrar una farmacia para surtir un medicamento recetado

Red de farmacias

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

Farmacia especializada

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos especializados. Los medicamentos especializados están ubicados en el Nivel 4 del formulario. Algunos medicamentos tienen una distribución limitada. Distribución limitada significa que el medicamento solo se vende en algunas farmacias. El administrador de beneficios de farmacia de Molina, CVS Caremark, tiene una farmacia especializada que brinda apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y afecciones. La mayoría de los medicamentos especializados requieren autorización previa antes de que sean cubiertos. Un profesional autorizado para emitir recetas puede presentar una solicitud 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 que lo recojan. Puede comunicarse con el Centro de Ayuda de CVS Pharmacy llamando al 1 (888) 407-6425.

Farmacia de pedidos por correo

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

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

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

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

Farmacia fuera de la red

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

Procesador de reclamaciones de medicamentos recetados

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

Si tiene preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas, puede comunicarse con el Centro de Ayuda de CVS Caremark al 1 (888) 407-6425. Puede abordar las preocupaciones sobre la membresía, los costos compartidos, la información sobre beneficios de medicamentos recetados y la elegibilidad llamando al Centro de Atención al Cliente de Molina al 1 (888) 858-2150. Servicios para Miembros está disponible de lunes a viernes, de 8:00 a. m. a 6:00 p. m., hora del Pacífico. Si tiene preguntas relacionadas con los proveedores, llame al Centro de Ayuda para Proveedores de Molina al 1 (855) 322-4075, de lunes a viernes, de 8:30 a. m. a 5:00 p. m., hora del Pacífico.

Política de medicamentos urgentes y fuera del horario de atención

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

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

Las farmacias pueden llamar a Molina al 1 (855) 322-4075 el siguiente día hábil para obtener una autorización para permitir que la receta urgente o fuera del horario de atención se procese en línea. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se dispensaron medicamentos en estas circunstancias de urgencia.

Plazo, sincronización y prorrateo de resurtidos

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

Procedimiento para la autorización previa y la solicitud de excepción

Autorización previa

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

Su proveedor puede enviar por fax un formulario completo de autorización previa de medicamentos a **Molina al 1 (866) 508-6445**. Las políticas y los formularios clínicos se encuentran en nuestro sitio web MolinaMarketplace.com. Puede obtener el formulario en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario debe completarse e incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor también puede usar [CoverMyMeds®](#) o [Surescripts®](#) para enviar su solicitud electrónicamente.

Si su receta requiere autorización previa o una excepción al formulario, la solicitud puede considerarse en circunstancias normales o urgentes.

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

Usted o su proveedor serán notificados de nuestra decisión, tomada a más tardar en la siguiente fecha:

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

De acuerdo con la sección 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, esta seguirá estando cubierta durante la duración de la receta, incluidos los resurtidos. Molina no limitará ni excluirá la cobertura de un medicamento si previamente lo aprobamos para su afección y su proveedor continúa recetándolo, siempre y cuando el medicamento se recete adecuadamente y continúe siendo seguro y eficaz.

Cómo solicitar una excepción

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

Molina cuenta con 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. Es posible que su médico le indique un medicamento que no está en el formulario, pero que cree que es mejor para usted. Es posible que esté tomando un medicamento que ya no está en la lista de medicamentos del nuevo año del plan. Los sistemas de farmacia pueden exigirle que pruebe determinados medicamentos antes de que otros estén cubiertos (“tratamiento escalonado”). Su médico puede enviarle a Molina una solicitud de excepción al formulario usando el proceso de autorización previa que se menciona anteriormente.

Molina otorgará una excepción para un requisito de medicamento no incluido en el formulario o de tratamiento escalonado si sus revisores determinan que la información de respaldo demuestra alguno de los siguientes requisitos:

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

Los plazos y condiciones de la revisión se encuentran en la sección “Autorización previa” de esta guía. Si se aprueba la solicitud, Molina le enviará una carta a su médico. Si no se aprueba la solicitud, 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 del rechazo, puede apelar la decisión. Su médico puede solicitar una revisión externa de excepción.

De acuerdo con la sección 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita el tratamiento escalonado con un medicamento del formulario si cambió de plan de seguro y continúa con un medicamento que ahora

está sujeto a los requisitos del tratamiento escalonado en virtud de 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 está recetado adecuadamente y que es seguro y eficaz para su afección.

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

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

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente de Molina al **1 (888) 858-2150**. Si Molina rechaza su solicitud de medicamento, se incluirá un aviso de derecho a apelar la decisión en el aviso sobre medidas adoptadas. Para obtener más información, consulte la sección de su acuerdo (política) que aborda los “Reclamos y apelaciones”. Puede encontrar una copia del acuerdo, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

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

Leyenda

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

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

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

Algunos medicamentos están designados como "marca preferida" en la clase de medicamentos en la que se mencionan. Si hay un medicamento de la misma clase que el medicamento que usted solicita y es el medicamento de marca preferida en esa clase, requerimos que se use primero o en su lugar. Los medicamentos específicos que primero requieren el uso de un medicamento de marca preferida también pueden indicarse como "PA por necesidad médica". Los requisitos de autorización previa por necesidad médica se aplican a algunos medicamentos especializados del Tier 4.



Molina Healthcare Marketplace

2025 Formulary Changes Effective January 1, 2025

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|--|--|---|
| Acetasol HC Solution 2-1% Otic | Remove Brand Version from Formulary | Generic Covered |
| Afrezza Powder 4UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Afrezza Powder 8UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Afrezza Powder 12UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Afrezza Powder 90 x 4 UNIT & 90x8 UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Afrezza Powder 90 x 8 UNIT & 90x12 UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Afrezza Powder 4 & 8 & 12UNIT Inhalation | Removing from Formulary | Short Acting Insulins (Novolin, Novolog, Fiasp) Covered |
| Alrex (loteprednol) Suspension 0.2% Ophthalmic | Remove Brand Version from Formulary | Generic Covered |
| Alvimopan Capsule 12MG Oral | Adding to formulary, non-preferred tier | |
| Amoxicillin Tablet 500MG Oral | Changing from non-preferred tier to preferred generic tier | |
| Atovaquone-Proguanil HCl Tablet 62.5-25MG Oral | Remove Prior Authorization Requirement | |
| Atovaquone-Proguanil HCl Tablet 250-100MG Oral | Remove Prior Authorization Requirement | |
| Balcoltra Tablet 0.1-20MG-MCG(21) Oral | Remove Brand Version from Formulary | Generic Covered |
| Candesartan Cilixetil Tablet 4MG Oral | Remove Step Therapy Requirement | |
| Candesartan Cilixetil Tablet 8MG Oral | Remove Step Therapy Requirement | |
| Candesartan Cilixetil Tablet 16MG Oral | Remove Step Therapy Requirement | |
| Candesartan Cilixetil Tablet 32MG Oral | Remove Step Therapy Requirement | |
| CARBAMAZEPIN CHW 200MG | Adding to formulary preferred generic tier | |
| COPAXONE 40 MG | Remove Brand Version from Formulary | Generic Covered |

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|---|--|-----------------------------|
| CORLANOR TAB 5MG | Remove Brand Version from Formulary | Generic Covered |
| CORLANOR TAB 7.5MG | Remove Brand Version from Formulary | Generic Covered |
| Darunavir Tablet 600MG Oral | Adding to formulary preferred generic tier | |
| Darunavir Tablet 800MG Oral | Adding to formulary preferred generic tier | |
| Descovy Tablet 120-15MG Oral | Adding to formulary preferred brand tier | |
| Descovy Tablet 200-25MG Oral | Adding to formulary preferred brand tier | |
| diITIAZem HCl ER Capsule Extended Release 12 Hour 60MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Capsule Extended Release 12 Hour 90MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 120MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 180MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 240MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 300MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 360MG Oral | Adding to formulary preferred generic tier | |
| diITIAZem HCl ER Tablet Extended Release 24 Hour 420MG Oral | Adding to formulary preferred generic tier | |
| Dimethyl Fumarate Capsule Delayed Release 120MG Oral | Changing from specialty tier cost sharing tier to preferred generic cost sharing tier | Specialty pharmacy required |
| Dimethyl Fumarate Capsule Delayed Release 240MG Oral | Changing from specialty tier cost sharing tier to preferred generic cost sharing tier | Specialty pharmacy required |
| Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240MG Oral | Changing from specialty tier cost sharing tier to preferred generic cost sharing tier | Specialty pharmacy required |

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|--|---|--|
| Doptelet Tablet 20MG | Adding to formulary specialty tier with prior authorization | |
| Dorzolamide HCl-Timolol Mal PF SOLN 2-0.5% | Adding to formulary preferred generic tier, Quantity Limit | |
| Edarbi Tablet 40MG Oral | Remove Brand Version from Formulary | Irbesartan, Valsartan, Losartan, Candesartan Covered |
| Edarbi Tablet 80MG Oral | Remove Brand Version from Formulary | Irbesartan, Valsartan, Losartan, Candesartan Covered |
| Ergomar Tablet Sublingual 2MG Sublingual | Removing Prior Authorization Requirement | |
| Estradiol Tablet 0.5MG Oral | Removing Prior Authorization Requirement | |
| Estradiol Tablet 1MG Oral | Removing Prior Authorization Requirement | |
| Estradiol Tablet 2MG Oral | Removing Prior Authorization Requirement | |
| Eurax Cream 10% External | Removing Step Therapy Requirement | |
| Ezetimibe Tablet 10MG Oral | Removing Step Therapy Requirement | |
| Firvanq Solution Reconstituted Oral | Remove Brand Version from Formulary | Generic Covered |
| guanFACINE HCl ER Tablet Extended Release 24 Hour 1MG Oral | Removing Prior Authorization Requirement | |
| guanFACINE HCl ER Tablet Extended Release 24 Hour 2MG Oral | Removing Prior Authorization Requirement | |
| guanFACINE HCl ER Tablet Extended Release 24 Hour 3MG Oral | Removing Prior Authorization Requirement | |
| guanFACINE HCl ER Tablet Extended Release 24 Hour 4MG Oral | Removing Prior Authorization Requirement | |
| INSULIN ASPART INJ 100 UNIT/ML | Removing from formulary | Brand Fiasp and Brand Novolog Covered |
| INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML | Removing from formulary | Brand Fiasp and Brand Novolog Covered |
| INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML | Removing from formulary | Brand Fiasp and Brand Novolog Covered |
| INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30) | Removing from formulary | Brand Fiasp and Brand Novolog Covered |

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|--|--|--|
| INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30) | Removing from formulary | Brand Fiasp and Brand Novolog Covered |
| Lanabiotic Ointment 5-500-10000 External | Adding to formulary, Preferred Generic Tier | |
| Lansoprazole Capsule Delayed Release 15MG Oral | Changing from non-preferred tier to preferred generic tier | |
| Lansoprazole Capsule Delayed Release 30MG Oral | Changing from non-preferred tier to preferred generic tier | |
| Ledipasvir-Sofosbuvir Tablet 90-400MG Oral | Changing from specialty cost sharing tier to preferred brand cost sharing tier | Specialty pharmacy required |
| Levonorgest-Eth Estradiol-Iron Tablet 0.1-20MG-MCG(21) Oral | Adding to formulary, preventative tier | |
| Liraglutide SOPN 18MG/3ML | Adding to formulary, preferred generic tier, Step Therapy required, Quantity Limit | Prior use of metformin within the past 180 days |
| Loteprednol Etabonate Gel 0.5% Ophthalmic | Adding to formulary, non-preferred generic tier with prior authorization requirement | |
| MIRABEGRON TAB ER 24 HR 25 MG | Adding to formulary, non-preferred tier with prior authorization requirement | |
| MIRABEGRON TAB ER 24 HR 50 MG | Adding to formulary, non-preferred tier with prior authorization requirement | |
| MYRBETRIQ (Mirabegron) TAB 25MG | Remove Brand Version from Formulary | Generic Covered |
| MYRBETRIQ (Mirabegron) TAB 50MG | Remove Brand Version from Formulary | Generic Covered |
| Naftifine HCl Gel 2% External | Adding to formulary, non-preferred tier with prior authorization requirement | |
| Naftin Gel 2% External | Remove Brand Version from Formulary | Generic Covered |
| Narcan Liquid 4MG/0.1ML Nasal (Prescription Only Version) | Remove Brand Version from Formulary | Generic Covered, Over-the-Counter Brand Narcan covered |
| Paser Packet 4GM Oral | Adding to formulary, non-preferred brand tier | |
| Pataday (olopatadine) OTC 0.1% and 0.2% | Remove Brand Version from Formulary | Generic Covered |
| PAZOPanib HCl Tablet 200MG Oral | Adding to formulary, specialty tier with prior authorization requirement | |
| PREGABALIN SOL 20MG/ML | Adding to formulary non-preferred generic tier | |
| Prezista Tablet 600MG Oral | Remove Brand Version from Formulary | Generic Covered |

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|--|--|---|
| Prezista Tablet 800MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Promacta Tablet 12.5MG Oral | Removing from formulary | Doptelet and Tavalisse Covered with Prior Authorization |
| Promacta Tablet 25MG Oral | Removing from formulary | Doptelet and Tavalisse Covered with Prior Authorization |
| Promacta Tablet 50MG Oral | Removing from formulary | Doptelet and Tavalisse Covered with Prior Authorization |
| Promacta Tablet 75MG Oral | Removing from formulary | Doptelet and Tavalisse Covered with Prior Authorization |
| Rectiv Ointment 0.4% Rectal | Remove Brand Version from Formulary | Generic Covered |
| Simlandi (2 Pen) AJKT 40MG/0.4ML | Adding to formulary preferred specialty tier with prior authorization | |
| Simlandi (1 Pen) AJKT 40MG/0.4ML | Adding to formulary preferred specialty tier with prior authorization | |
| Sofosbuvir-Velpatasvir Tablet 400-100MG Oral | Changing from specialty tier to preferred brand tier | Specialty pharmacy required |
| Sprycel (dasatinib) Tablet 20MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Sprycel (dasatinib) Tablet 50MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Sprycel (dasatinib) Tablet 70MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Sprycel (dasatinib) Tablet 80MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Sprycel (dasatinib) Tablet 100MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Sprycel (dasatinib) Tablet 140MG Oral | Remove Brand Version from Formulary | Generic Covered |
| SUBLOCADE SOSY 100MG/0.5ML | Adding to formulary, non-preferred Brand tier with day supply max | |
| SUBLOCADE SOSY 300MG/1.5ML | Adding to formulary, non-preferred Brand tier with day supply max | |
| Tavalisse TABS 100MG | Adding to formulary, specialty tier with Prior Authorization | |
| Tavalisse TABS 150MG | Adding to formulary, specialty tier with Prior Authorization | |
| TechLITE Insulin Syringe 29G X 1/2"0.3 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |

| Drug Name | Description of Formulary Change | Notes/Alternatives |
|--|--|--------------------|
| TechLITE Insulin Syringe 30G X 5/16"0.3 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLITE Insulin Syringe 30G X 1/2"0.3 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLITE Insulin Syringe 29G X 1/2"0.5 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLITE Insulin Syringe 30G X 5/16"0.5 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLITE Insulin Syringe 29G X 1/2"1 ML | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLite Pen Needles 29G X 10MM | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLite Pen Needles 29G X 12MM | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| TechLite Pen Needles 31G X 6 MM | Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing) | |
| Tiopronin Tablet 100MG Oral | Adding to formulary, specialty tier with prior authorization requirement | |
| Vancomycin solutions reconstituted oral | Adding to formulary, preferred generic tier | |
| Victoza (liraglutide) 18MG/3ML | Remove Brand Version from Formulary | Generic Covered |
| Votrient (pazopanib) Tablet 200MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 10MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 20MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 30MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 40MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 50MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 60MG Oral | Remove Brand Version from Formulary | Generic Covered |
| Vyvanse (lisdexamfetamine) Capsule 70MG Oral | Remove Brand Version from Formulary | Generic Covered |
| ZOLMitriptan SOLN 2.5MG | Adding to formulary, non-preferred generic tier with QL and ST requirement | |

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> | Tier 1 | 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>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</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) |
| <i>methamphetamine hcl oral tablet 5 mg</i> | Tier 2 | PA; AGE (Min 6 Years and Max 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| <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 |
| <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 |
| HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate) | Tier 2 | |
| <i>neomycin sulfate oral tablet 500 mg</i> | Tier 1 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| *Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever | | |
| *Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib) | Tier 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 AUTO-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 AUTO-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-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab) | Tier 4 | PA; QL (2 EA per 28 days); Preferred Brand |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-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 AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab) | Tier 4 | PA; QL (4 EA per 365 days); Preferred Brand |
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab) | Tier 4 | PA; QL (2 EA per 28 days); Preferred Brand |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab) | Tier 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 (3 EA per 28 Days); Preferred Cordavis Brand |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| 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 365 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 365 Days); Preferred Cordavis Brand |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (Adalimumab-ryvk) | Tier 4 | PA; QL (2 EA per 28 days); Preferred Brand |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (Adalimumab-ryvk) | Tier 4 | PA; QL (2 EA per 28 days); Preferred 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 3 | PA |
| *Interleukin-1 Blockers*** - Arthritis And Pain Drugs | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept) | Tier 4 | PA |
| *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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| 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 (Nsaids)*** - Arthritis And Pain Drugs | | |
| <i>ketoprofen oral capsule 50 mg</i> | Tier 3 | PA; QL (4 EA per 1 day) |
| <i>fenoprofen calcium oral tablet 600 mg</i> | Tier 2 | PA; QL (4 EA per 1 day) |
| <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) |
| 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, 300 mg</i> | Tier 1 | MAIL; QL (5 EA per 1 day) |
| <i>etodolac oral tablet 400 mg</i> | Tier 1 | MAIL; QL (3 EA per 1 day) |
| <i>etodolac oral tablet 500 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| <i>ibuprofen 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| <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 |
| *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 |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| 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, 325 mg/10.15ml, 650 mg/20.3ml</i> | Tier 1 | OTC |
| <i>acetaminophen oral suspension 80 mg/0.8ml</i> | Tier 1 | OTC |
| <i>acetaminophen oral tablet 325 mg</i> | Tier 1 | OTC |
| <i>acetaminophen oral tablet chewable 80 mg</i> | Tier 1 | OTC |
| <i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i> | Tier 1 | OTC |
| <i>acetaminophen rectal suppository 120 mg, 325 mg, 650 mg</i> | Tier 1 | OTC |
| FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen) | Tier 1 | OTC |
| *Analgesics-Sedatives*** - 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| *Salicylates*** - Arthritis And Pain Drugs | | |
| <i>aspirin 81 oral tablet chewable 81 mg</i> | Tier 1 | OTC; QL (100 EA per 30 days); Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1 |
| <i>aspirin adult oral tablet 325 mg</i> | Tier 1 | OTC |
| <i>aspirin oral tablet delayed release 325 mg</i> | Tier 1 | OTC; QL (100 EA per 30 days) |
| <i>diflunisal oral tablet 500 mg</i> | Tier 1 | MAIL; QL (3 EA per 1 day) |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i> | Tier 1 | OTC; QL (100 EA per 30 days) |
| <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, 300-30 mg/12.5ml</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) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| 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) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl) | Tier 3 | PA; MED (MED) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl) | 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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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>oxycodone hcl oral tablet abuse-deterrent 15 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) |
| 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) |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML (Buprenorphine) | Tier 2 | QL (0.5 ML per 28 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML (Buprenorphine) | Tier 2 | QL (1.5 ML per 28 days) |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | Tier 1 | QL (12 EA per 1 day) |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | Tier 1 | QL (3 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | Tier 1 | QL (12 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>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 | | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | Tier 1 | PA |
| *Androgens*** - Drugs For Men | | |
| <i>methitest oral tablet 10 mg</i> | Tier 4 | PA; AGE (Min 18 Years and Max 999 Years) |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 4 | PA; AGE (Min 18 Years and Max 999 Years) |
| <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); AGE (Min 18 Years and Max 999 Years) |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | Tier 1 | QL (10 ML per 25 days); AGE (Min 18 Years and Max 999 Years) |
| Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML) | Tier 1 | QL (10 ML per 25 days); AGE (Min 18 Years and Max 999 Years) |
| *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 2 | |
| *Rectal Anesthetic Combinations*** - Rectal Preparations | | |
| <i>hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Tier 1 | OTC |
| *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 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone) | Tier 1 | OTC; QL (60 GM per 25 days) |
| Hydrocortisone (Proctocare-Hc External Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Procto-Kit Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Procto-Med Hc External Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctosol Hc External Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctozone-Hc External Cream 2.5 %) | Tier 1 | |
| Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %) | Tier 1 | |
| *Antacids* - 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 |
| *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>mebendazole oral tablet chewable 100 mg</i> | Tier 3 | |
| <i>albendazole oral tablet 200 mg</i> | Tier 2 | QL (2 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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) |
| <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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| *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) |
| *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 |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | MAIL |
| *Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms | | |
| MULTAQ ORAL TABLET 400 MG (Dronedaronone HCl) | Tier 3 | PA |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | Tier 2 | |
| <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 | QL (20.4 GM per 28 days) |
| <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) |
| 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 (60 GM per 30 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | Tier 1 | MAIL; QL (1 EA per 30 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | MAIL; QL (1 EA per 25 days) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-------------------------------|
| <i>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, 250-50 Mcg/Act, 500-50 Mcg/Act) | Tier 1 | MAIL; QL (1 EA per 30 days) |
| Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose) | Tier 1 | MAIL; QL (1 EA per 25 days) |
| *Anti-Ige Monoclonal Antibodies*** - 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) |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | QL (6.7 GM per 24 days) |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | MAIL; QL (18 GM per 30 days) |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | MAIL; QL (6.7 GM per 30 days) |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Tier 1 | MAIL; QL (8.5 GM per 30 days) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i> | Tier 1 | MAIL; QL (225 ML per 25 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <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 |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| 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 |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| 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) |
| <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 (Epilex Oral Tablet 200 Mg) | Tier 1 | MAIL |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| 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 |
| <i>carbamazepine oral tablet chewable 200 mg</i> | PREV | |
| <i>pregabalin oral solution 20 mg/ml</i> | PREV | |
| *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 | |
| *Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended) | Tier 2 | MAIL |
| Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg) | 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 (Phenytoin Infatabs Oral Tablet Chewable 50 Mg) | Tier 1 | MAIL |
| *Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain | | |
| <i>methsuximide oral capsule 300 mg</i> | 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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 | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline) | Tier 3 | PA |
| MARPLAN ORAL TABLET 10 MG (Isocarboxazid) | Tier 3 | PA |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | Tier 2 | QL (8 EA per 1 day) |
| <i>phenelzine sulfate oral tablet 15 mg</i> | Tier 1 | MAIL; QL (6 EA per 1 day) |
| NARDIL ORAL TABLET 15 MG (Phenelzine Sulfate) | Tier 1 | MAIL; QL (6 EA per 1 day) |
| *Selective Serotonin Reuptake Inhibitors (SsrIs)*** - Drugs For Depression | | |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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 | | |
| BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr) | Tier 3 | PA |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr) | Tier 3 | PA |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 2 | PA |
| <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 3 | PA |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl) | Tier 3 | PA |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i> | Tier 1 | MAIL; QL (3 EA per 1 day) |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | MAIL; QL (3 EA per 1 day) |
| *Tricyclic Agents*** - 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <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) |
| <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 |
| 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 | |
| <i>glucagon emergency kit 1 mg injection</i> | Tier 2 | QL (2 EA per 25 days) |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon) | Tier 2 | QL (2 EA per 25 days) |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon) | Tier 2 | QL (2 EA per 25 days) |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA)) | Tier 2 | QL (2 EA per 25 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-------------------------------|
| 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 | ST; QL (1 EA per 1 day) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes | | |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i> | Tier 2 | ST; QL (2 EA per 1 day) |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SitaGLIPTin-MetFORMIN HCl) | Tier 2 | ST; MAIL; QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SitaGLIPTin-MetFORMIN HCl) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SitaGLIPTin-MetFORMIN HCl) | Tier 2 | ST; MAIL; QL (2 EA per 1 day) |
| *Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes | | |
| CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate) | Tier 2 | MAIL; QL (6 EA per 1 day) |
| *Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes | | |
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | Tier 2 | ST; QL (1 EA per 1 day) |
| *Human Insulin*** - Drugs For Diabetes | | |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------------|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human) | Tier 2 | MAIL; QL (18 ML per 25 days) |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------------|
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine) | Tier 2 | QL (18 ML per 25 days) |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine) | Tier 2 | QL (18 ML per 25 days) |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec) | Tier 2 | MAIL; QL (30 ML per 25 days) |
| *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; QL (3 ML per 25 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide) | Tier 2 | ST; QL (3 ML per 25 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide) | Tier 2 | ST; QL (3 ML per 28 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide) | Tier 2 | ST; QL (1 EA per 1 day) |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide) | Tier 2 | ST; QL (2 ML per 24 days) |
| 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; QL (2 ML per 24 days) |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i> | Tier 1 | ST; QL (9 ML per 25 Days) |
| *Insulin-Incretin Mimetic Combinations*** - 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-Metformin) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linagliptin-Metformin) | Tier 2 | ST; MAIL; QL (2 EA per 1 day) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-------------------------------|
| *SglT2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| *Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors*** - Drugs For Diabetes | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin) | Tier 2 | ST; MAIL; QL (1 EA per 1 day) |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes | | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl) | Tier 2 | ST; MAIL; 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>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i> | Tier 1 | OTC |
| <i>lofene oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| <i>loperamide hcl oral capsule 2 mg</i> | Tier 1 | |
| <i>loperamide hcl oral 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 3 | 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 | Rx/OTC |
| <i>naltrexone hcl oral tablet 50 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| Naltrexone HCl (Depade Oral Tablet 50 Mg) | Tier 1 | QL (2 EA per 1 day) |
| NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl) | Tier 1 | QL (0.8 ml per 28 days); OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| *Antiemetics* - Drugs For The Stomach | | |
| *5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea | | |
| ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate) | Tier 3 | PA |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 2 | QL (2 EA per 1 day) |
| <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 3 | 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>diphenhydramine oral elixir 12.5 mg/5ml</i> | Tier 1 | OTC; AGE (Max 12 Years) |
| <i>diphenhydramine oral elixir 12.5 mg/5ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>di-phen oral elixir 12.5 mg/5ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>di-phen oral liquid 12.5 mg/5ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>diphenhydramine 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) |
| <i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <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 3 | PA |
| *Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol | | |
| NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid) | Tier 3 | 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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 packet 4 gm</i> | Tier 1 | QL (240 EA per 25 days) |
| <i>cholestyramine light oral powder 4 gm/dose</i> | Tier 1 | MAIL; QL (240 GM per 25 days) |
| <i>cholestyramine oral 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); Tier 5 for ages 40-75, otherwise Tier 2 |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | Tier 2 | ST; QL (1 EA per 1 day); Tier 5 for ages 40-75, otherwise Tier 2 |
| <i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i> | Tier 2 | QL (1.5 EA per 1 day); PREV for ages 40-75 |
| <i>rosuvastatin calcium oral tablet 20 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</i> | Tier 1 | MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75 |
| <i>atorvastatin calcium oral tablet 40 mg</i> | Tier 1 | MAIL; QL (1.5 EA per 1 day) |
| <i>atorvastatin calcium oral tablet 80 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>lovastatin oral tablet 10 mg, 20 mg</i> | Tier 1 | MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75 |
| <i>lovastatin oral tablet 40 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day); PREV for ages 40-75 |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75 |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <i>pravastatin sodium oral tablet 80 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day); PREV for ages 40-75 |
| <i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75 |
| <i>simvastatin oral tablet 40 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day); PREV for ages 40-75 |
| <i>simvastatin oral tablet 80 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| *Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - 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 | 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) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| *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) |
| <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 | QL (2 EA per 1 day) |
| <i>candesartan cilexetil oral tablet 32 mg</i> | Tier 2 | 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>telmisartan oral tablet 80 mg</i> | Tier 2 | ST; QL (1 EA per 1 day) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>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 3 | |
| VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl) | Tier 3 | |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| <i>eplerenone oral tablet 50 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| *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 | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide) | Tier 3 | PA |
| <i>atovaquone oral suspension 750 mg/5ml</i> | Tier 2 | PA |
| <i>nitazoxanide oral tablet 500 mg</i> | Tier 2 | PA |
| *Glycopeptides*** - Antibiotics | | |
| <i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i> | Tier 1 | |
| *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 3 | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>pyrimethamine-leucovorin oral capsule 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| *Antimalarials*** - 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 | | |
| *Antimycobacterial Agents*** - Antibiotics | | |
| PASER ORAL PACKET 4 GM (Aminosalicylic Acid) | Tier 3 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate) | Tier 3 | |
| TRECTOR ORAL TABLET 250 MG (Ethionamide) | 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 | |
| PRIFTIN ORAL TABLET 150 MG (Rifapentine) | Tier 2 | QL (32 EA per 25 days) |
| <i>cycloserine oral capsule 250 mg</i> | Tier 1 | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| <i>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) |
| 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); QL (2 EA per 1 day) |
| *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); Tier 5 for ages 35 and over, otherwise Tier 1 |
| *Antimetabolites*** - Drugs For Cancer | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier 4 | PA; ONC (ONC); QL (4 EA per 1 day) |
| TABLOID ORAL TABLET 40 MG (Thioguanine) | Tier 4 | PA; ONC (ONC) |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | ONC (ONC); QL (3 EA per 1 day) |
| <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>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> | Tier 4 | PA; ONC (ONC); QL (1 EA per 1 day) |
| <i>dasatinib oral tablet 20 mg</i> | Tier 4 | PA; ONC (ONC); QL (3 EA per 1 day) |
| <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) |
| TAGRISO 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>pazopanib hcl oral tablet 200 mg</i> | Tier 4 | PA; QL (4 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| 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) |
| *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); QL (2 EA per 1 day) |
| *Aromatase Inhibitors*** - Drugs For Cancer | | |
| <i>exemestane oral tablet 25 mg</i> | Tier 2 | Tier 5 for ages 35 and over, otherwise Tier 2 |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | MAIL; Tier 5 for ages 35 and over, otherwise Tier 1 |
| <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); QL (1 EA per 1 day) |
| *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; AGE (Min 18 Years and Max 999 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------------|
| *Mitotic Inhibitors*** - Drugs For Cancer | | |
| <i>etoposide oral capsule 50 mg</i> | Tier 4 | PA; ONC (ONC); QL (2 EA per 1 day) |
| *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 (Lomustine) | Tier 4 | PA; ONC (ONC); QL (3 EA per 1 day) |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Lomustine) | Tier 4 | PA; ONC (ONC); QL (2 EA per 1 day) |
| *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); QL (9 EA per 1 day) |
| *Selective Retinoid X Receptor Agonists*** - Drugs For Cancer | | |
| <i>bexarotene oral capsule 75 mg</i> | Tier 4 | PA; ONC (ONC); QL (6 EA per 1 day) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|------------------------------------|
| 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) |
| 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| <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 |
| *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 | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone) | Tier 3 | PA |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone) | Tier 3 | PA |
| <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) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| 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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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); AGE (Min 6 Years and Max 16 Years) |
| <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 |
| BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate) | Tier 1 | OTC |
| *Antivirals* - Drugs For Infections | | |
| *Antiretroviral Combinations*** - Drugs For Viral Infections | | |
| DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF) | Tier 3 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF) | Tier 3 | QL (1 EA per 1 day); PREV when used for Prevention; Preventive tier cost sharing when used for PrEP |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | Tier 2 | QL (2 EA per 1 day) |
| <i>trumeq pd oral tablet soluble 60-5-30 mg</i> | Tier 2 | QL (6 EA per 1 day) |
| BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofovir) | Tier 2 | QL (1 EA per 1 day); AGE (Max 12 Years) |
| BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofovir) | 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) |

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|--|------------------|---|
| DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF) | Tier 2 | QL (1 EA per 1 day) |
| DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine) | Tier 2 | QL (1 EA per 1 day) |
| EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat) | Tier 2 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF) | Tier 2 | QL (1 EA per 1 day) |
| JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine) | Tier 2 | QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF) | Tier 2 | QL (1 EA per 1 day) |
| PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat) | Tier 2 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF) | Tier 2 | QL (1 EA per 1 day) |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF) | Tier 2 | QL (1 EA per 1 day) |
| TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir) | Tier 2 | QL (1 EA per 1 day) |
| TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud) | Tier 2 | QL (1 EA per 1 day) |
| TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine) | Tier 2 | QL (2 EA per 1 day) |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> | Tier 1 | QL (1 EA per 1 day); PREV when used for Prevention; Preventive tier cost sharing when used for PrEP |
| <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 |

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|---|------------------|-------------------------|
| *Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine) | Tier 2 | QL (2 EA per 1 day) |
| *Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections | | |
| ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium) | Tier 2 | QL (2 EA per 1 day) |
| ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium) | Tier 2 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium) | Tier 2 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium) | Tier 2 | QL (2 EA per 1 day) |
| TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium) | Tier 2 | QL (1 EA per 1 day) |
| 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 75 MG (Darunavir) | Tier 3 | QL (16 EA per 1 day) |
| APTIVUS ORAL CAPSULE 250 MG (Tipranavir) | Tier 2 | QL (4 EA per 1 day) |
| INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate) | Tier 2 | QL (10 EA per 1 day) |
| VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate) | Tier 2 | QL (10 EA per 1 day) |
| VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate) | Tier 2 | QL (4 EA per 1 day) |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>atazanavir sulfate oral capsule 300 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>darunavir oral tablet 600 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>darunavir oral tablet 800 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| <i>ritonavir oral tablet 100 mg</i> | Tier 1 | QL (12 EA per 1 day) |
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** - 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------|
| <i>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) |
| <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 | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir) | Tier 3 | PA |
| VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate) | Tier 3 | PA |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | Tier 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) |
| <i>lamivudine oral tablet 100 mg</i> | Tier 1 | QL (3 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| *Hepatitis C Agent - Combinations*** - Drugs For Viral Infections | | |
| 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) |
| <i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i> | Tier 2 | PA; SP; QL (1 EA per 1 day); Preferred |
| <i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i> | Tier 2 | PA; SP; QL (1 EA per 1 day); Preferred |
| *Hepatitis C Agents*** - Drugs For Viral Infections | | |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a) | Tier 4 | PA |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| 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 |
| <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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| *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, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | Tier 2 | PA |
| <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) |
| <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 coated beads oral capsule extended release 24 hour 360 mg</i> | Tier 1 | |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i> | Tier 1 | MAIL; QL (6 EA per 1 day) |
| <i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>diltiazem hcl er oral capsule extended release 24 hour 300 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| <i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>diltiazem hcl er oral tablet extended release 24 hour 420 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>felodipine er oral tablet extended release 24 hour 10 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>isradipine oral capsule 2.5 mg</i> | Tier 1 | MAIL; QL (6 EA per 1 day) |
| <i>isradipine oral capsule 5 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| <i>nicardipine hcl oral capsule 20 mg</i> | Tier 1 | MAIL; QL (6 EA per 1 day) |
| <i>nicardipine hcl oral capsule 30 mg</i> | Tier 1 | MAIL; QL (3 EA per 1 day) |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>nifedipine er oral tablet extended release 24 hour 90 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day); AGE (Max 64 Years) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| 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 |
| *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 |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| *Cephalosporins* - 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) |
| *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) |

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

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| 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) |

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|---|-------------------------|----------------------------|
| Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Norgestimate-Eth Estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24)) | PREV | MAIL; QL (1 EA per 1 day) |
| Norethin Ace-Eth Estrad-FE (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) |

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

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

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

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|------------------------------|
| Ethinodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Ethinodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Ethinodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |
| Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| *Combination Contraceptives - Transdermal*** - 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| Levonorgest-Eth Estrad 91-Day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Iclevia Oral Tablet 0.15-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Quasense Oral Tablet 0.15-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg) | PREV | MAIL; QL (1 EA per 1 day) |
| *Four Phase Contraceptives - Oral*** - Birth Control Pills | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest) | PREV | MAIL; QL (1 EA per 1 day) |
| *Progestin Contraceptives - Implants*** - Birth Control Pills | | |
| IMPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel) | PREV | QL (1 EA per 999 days) |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel) | PREV | QL (1 EA per 999 days) |
| *Progestin Contraceptives - Injectable*** - Birth Control Pills | | |
| <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 | 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) |
| Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg) | PREV | MAIL; QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| 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) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| 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 | |
| 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 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------------|
| *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 | 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) |
| <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) |

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|--|-------------------------|------------------------------|
| 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) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| <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 |
| 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <i>benzoyl peroxide external gel 10 %</i> | Tier 1 | |
| <i>benzoyl peroxide external gel 5 %</i> | Tier 1 | OTC |
| <i>benzoyl peroxide external liquid 10 %</i> | Tier 1 | QL (240 EA per 28 days) |
| <i>benzoyl peroxide external liquid 5 %</i> | Tier 1 | QL (240 EA per 25 days) |
| <i>benzoyl peroxide external lotion 10 %, 5 %</i> | Tier 1 | OTC |
| <i>benzoyl peroxide wash external liquid 10 %</i> | Tier 1 | QL (240 GM per 28 days) |
| <i>benzoyl peroxide wash external liquid 5 %</i> | Tier 1 | QL (240 GM per 25 days) |
| <i>bp foaming wash external liquid 10 %</i> | Tier 1 | QL (240 GM per 28 days) |
| <i>bp gel external gel 10 %</i> | Tier 1 | OTC |
| <i>bp wash external liquid 10 %</i> | Tier 1 | OTC; QL (240 GM per 28 days) |
| <i>del-aqua external gel 5 %</i> | Tier 1 | |
| 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 3 | PA |
| *Antibiotic Mixtures Topical*** - Drugs For The Skin | | |
| <i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</i> | Tier 1 | OTC |
| <i>first aid antibiotic ointment 3.5-500-10000 external</i> | Tier 1 | OTC |
| <i>hm triple antibiotic ointment 3.5-400-5000 external</i> | Tier 1 | OTC |
| <i>triple antibiotic pain relief external ointment 1 %</i> | Tier 1 | OTC |
| <i>triple antibiotic plus external ointment 1 %</i> | Tier 1 | OTC |
| <i>triple antibiotic plus max st external ointment 1 %</i> | Tier 1 | OTC |
| LANABIOTIC OINTMENT 5-500-10000 EXTERNAL (Neomycin-Bacitracin-Polymyxin) | Tier 1 | OTC |
| *Antibiotics - Topical*** - Drugs For The Skin | | |
| ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin) | Tier 3 | PA |
| <i>antibiotic external ointment 500 unit/gm</i> | Tier 1 | OTC |
| <i>bacitracin external ointment 500 unit/gm</i> | Tier 1 | OTC |
| <i>bacitracin zinc external ointment 500 unit/gm</i> | Tier 1 | OTC |
| <i>gentamicin sulfate external cream 0.1 %</i> | Tier 1 | QL (60 GM per 25 days) |
| <i>gentamicin sulfate external ointment 0.1 %</i> | Tier 1 | QL (60 GM per 25 days) |
| <i>mupirocin external ointment 2 %</i> | Tier 1 | QL (44 GM per 25 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| *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 | | |
| <i>naftifine hcl external gel 1 %, 2 %</i> | Tier 3 | PA |
| NAFTIN EXTERNAL GEL 1 % (Naftifine HCl) | Tier 3 | PA |
| <i>naftifine hcl external cream 1 %</i> | Tier 2 | PA |
| <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 | |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| 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 AUTO-INJECTOR 100 MG/ML (Guselkumab) | Tier 4 | PA; Preferred Brand |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab) | Tier 4 | PA; Preferred Brand |
| 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) |

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|--|------------------|-----------------------------|
| <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 |
| *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 3 | QL (454 GM per 25 days) |
| <i>mafenide acetate external packet 5 %</i> | Tier 1 | |
| <i>silver sulfadiazine external cream 1 %</i> | Tier 1 | QL (400 GM per 25 days) |
| Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %) | Tier 1 | QL (400 GM per 25 days) |
| Silver Sulfadiazine (Ssd Af External Cream 1 %) | Tier 1 | QL (400 GM per 25 days) |
| Silver Sulfadiazine (Ssd External Cream 1 %) | Tier 1 | QL (400 GM per 25 days) |
| Silver Sulfadiazine (Thermazene External Cream 1 %) | Tier 1 | QL (400 GM per 25 days) |
| *Corticosteroids - Topical*** - Drugs For The Skin | | |
| <i>amcinonide external lotion 0.1 %</i> | Tier 3 | QL (60 ML per 25 days) |
| <i>amcinonide external ointment 0.1 %</i> | Tier 3 | QL (60 GM per 25 days) |
| APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base) | Tier 3 | PA; QL (60 GM per 25 days) |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide) | Tier 3 | PA |
| HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide) | Tier 3 | PA; QL (60 GM per 25 days) |
| <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) |
| <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 | 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) |

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|---|-------------------------|----------------------------|
| <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) |
| Diflorasone Diacetate (Apexicon External Ointment 0.05 %) | Tier 2 | QL (60 GM per 25 days) |
| 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) |
| 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) |
| <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) |
| <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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|------------------------------|
| <i>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) |
| <i>mometasone furoate external ointment 0.1 %</i> | Tier 1 | QL (60 GM per 25 days) |
| <i>mometasone furoate external solution 0.1 %</i> | Tier 1 | QL (60 ML per 25 days) |
| <i>prednicarbate external ointment 0.1 %</i> | Tier 1 | QL (60 GM per 30 days) |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i> | Tier 1 | QL (454 GM per 25 days) |
| <i>triamcinolone acetonide external cream 0.5 %</i> | Tier 1 | QL (15 GM per 25 days) |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | Tier 1 | QL (60 ML per 25 days) |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i> | Tier 1 | QL (454 GM per 25 days) |
| <i>triamcinolone acetonide external ointment 0.5 %</i> | Tier 1 | QL (15 GM per 25 days) |
| 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 Absorbbase 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|------------------------------|
| <i>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 3 | 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 |
| ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate) | Tier 3 | PA |
| OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate) | 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>antifungal external cream 2 %</i> | Tier 1 | OTC |
| <i>antifungal external powder 2 %</i> | Tier 1 | OTC |
| <i>clotrimazole af external cream 1 %</i> | Tier 1 | OTC |
| <i>clotrimazole anti-fungal external cream 1 %</i> | Tier 1 | OTC |
| <i>clotrimazole athletes foot external cream 1 %</i> | Tier 1 | OTC |
| <i>clotrimazole external cream 1 %</i> | Tier 1 | |
| <i>clotrimazole external solution 1 %</i> | Tier 1 | |
| <i>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) |
| <i>capsaicin external cream 0.1 %</i> | Tier 1 | OTC |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------------|
| <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) |
| *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 (Vitazol 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>lice treatment external liquid 0.33-4 %</i> | Tier 1 | OTC |
| <i>lice treatment max st combination kit 0.33-4-0.5 %</i> | Tier 1 | OTC |
| <i>sb lice treatment external liquid 0.3-3 %</i> | Tier 1 | OTC |
| *Scabicides & Pediculicides*** - Drugs For The Skin | | |
| EURAX EXTERNAL CREAM 10 % (Crotamiton) | Tier 3 | PA |
| <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) |
| <i>lice control aerosol† 0.5 %</i> | Tier 1 | OTC |
| <i>lice treatment external liquid 1 %</i> | Tier 1 | OTC |
| <i>lindane external shampoo 1 %</i> | Tier 1 | QL (60 ML per 25 days) |
| <i>malathion external lotion 0.5 %</i> | Tier 1 | QL (59 ML per 25 days) |
| <i>permethrin external cream 5 %</i> | Tier 1 | QL (120 GM per 25 days) |
| <i>permethrin external liquid 1 %</i> | Tier 1 | OTC |
| <i>permethrin external lotion 1 %</i> | Tier 1 | OTC |
| <i>permethrin lice treatment external lotion 1 %</i> | Tier 1 | OTC |
| Permethrin (Acticin External Cream 5 %) | Tier 1 | QL (120 GM per 25 days) |
| *Seboreic Keratosis Products** - Drugs For The Skin | | |
| ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide) | Tier 3 | 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 | | |
| REGRANEX EXTERNAL GEL 0.01 % (Becaplermin) | Tier 3 | PA; QL (15 GM per 25 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| *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) |
| *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 | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | Tier 2 | QL (4 EA per 1 day) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 2 | QL (6 EA per 1 day) |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | MAIL; QL (4 EA per 1 day) |
| *Diuretic Combinations*** - Drugs For High Blood Pressure | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | MAIL |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | Tier 1 | MAIL |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | Tier 1 | MAIL |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | MAIL |
| *Loop Diuretics*** - Drugs For High Blood Pressure | | |
| <i>ethacrynic acid oral tablet 25 mg</i> | Tier 2 | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MAIL |
| <i>furosemide oral solution 10 mg/ml, 40 mg/4ml, 8 mg/ml</i> | Tier 1 | MAIL; AGE (Max 12 Years) |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | MAIL |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | Tier 1 | MAIL |
| *Potassium Sparing Diuretics*** - Drugs For High Blood Pressure | | |
| <i>triamterene oral capsule 100 mg, 50 mg</i> | Tier 2 | |
| <i>amiloride hcl oral tablet 5 mg</i> | Tier 1 | MAIL |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | MAIL |
| *Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | MAIL |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | MAIL |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | MAIL |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | MAIL |
| *Endocrine And Metabolic Agents - Misc.* - Hormones | | |
| *Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women | | |
| <i>mifepristone oral tablet 200 mg</i> | PREV | QL (1 EA per 1 day) |
| *Bisphosphonates*** - Drugs For Menopause And Bone Loss | | |
| <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>risedronate sodium oral tablet 35 mg</i> | Tier 2 | MAIL; QL (0.143 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| 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 |
| *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; AGE (Min 18 Years and Max 999 Years) |
| *Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss | | |
| <i>teriparatide 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); Tier 5 for ages 35 and over, otherwise Tier 1 |
| *Selective Vasopressin V2-Receptor Antagonists*** - Hormones | | |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i> | Tier 4 | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| *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 |
| *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/ML) | 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); AGE (Min 18 Years and Max 999 Years) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| <i>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); AGE (Min 18 Years and Max 999 Years) |
| Estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr) | Tier 2 | QL (8 EA per 23 days); AGE (Min 18 Years and Max 999 Years) |
| Estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr) | Tier 2 | QL (8 EA per 23 days); AGE (Min 18 Years and Max 999 Years) |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens) | Tier 2 | MAIL; QL (1 EA per 1 day) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated) | Tier 2 | MAIL; QL (1 EA per 1 day) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | MAIL; AGE (Min 18 Years and Max 999 Years) |
| *Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women | | |
| DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene) | Tier 3 | QL (1 EA per 1 day) |
| *Fluoroquinolones* - Drugs For Infections | | |
| *Fluoroquinolones*** - Antibiotics | | |
| BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine) | Tier 3 | PA |
| FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate) | Tier 3 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | Tier 2 | |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| <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 | |
| <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 |
| *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 | | |
| DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium) | Tier 3 | |
| <i>mesalamine oral tablet delayed release 800 mg</i> | 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</i> | Tier 1 | MAIL |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| *Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach | | |
| RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide) | Tier 4 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide) | Tier 4 | PA |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate) | Tier 3 | PA |
| SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate) | Tier 3 | PA |
| <i>alvimopan oral capsule 12 mg</i> | Tier 2 | |
| *Phosphate Binder Agents*** - Drugs For The Stomach | | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide) | Tier 3 | PA |
| <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 |
| <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 |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| <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 |
| <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 3 | 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) |
| *Urinary Stone Agents*** - Drugs For The Urinary System | | |
| <i>tiopronin oral tablet 100 mg</i> | Tier 4 | PA |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <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) |
| *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 |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Coagulation Factor IX (Recomb)) | Tier 4 | PA |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor) | Tier 4 | PA |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor) | 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 | PA |
| 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 3 | PA; QL (2 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| *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 |
| *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 3 | 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) |
| <i>ticlopidine hcl oral tablet 250 mg</i> | Tier 1 | |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| *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 |
| 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); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1 |
| <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); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1 |
| <i>folic acid oral tablet 800 mcg</i> | Tier 1 | MAIL; OTC; QL (1 EA per 1 day); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1 |
| <i>kp folic acid oral tablet 1 mg</i> | Tier 1 | MAIL; OTC |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-jmdb) | Tier 4 | PA; QL (0.6 ML per 14 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>ferotrinsic oral capsule</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | OTC |
| <i>foltrin oral capsule</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>martinic oral capsule</i> | Tier 1 | QL (2 EA per 1 day) |

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|---|-------------------------|---|
| <i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i> | Tier 1 | |
| <i>tl icon oral capsule</i> | Tier 1 | QL (2 EA per 1 day) |
| Fe Fumarate-B12-Vit C-FA-IFC (Conison Oral Capsule) | Tier 1 | QL (2 EA per 1 day) |
| Iron Polysacch Cmplx-B12-FA (IfereX 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg) | Tier 1 | |
| Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule) | Tier 1 | QL (2 EA per 1 day) |
| *Iron*** - 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 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 mg, 325 (65 fe) mg</i> | Tier 1 | OTC |
| <i>gnp iron oral tablet extended release 45 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 high-potency oral tablet extended release 45 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) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <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) |
| <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 3 | PA |
| *Selective Melatonin Receptor Agonists*** - Drugs For Insomnia | | |
| <i>tasimelteon oral capsule 20 mg</i> | Tier 4 | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <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 | Tier 5 for ages 45-74, otherwise Tier 3 |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> | Tier 2 | Tier 5 for ages 45-74, otherwise Tier 2 |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i> | Tier 2 | Tier 5 for ages 45-74, otherwise Tier 2 |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i> | Tier 2 | Tier 5 for ages 45-74, otherwise Tier 2 |
| <i>peg 3350/electrolytes oral solution reconstituted 240 gm</i> | Tier 1 | Tier 5 for ages 45-74, otherwise Tier 1 |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | Tier 1 | Tier 5 for ages 45-74, otherwise Tier 1 |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | Tier 1 | Tier 5 for ages 45-74, otherwise Tier 1 |
| PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm) | Tier 1 | Tier 5 for ages 45-74, otherwise Tier 1 |
| PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm) | Tier 1 | Tier 5 for ages 45-74, otherwise Tier 1 |
| PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm) | Tier 1 | Tier 5 for ages 45-74, otherwise 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| 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 |
| <i>glycerin (infants & children) rectal suppository 1.2 gm</i> | Tier 1 | OTC |
| <i>glycerin (pediatric) rectal suppository 1.2 gm</i> | Tier 1 | OTC |
| <i>glycerin adult rectal suppository 2 gm</i> | Tier 1 | OTC |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i> | Tier 1 | MAIL |
| <i>peg 3350 oral packet 17 gm</i> | Tier 1 | OTC; QL (2 EA per 1 day) |
| <i>peg 3350 oral powder 17 gm/scoop</i> | Tier 1 | OTC; QL (527 GM per 25 days) |
| <i>polyethylene glycol 3350 oral packet 17 gm</i> | Tier 1 | OTC; QL (2 EA per 1 day) |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | Tier 1 | 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 3 | PA |
| <i>enema disposable enema 19-7 gm/118ml</i> | Tier 1 | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------|
| *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 |
| <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 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| *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 | |
| 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 3 | 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) |

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|--|------------------|--|
| DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated) | PREV | OTC; QL (12 EA per 45 days) |
| *Diaphragms*** - Medical Supplies And Durable Medical Equipment | | |
| CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring) | PREV | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms) | PREV | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal) | PREV | |
| *Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| <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); AGE (Min 2 Years and Max 18 Years) |
| DEXCOM G7 SENSOR (Continuous Glucose Sensor) | DME | PA; QL (3 EA per 30 days); AGE (Min 2 Years and Max 18 Years) |
| FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver) | DME | PA; QL (1 EA per 365 days) |
| 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) |

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|--|------------------|--|
| FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver) | DME | PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years) |
| FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor) | DME | PA; QL (2 EA per 24 days); AGE (Min 2 Years and Max 18 Years) |
| FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver) | DME | PA; QL (1 EA per 365 days) |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl) | DME | OTC; QL (1 EA per 365 days) |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl) | DME | OTC; QL (1 EA per 365 days) |
| TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl) | DME | OTC; QL (1 EA per 365 days) |
| *Nebulizers*** - Medical Supplies And Durable Medical Equipment | | |
| <i>aura portaneb</i> | DME | |
| <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 | |

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|---|------------------|---------------------|
| 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 | |
| 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 | |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| 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 | |
| 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 | |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| 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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------------|
| 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) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| 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) |
| *Respiratory Therapy Supplies*** - Medical Supplies And Durable Medical Equipment | | |
| <i>adult mask device</i> | DME | QL (1 EA per 1 Year) |
| *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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| 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) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| 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) |
| 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|-----------------------------|
| 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) |
| 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| *Ergot Combinations*** - Drugs For Migraine Headaches | | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 2 | PA |
| *Migraine Products*** - Drugs For Migraine Headaches | | |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate) | Tier 3 | |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i> | Tier 2 | PA |
| *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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <i>calcium carbonate-vitamin d oral capsule 600-200 mg-unit</i> | Tier 1 | OTC |
| <i>calcium carbonate-vitamin d oral tablet 600-200 mg-unit</i> | Tier 1 | OTC |
| <i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg</i> | Tier 1 | OTC |
| <i>calcium oral tablet chewable 500-2.5 mg-mcg</i> | Tier 1 | OTC |
| <i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i> | Tier 1 | OTC |
| <i>calcium-vitamin d3 oral capsule 600-500 mg-unit</i> | Tier 1 | OTC |
| <i>calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg</i> | Tier 1 | OTC |
| <i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i> | Tier 1 | OTC |
| <i>oyster calcium + d oral tablet 250-3.125 mg-mcg</i> | Tier 1 | OTC |
| <i>oyster shell calcium 500 + d oral tablet 500-200 mg-unit</i> | Tier 1 | OTC |
| <i>risacal-d oral tablet 105-81-120 mg-mg-unit</i> | Tier 1 | OTC |
| CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D) | Tier 1 | OTC |
| CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol) | Tier 1 | OTC |
| 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>floritab oral solution 0.275 (0.125 f) mg/drop</i> | Tier 1 | MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>floritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>floritab oral tablet chewable 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</i> | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>renaf oral tablet chewable 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); Tier 5 for less than 6 years old, otherwise Tier 1 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <i>sodium fluoride oral solution 0.5 mg/ml</i> | Tier 1 | MAIL; OTC; QL (50 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | Tier 1 | MAIL; QL (50 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| <i>sodium fluoride oral tablet chewable 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) | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Epiflur Oral Tablet Chewable 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) | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Ethedent Oral Tablet Chewable 2.2 (1 F) Mg) | Tier 1 | MAIL; QL (1 EA per 1 day) |
| Sodium Fluoride (Fluor-A-Day Oral Solution 0.275 (0.125 F) Mg/Drop) | Tier 1 | MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Flura-Drops Oral Solution 0.275 (0.125 F) Mg/Drop) | Tier 1 | MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Karidium Oral Solution 0.275 (0.125 F) Mg/Drop) | Tier 1 | MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg) | Tier 1 | MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1 |
| Sodium Fluoride (Ludent Oral Tablet Chewable 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 gluconate oral tablet 27.5 mg</i> | Tier 1 | OTC |
| <i>magnesium oral capsule 500 mg</i> | Tier 1 | OTC |
| <i>magnesium oral tablet 250 mg</i> | Tier 1 | OTC |
| <i>magnesium oxide -mg supplement oral tablet 250 mg</i> | Tier 1 | OTC |
| MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride) | Tier 1 | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| 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) |
| <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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------------------|
| 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 |
| <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 | |

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|--|------------------|------------------------|
| 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 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate) | Tier 3 | QL (3 EA per 1 day) |
| Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI) | Tier 3 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate) | Tier 3 | |
| Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60MI) | Tier 3 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium) | Tier 3 | QL (1 EA per 1 day) |
| <i>kalexate oral powder</i> | Tier 1 | |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| Sodium Polystyrene Sulfonate (Kionex Combination Suspension 15 Gm/60MI) | Tier 1 | |
| 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 3 | PA |
| <i>clotrimazole mouth/throat lozenge 10 mg</i> | Tier 1 | QL (70 EA per 10 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <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 |
| 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 | |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| 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 | OTC |
| <i>therobec oral tablet</i> | Tier 1 | |
| <i>triphrocaps oral capsule 1 mg</i> | Tier 1 | |
| <i>virt-caps oral capsule 1 mg</i> | Tier 1 | |
| <i>virt-vite plus oral tablet 5 mg</i> | Tier 1 | |
| <i>wescaps oral capsule 1 mg</i> | Tier 1 | |
| B Complex-C-Folic Acid (Dexfol Oral Tablet) | Tier 1 | |
| B Complex-C-Folic Acid (Dexifol Oral Tablet 5 Mg) | Tier 1 | |
| B Complex-C-Folic Acid (Mynephron Oral Capsule 1 Mg) | Tier 1 | |
| B Complex-C-Folic Acid (Renal Oral Capsule 1 Mg) | Tier 1 | |
| B Complex-C-Folic Acid (Renalpren Oral Capsule 1 Mg) | Tier 1 | |
| B Complex-C-Folic Acid (Renaphro Oral Capsule 1 Mg) | Tier 1 | |
| *Multiple Vitamins W/ Iron*** - 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 | |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>multivit/multimineral adult oral liquid</i> | Tier 1 | OTC |
| <i>therobec plus oral tablet</i> | Tier 1 | |
| <i>v-c forte oral capsule</i> | Tier 1 | |
| <i>vica forte oral capsule</i> | Tier 1 | |
| <i>vicap forte oral capsule</i> | Tier 1 | |
| <i>vit b3-azelac-turm-fa-b6-zn-cu oral tablet</i> | Tier 1 | |
| <i>vitamin forte oral capsule</i> | Tier 1 | |
| <i>vitamins/minerals oral tablet</i> | Tier 1 | OTC |
| Multiple Vitamins-Minerals (Corvite Free Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Megavite Rx Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Nutravance Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Nutrifac Zx Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Strovite Plus Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Vic-Forte Oral Capsule) | Tier 1 | |
| Multiple Vitamins-Minerals (Vita S Forte Oral Tablet) | Tier 1 | |
| Multiple Vitamins-Minerals (Vitacel Oral Tablet) | Tier 1 | |
| *Multivitamins*** - Drugs For Nutrition | | |
| <i>daily vitamins oral tablet</i> | Tier 1 | OTC |
| <i>folika-v oral tablet</i> | Tier 1 | |
| <i>multivitamins oral capsule</i> | Tier 1 | OTC |
| <i>novite oral capsule</i> | Tier 1 | |
| <i>vitaxyme oral tablet</i> | Tier 1 | |
| AMLADEX ORAL TABLET (Multiple Vitamin) | Tier 1 | |
| GENICIN VITA-Q ORAL TABLET (Multiple Vitamin) | Tier 1 | |
| *Ped Multi Vitamins W/Fl & Fe*** - 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 |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>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>phlorivit oral solution 0.25 mg/ml, 0.5 mg/ml</i> | Tier 1 | QL (50 ML per 25 days) |
| <i>polyvitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i> | Tier 1 | QL (50 ML per 25 days) |
| <i>poly-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i> | Tier 1 | QL (50 ML per 25 days) |
| <i>re multivit with fluoride oral tablet chewable 0.25 mg, 0.5 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>re multivit with fluoride oral tablet chewable 1 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg) | Tier 1 | QL (1 EA per 1 day) |
| Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 1 Mg) | Tier 1 | QL (2 EA per 1 day) |
| *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 animal shapes oral tablet chewable 18 mg</i> | Tier 1 | OTC |
| <i>childrens multivitamin/iron oral tablet chewable 15 mg</i> | Tier 1 | OTC |
| *Ped Vitamins Acid W/ Fluoride*** - 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>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, 0.5 mg/ml</i> | Tier 1 | OTC; 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 | | |
| POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins) | Tier 2 | OTC; QL (50 EA per 25 days) |
| BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (Pediatric Multiple Vitamins) | Tier 1 | OTC; QL (50 ML per 25 days) |
| LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins) | Tier 1 | OTC |
| *Pediatric Vitamins A & D W/ C*** - Drugs For Nutrition | | |
| <i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i> | Tier 1 | OTC |
| 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) |
| <i>m-natal plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>mynatal plus oral tablet</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>mynatal-z oral tablet</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>neonatal prenatal oral tablet 27-0.8 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>nutri-tab ob oral tablet 32-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>one vite womens plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>pnv fe fum/docusate/folic acid oral tablet 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>pnv folic acid + iron oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenacare oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>prenatal 19 oral tablet chewable , 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal complete oral tablet 14-0.4 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal formula oral capsule 28-0.8-235 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal formula oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal forte oral tablet</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal low iron oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal multi +dha oral capsule 27-0.8-228 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal plus/iron oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal vitamin oral tablet 27-0.8 mg</i> | Tier 1 | OTC; QL (1 EA per 1 day) |
| <i>prenatal vitamin plus low iron oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatal vitamins plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>prenatvite rx oral tablet 0.8 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>preplus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>pretab oral tablet 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>re prenatal multivitamin/iron oral tablet chewable 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>se-natal 19 oral tablet 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>se-natal one oral tablet 60-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>thrivite 19 oral tablet 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>tl folate oral tablet 27-0.5-0.5 mg</i> | Tier 1 | |
| <i>triadvance oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>trinatal gt oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>trinatal rx 1 oral tablet 60-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>trinatal ultra oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>ultra natal oral tablet</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>ultra tabs oral tablet</i> | Tier 1 | |
| <i>ultra-natal oral tablet</i> | Tier 1 | |
| <i>venatal-fa oral tablet 29-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>vinate ultra oral tablet</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>virt-advance oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>virt-vite gt oral tablet 90-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>vita-natal oral capsule</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>v-natal oral tablet 32-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>vol-plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>westab plus oral tablet 27-1 mg</i> | Tier 1 | QL (1 EA per 1 day) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------|
| Prenatal Vit-DSS-Fe Cbn-FA (Advanced Natalcare Oral Tablet 90-1 Mg) | Tier 1 | QL (1 EA per 1 day) |
| ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA) | Tier 1 | QL (1 EA per 1 day) |
| CAVAN-FOLATE OB ORAL TABLET 65-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3) | Tier 1 | OTC |
| INATAL ADVANCE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| INATAL ULTRA ORAL TABLET , 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| LACTOCAL-F ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| M-VIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| MYNATAL ADVANCE ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| MYNATAL ORAL CAPSULE (Prenatal Multivit-Min-Fe-FA) | Tier 1 | QL (1 EA per 1 day) |
| MYNATAL ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| NATACHEW ORAL TABLET CHEWABLE 29-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| Prenatal Vit-DSS-Fe Cbn-FA (Natalcare Glosstabs Oral Tablet 90-1 Mg) | Tier 1 | QL (1 EA per 1 day) |
| Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet) | Tier 1 | QL (1 EA per 1 day) |
| NATALVIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet) | Tier 1 | QL (1 EA per 1 day) |
| Prenatal Vit-Iron Carbonyl-FA (Natatab Rx Oral Tablet 29-1 Mg) | Tier 1 | QL (1 EA per 1 day) |
| NATELLE PREFER ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA) | Tier 1 | QL (1 EA per 1 day) |
| NEONATAL PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A) | Tier 1 | QL (1 EA per 1 day) |
| NEWGEN ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A) | Tier 1 | QL (1 EA per 1 day) |
| NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| Prenatal Vit-Fe Fumarate-FA (Nutrinat Oral Tablet Chewable) | Tier 1 | QL (1 EA per 1 day) |
| O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega) | Tier 1 | OTC; QL (1 EA per 1 day) |
| PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet) | Tier 1 | QL (1 EA per 1 day) |
| PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | OTC; QL (1 EA per 1 day) |
| TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | QL (1 EA per 1 day) |
| VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA) | Tier 1 | QL (1 EA per 1 day) |
| VINATE GT ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA) | Tier 1 | |
| VINATE II ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA) | Tier 1 | QL (1 EA per 1 day) |
| VINATE ONE ORAL TABLET 60-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| VITAFOL-PN ORAL TABLET (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA) | Tier 1 | QL (1 EA per 1 day) |
| *Prenatal Mv & Min W/Fe-Fa-Dha*** - Drugs For Nutrition | | |
| <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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| 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) |
| <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; QL (7.5 ML per 180 days) |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup)) | Tier 4 | PA; QL (6 ML per 180 days) |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup)) | Tier 4 | PA; QL (7.5 ML per 180 days) |
| SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup)) | Tier 4 | PA; QL (7.5 ML per 180 days) |
| 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; QL (7.5 ML per 180 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup)) | Tier 4 | PA; QL (7.5 ML per 180 days) |
| *Nasal Agents - Systemic And Topical* - Drugs For The Nose | | |
| *Nasal Agents - Misc.*** - Allergy | | |
| saline nasal spray nasal solution 0.65 % | Tier 1 | OTC |
| *Nasal Anticholinergics*** - Allergy | | |
| ipratropium bromide nasal solution 0.03 % | Tier 1 | MAIL; QL (30 ML per 25 days) |
| ipratropium bromide nasal solution 0.06 % | Tier 1 | MAIL; QL (15 ML per 25 days) |
| *Nasal Antihistamines*** - Allergy | | |
| olopatadine hcl nasal solution 0.6 % | Tier 2 | ST; QL (30.5 GM per 25 days) |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | Tier 1 | ST; QL (30 ML per 25 days) |
| *Nasal Mast Cell Stabilizers*** - Allergy | | |
| cromolyn sodium nasal aerosol solution 5.2 mg/act | Tier 1 | OTC; QL (52 ML per 25 days) |
| *Nasal Steroids*** - Allergy | | |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide) | Tier 3 | PA |
| budesonide nasal suspension 32 mcg/act | Tier 1 | OTC; QL (8.43 ML per 25 days) |
| flunisolide nasal solution 25 mcg/act (0.025%) | Tier 1 | ST; QL (25 ML per 25 days) |
| fluticasone propionate nasal suspension 50 mcg/act | Tier 1 | QL (16 GM per 25 days); AGE (Min 4 Years) |
| triamcinolone acetonide nasal aerosol 55 mcg/act | Tier 1 | OTC; QL (16.9 ML per 25 days) |
| *Systemic Decongestants*** - Allergy | | |
| SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl) | Tier 2 | OTC |
| kp pseudoephedrine hcl oral tablet 60 mg | Tier 1 | OTC |
| phenylephrine hcl oral tablet 10 mg | Tier 1 | OTC |
| pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg | Tier 1 | OTC |
| pseudoephedrine hcl oral liquid 30 mg/5ml | Tier 1 | OTC |
| pseudoephedrine hcl oral syrup 30 mg/5ml | Tier 1 | OTC |
| pseudoephedrine hcl oral tablet 30 mg | Tier 1 | OTC |
| pseudoephedrine hcl oral tablet 60 mg | Tier 1 | |
| SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl) | Tier 1 | OTC |
| SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl) | Tier 1 | |
| *Topical Decongestants*** - Allergy | | |
| oxymetazoline hcl nasal solution 0.05 % | Tier 1 | OTC |

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|--|------------------|--------------------------|
| *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 |
| <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 % (Brinzolamide-Brimonidine) | Tier 3 | 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 3 | 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 |

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|---|------------------|------------------------------|
| *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) |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | PREV | QL (60 ML per 30 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 |
| <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 28 days) |
| <i>atropine sulfate ophthalmic solution 1 %</i> | Tier 1 | MAIL; QL (15 ML per 28 days) |
| <i>atropine-care ophthalmic solution 1 %</i> | Tier 1 | MAIL; QL (15 ML per 28 days) |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i> | Tier 1 | MAIL; QL (15 ML per 25 days) |
| <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 | | |
| ALOCRIAL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium) | Tier 3 | PA |
| ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine) | Tier 3 | PA |
| LASTACFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine) | Tier 3 | PA |

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|---|-------------------------|----------------------------|
| <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) |
| <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 %</i> | Tier 1 | QL (5 ML per 25 days) |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i> | Tier 1 | QL (2.5 ML per 25 days) |
| *Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories | | |
| AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin) | Tier 3 | PA |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl) | Tier 3 | PA |
| KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin) | Tier 3 | PA |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | Tier 1 | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | Tier 1 | |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | Tier 1 | |
| <i>gatifloxacin ophthalmic solution 0.5 %</i> | Tier 1 | PA |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | Tier 1 | QL (5 ML per 25 days) |
| <i>gentasol ophthalmic solution 0.3 %</i> | Tier 1 | QL (5 ML per 25 days) |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | Tier 1 | |
| <i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i> | Tier 1 | QL (3 ML per 25 days) |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | Tier 1 | QL (3 ML per 25 days) |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | Tier 1 | QL (5 ML per 25 days) |
| <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 3 | 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 | |

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|--|------------------|------------------------------|
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i> | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025</i> | Tier 1 | |
| <i>polycin b ophthalmic ointment 500-10000 unit/gm</i> | Tier 1 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | Tier 1 | QL (10 ML per 25 days) |
| <i>triple antibiotic ophthalmic ointment 5-400-10000</i> | Tier 1 | |
| Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000) | Tier 1 | |
| Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm) | Tier 1 | |
| *Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories | | |
| ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir) | Tier 3 | PA |
| <i>trifluridine ophthalmic solution 1 %</i> | Tier 1 | QL (7.5 ML per 25 days) |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** - 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 | | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac) | Tier 3 | PA |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | Tier 2 | |
| <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 | |

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|---|------------------|---------------------------------|
| <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) |
| 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 | | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate) | Tier 3 | PA |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> | Tier 2 | PA |
| <i>loteprednol etabonate ophthalmic gel 0.5 %</i> | Tier 2 | PA |
| <i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i> | 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 3 | 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>tafluprost (pf) ophthalmic solution 0.0015 %</i> | Tier 1 | ST; MAIL; QL (30 EA per 25 days) |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> | Tier 1 | ST; MAIL; QL (5 ML per 25 days) |
| *Otic Agents* - Drugs For The Ear | | |
| *Otic Agents - Miscellaneous*** - Wax Removal | | |
| <i>acetic acid otic solution 2 %</i> | Tier 1 | |
| <i>carbamoxide 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 | | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone) | Tier 3 | PA |
| COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium) | Tier 3 | |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium) | Tier 3 | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | Tier 2 | PA |
| <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 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| *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 |
| *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, 10 GM/50ML, 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 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| *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 |
| *Penicillins* - Drugs For Infections | | |
| *Aminopenicillins*** - Antibiotics | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ampicillin oral capsule 500 mg</i> | Tier 1 | |
| Amoxicillin (Amoxil Oral Capsule 500 Mg) | Tier 1 | |
| Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/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 | | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate) | Tier 3 | AGE (Max 12 Years) |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 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) |
| <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 | 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) |
| *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 3 | PA |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl) | Tier 3 | 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 |
| 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 INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a) | Tier 4 | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a) | 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 AUTO-INJECTOR 125 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 1 | PA; SP |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> | Tier 1 | PA; SP |
| *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, 40 mg/ml</i> | Tier 4 | PA |
| Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 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) |
| <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | Tier 1 | QL (49 EA per 365 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------|
| *Phenothiazines & Tricyclic Agents*** - Drugs For Depression | | |
| <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 (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | PREV | QL (106 EA per 365 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> | PREV | QL (2 EA per 1 day) |
| BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg) | PREV | QL (2 EA per 1 day) |
| NICOTROL INHALATION INHALER 10 MG (Nicotine) | PREV | QL (16 EA per 1 day) |
| NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine) | PREV | QL (40 ML per 30 days) |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - 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 |
| 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 |

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|---|------------------|----------------------------|
| *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 3 | |
| *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 (Mondoxylene 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 |
| 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 |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| 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 | |
| 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) |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------|
| *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) |
| Hyoscyamine Sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg) | Tier 1 | MAIL; AGE (Max 64 Years) |
| Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg) | Tier 1 | MAIL; AGE (Max 64 Years) |
| *H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid | | |
| <i>cimetidine 200 oral tablet 200 mg</i> | Tier 1 | OTC |
| <i>cimetidine oral tablet 200 mg</i> | Tier 1 | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <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>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i> | Tier 2 | ST; QL (1 EA per 1 day) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> | Tier 2 | ST; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>lansoprazole oral capsule delayed release 15 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i> | Tier 1 | OTC; QL (60 EA per 30 days) |
| <i>omeprazole magnesium oral tablet delayed release 20 mg</i> | Tier 1 | OTC; QL (2 EA per 1 day) |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i> | Tier 1 | MAIL; QL (1 EA per 1 day) |
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i> | Tier 1 | MAIL; QL (2 EA per 1 day) |
| 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 3 | QL (20 EA per 10 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------------|
| *Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | PREV | 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) |
| <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 | 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 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 | | |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i> | Tier 3 | 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) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML (Pneumococcal Vac Polyvalent) | PREV | QL (2 ML per 365 days) |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent) | PREV | QL (2 ML per 365 days) |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc) | PREV | QL (4 ML per 365 days) |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc) | PREV | QL (1 ML per 365 days) |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc) | PREV | QL (4 ML per 999 days) |
| *Viral Vaccine Combinations*** - Vaccines | | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac) | PREV | QL (3 ML per 365 days); AGE (Min 18 Years) |
| *Viral Vaccines*** - Vaccines | | |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant) | Tier 1 | QL (3 ML per 999 days) |
| <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 | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb) | PREV | |
| AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split) | PREV | QL (1 ML per 365 days) |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF) | PREV | QL (1 ML per 365 days) |
| 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 50 Years) |
| COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine) | PREV | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| 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 INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (Hepatitis B Vac Recombinant) | PREV | QL (3 ML per 365 days) |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj) | PREV | QL (1 ML per 365 days) |
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B SA Adj Quad) | PREV | QL (1 ML per 365 days) |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF) | PREV | QL (1 ML per 365 days) |
| 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 INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA) | 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 INTRAMUSCULAR SUSPENSION (Influenza Vac Tiss-Cult Subunt) | PREV | QL (1 ML per 365 days) |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Tiss-Cult Subunt) | PREV | QL (1 ML per 365 days) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Subunit Quad) | PREV | QL (1 ML per 365 days) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Subunit Quad) | PREV | QL (1 ML per 365 days) |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF) | PREV | QL (1 ML per 365 days) |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad) | PREV | QL (1 ML per 365 days) |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad) | PREV | QL (1 ML per 365 days) |
| FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live) | PREV | QL (1 EA per 365 days) |
| FLUMIST QUADRIVALENT NASAL SUSPENSION (Influenza Virus Vac Live Quad) | PREV | QL (1 EA per 365 days) |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose) | PREV | QL (0.5 ML per 180 days) |
| FLUZONE 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 INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split) | PREV | QL (1 ML per 365 days); AGE (Min 65 Years) |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF) | PREV | QL (1 ML per 365 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| 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 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine) | PREV | QL (2 ML per 365 days) |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live) | PREV | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (Varicella Virus Vaccine Live) | PREV | |
| *Vaginal And Related Products* - 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 | |
| <i>clotrimazole vaginal cream 2 %</i> | Tier 1 | OTC |
| <i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i> | Tier 1 | OTC |
| <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | Tier 1 | OTC |
| <i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i> | Tier 1 | OTC |
| <i>miconazole 3 vaginal cream 4 %</i> | Tier 1 | OTC |
| <i>miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i> | Tier 1 | |
| <i>miconazole 7 vaginal cream 2 %</i> | Tier 1 | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--------------------------------|
| <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) |
| *Vaginal Progestins*** - Drugs For Women | | |
| FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG (Progesterone) | Tier 3 | PA |
| FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG (Progesterone) | Tier 3 | PA |
| FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone) | Tier 3 | PA |

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

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------|
| *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) |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | Tier 1 | QL (2 EA per 30 days) |
| *Neurogenic Orthostatic Hypotension (Noh) - Agents*** - 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 |
| <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 |

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

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>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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