Marketplace

2027 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Notice:

The information in this document is current as of January 1, 2027.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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 **connecticare.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 2027.

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 **connecticare.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.

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ConnectiCare®

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Drug Formulary and Guide

ConnectiCare 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

ConnectiCare will provide at least 90 days' notice ahead of these types of formulary updates:

- A prescription drug is approved by the US Federal Food and Drug Administration (FDA) for use without a prescription.
- 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 due to a generic product for that drug becoming available and being added to the formulary at a lower cost than the brand name product.

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, ConnectiCare will provide at least 90 days' notice of the removal of this drug from the formulary. Your doctor may provide notice, in writing, to ConnectiCare that the prescription drug remains medically necessary for you despite the FDA findings, and you will be able to continue using this medication. Your plan's most current drug list is on our website ConnectiCare.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 (800) 251-7722**, 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 italicized and bold 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 ***(warfarin sodium)***	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 1	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

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 in all ***italicized and bold lowercase*** letters. When the generic form of the drug is covered, it is listed separately by its ***generic name(s)*** in all ***italicized and bold 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")
PREV	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 section 38 of Chapter 700c of Connecticut Health Insurance Legislation:

- Your plan covers nationally recognized preventative service drugs and dosage forms (PREV) 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 (PREV).
- 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.
- There is a $100 limit on each 30-day supply of diabetes related supplies.
- There is a $25 limit on each 30-day supply of insulin.
- There is a $25 limit on each 30-day supply of glucagon.

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 ConnectiCare.com. This tool will provide an estimate of your cost for formulary drugs. You can also access the tool by downloading the My-ConnectiCare 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

ConnectiCare 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 ConnectiCare.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

ConnectiCare 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. ConnectiCare'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 ConnectiCare 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. If you have made out-of-pocket prescription drug purchases you can use the "Proof of Payment" form found on www.connecticare.com to submit for reimbursement.

Prescription Claims Processor

ConnectiCare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for ConnectiCare 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 ConnectiCare Customer Support Center at 1 (800) 251-7722. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Eastern Time. Provider-related questions may be addressed by calling the ConnectiCare Provider Services Help Desk at 1 (800) 828-3407 Monday through Friday 8:00 a.m. – 6:00 p.m. Eastern 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 ConnectiCare. (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. ConnectiCare 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 ConnectiCare at 1 (800) 828-3407 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.

The clinical policies and forms are on our website ConnectiCare.com. The form may be obtained on ConnectiCare.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 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 section 38 of Chapter 700c of Connecticut Health Insurance Legislation, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. ConnectiCare 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?

ConnectiCare 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 ConnectiCare a formulary exception request using the Prior Authorization process above.

ConnectiCare 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, ConnectiCare 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 section 38 of Chapter 700c of Connecticut Health Insurance Legislation, 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 ConnectiCare 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 ConnectiCare Customer Support Center at (800) 251-7722. If ConnectiCare 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 ConnectiCare.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.

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Guía del formulario

(Lista de medicamentos cubiertos)

Connecticut

ConnectiCare.com

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Formulario y guía de medicamentos

Formulario de medicamentos de ConnectiCare (Lista de medicamentos)

Su plan tiene una lista de medicamentos que están cubiertos. La lista se llama Formulario de medicamentos. El formulario cambia de un año del plan a otro. También se hacen actualizaciones menores cada 3 meses. Los medicamentos de la lista son elegidos por un grupo de médicos y farmacéuticos de su aseguradora y la comunidad médica. El grupo se reúne cada tres meses para hablar sobre los medicamentos que están en el formulario. Revisan nuevos medicamentos y cambios en la atención médica. Tratan de encontrar los medicamentos más eficaces para diferentes afecciones. Los cambios se realizan al Formulario de medicamentos por diferentes razones. Entre las razones se encuentran:

- Cambios en la práctica médica.
- Hay nuevos medicamentos disponibles.
- Hay nuevos genéricos disponibles que reemplazan a los medicamentos de marca previamente cubiertos.
- Nuevos requisitos de cobertura de medicamentos estatales o federales.
- Un medicamento ya no está disponible o tiene un nuevo problema de seguridad.

ConnectiCare proporcionará un aviso con al menos 90 días de anticipación sobre este tipo de actualizaciones del formulario:

- Un medicamento recetado está aprobado por la Food and Drug Administration (FDA) de los Estados Unidos con competencia federal para su uso sin una receta médica.
- Trasladar el medicamento a un nivel superior en la lista de medicamentos, trasladar el medicamento del estado preferido al no preferido u otros cambios que hagamos en la lista de medicamentos que ocasionen un costo compartido más alto para el miembro por el medicamento del formulario debido a que un producto genérico para ese medicamento se vuelve disponible y se agrega al formulario a un costo más bajo que el producto de marca.

Si la Food and Drug Administration (FDA) de los Estados Unidos con competencia federal considera que el medicamento no es seguro o se retira del mercado por otros motivos, ConnectiCare proporcionará un aviso con al menos 90 días de anticipación sobre la eliminación de este medicamento del formulario. Es posible que su médico avise por escrito a ConnectiCare que el medicamento recetado sigue siendo médicamente necesario para usted a pesar de las conclusiones de la FDA y que podrá seguir usándolo. La lista de medicamentos más actualizada de su plan se encuentra en nuestro sitio web ConnectiCare.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 o en otro lugar?

En general, los medicamentos de la lista de medicamentos son los que su proveedor le receta para que los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables cuya administración requiere la ayuda de un proveedor están cubiertos en virtud del beneficio médico, en vez de del beneficio de medicamento recetado (“farmacia”). Su proveedor tiene instrucciones nuestras sobre cómo lograr la aprobación para los medicamentos que compra y le ayuda a administrar. Se pueden aprobar algunos medicamentos inyectables en una farmacia usando su beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

Esta guía contiene muchos detalles para preguntas comunes, como estas:

- ¿Puedo surtir mi medicamento recetado en una farmacia minorista?
- ¿Dónde puedo ver el monto en dólares del costo compartido de mi medicamento recetado?

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

También puede llamarnos y hacer preguntas específicas sobre la cobertura de un medicamento. Llame gratis al **1 (800) 251-7722**, de lunes a viernes, **de 8:00 a.m. a 6:00 p.m.** Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones. También puede solicitarnos que le enviemos por correo una copia de la lista de medicamentos.

El Manual para miembros 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 anticonceptiva, exclusiones de beneficios, servicios de cuidados paliativos y más.

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

Que un medicamento esté incluido 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. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y le cuesten más. Puede solicitar cobertura de medicamentos que no están en el formulario. Las solicitudes de cobertura de medicamentos que no están en el formulario se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones del formulario y se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Definiciones

"Medicamento de marca" es aquel que se comercializa bajo un nombre patentado y una marca comercial protegida. El nombre de marca del medicamento deberá estar escrito en letras MAYÚSCULAS.

"Coseguro" es un porcentaje del costo de un beneficio de atención médica cubierto que un inscrito paga después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"Copago" es un monto fijo que un inscrito paga 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.

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

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

"Nivel de medicamento" es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido específico en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se ubica un medicamento recetado determina la parte del costo del medicamento que corresponde al inscrito.

"Inscrito" es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los inscritos en esta plantilla de formulario también incluirán al suscriptor según se define en esta sección a continuación.

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

“Circunstancias apremiantes” es cuando un inscrito sufre una afección médica que puede poner en grave peligro su vida, su salud o su capacidad de recuperar una función en su totalidad, o cuando un inscrito está recibiendo un tratamiento en curso que utiliza un medicamento no incluido en el formulario.

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

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

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

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

“Proveedor que emite recetas” es un proveedor de atención médica autorizado para emitir una receta para tratar una afección médica para un inscrito en un plan de salud.

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

“Medicamento recetado” es aquel que ha recetado el proveedor que emite recetas al inscrito y que requiere de una receta médica según la ley correspondiente.

“Autorización previa” es un requisito del plan de salud según el cual el inscrito, o el proveedor que emite recetas al inscrito, debe obtener la autorización del plan de salud para un medicamento recetado antes de que el plan de salud lo cubra. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el inscrito obtenga el medicamento.

“Tratamiento escalonado” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos para una afección médica determinada y que son médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el inscrito pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de tratamiento escalonado. Si el proveedor que emite recetas al inscrito presenta una solicitud de excepción para el tratamiento escalonado, los planes de salud harán excepciones para el tratamiento escalonado cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable del pago a un plan o cuyo empleo u otro estatus, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.

Uso del formulario y la guía de medicamentos

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

La lista de medicamentos está organizada alfabéticamente por categoría terapéutica y clase utilizando la clasificación del Servicio Estadounidense de Formulario Hospitalario (AHFS). Dentro de la categoría y clase, los nombres de los medicamentos también están organizados en orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, hay dos formas de buscar el medicamento por nombre.

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

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

A continuación, se muestran ejemplos de cómo se puede mostrar un medicamento en la lista de medicamentos (la cobertura real puede diferir de este ejemplo).

Nombre del medicamento	**Nivel del medicamento**	**Requisitos/límites**
COUMADIN TAB 1MG ***(warfarin sodium)***	Nivel 2	QL (límite de cantidad) (300 tabs/30 días); CORREO
warfarin sodium tab 1 mg	Nivel 1	QL (300 tabs/30 días); CORREO
warfarin sodium tab 1 mg (Jantoven)	Nivel 1	QL (300 ea/30 días); CORREO

¿Qué nombres de medicamentos se utilizan en la lista?

La lista de medicamentos utiliza nombres de marcas registradas y nombres no patentados o "genéricos" para mostrar qué forma del medicamento está cubierta. También existen nombres de marcas registradas que son utilizados por ciertos medicamentos genéricos. La forma en que se muestra el nombre de un medicamento en la lista de medicamentos le indicará si lo que está cubierto es la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra las formas de marca, genéricas y genéricas de marca registrada del medicamento "warfarin sodium" (warfarina sódica).

Cuando se cubre la forma de marca de un medicamento, el nombre del medicamento aparecerá en letras MAYÚSCULAS como su NOMBRE DE MARCA. El nombre no patentado o "nombre genérico" del medicamento de marca aparecerá entre paréntesis, en letras ***minúsculas en cursiva y negrita***. Cuando se cubre la forma genérica del medicamento, se enumera por separado con sus ***nombres genéricos*** en ***minúsculas en cursiva y negrita***. Un medicamento genérico que está cubierto como forma genérica de marca registrada se incluirá por separado con su ***nombre genérico*** seguido del nombre de marca registrada entre paréntesis. El nombre genérico registrado se mostrará con la primera letra de cada palabra en mayúscula.

Si tanto la forma de marca como la forma genérica de un medicamento están cubiertas en el formulario, cada una de ellas aparecerá como entradas de medicamentos separadas. Por ejemplo, COUMADIN y ***warfarin sodium*** se enumeran por separado para mostrar que tanto la forma de marca como la forma genérica están cubiertas en el formulario. En este ejemplo también se muestra una forma genérica registrada (Jantoven). Se pueden aplicar diferentes niveles de medicamentos y requisitos/límites para una forma de marca registrada en comparación con una forma genérica de un medicamento si varias formas de medicamentos figuran 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 qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene los siguientes niveles. Para los Niveles del 1 a 4, en general, cuanto más bajo sea el nivel del medicamento, menor será su parte del costo.

Aquí hay más detalles sobre qué medicamentos están en qué niveles.

Nivel del medicamento	Descripción
Nivel 1	Medicamentos genéricos preferidos y medicamentos de marca de bajo costo; menor costo compartido para el inscrito.
Nivel 2	Medicamentos genéricos no preferidos y medicamentos de marca preferidos; Costos compartidos más altos que el Nivel 1.
Nivel 3	Medicamentos no preferidos, de marca y genéricos. Costo compartido más alto que los medicamentos de niveles más bajos utilizados para tratar las mismas afecciones.
Nivel 4	Medicamentos especializados, tanto de marca como genéricos. Costo compartido más alto que los medicamentos de niveles más bajos utilizados 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 de planificación familiar (es decir, anticoncepción) y otros medicamentos con un costo compartido de $0.
DME	Equipo médico duradero. El costo compartido se ajusta al costo compartido de los beneficios médicos para DME para el producto no farmacológico en la lista de medicamentos

La sección 38 del Capítulo 700c de la Legislación de Seguros de Salud de Connecticut indica lo siguiente:

- Su plan cubre medicamentos y formas farmacéuticas para servicios preventivos (PREV) reconocidos a nivel nacional con un costo compartido de $0 cuando se recetan para que usted 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 tratamiento y pruebas para la diabetes, lo que incluye insulina, glucagón, 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 del formulario, los inscritos pagan el costo compartido del Nivel 3 para los medicamentos no especializados o el costo compartido del Nivel 4 para los medicamentos especializados. Consulte su acuerdo del plan para obtener más información sobre los costos compartidos en el caso de las excepciones del formulario.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surte. Si su estado tiene límites específicos, el costo compartido será el menor entre el costo compartido de diseño de su plan o cualquier límite que corresponda.

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se toman por vía oral.
- Hay un límite de $100 en cada suministro de 30 días de suministros relacionados con la diabetes.

- Hay un límite de $25 por cada suministro de insulina de 30 días.
- Hay un límite de $25 por cada suministro de glucagón de 30 días.

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

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

Un deducible es el monto total de gastos 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 de copago fijo en dólares o un coseguro porcentual.

- La información de diseño de su plan muestra cuáles beneficios tienen un requisito 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.
- Solamente los montos de gastos de bolsillo que usted pague como deducible se contabilizarán para el deducible. Esto significa que los montos que usted paga en concepto de costos compartidos por beneficios que no tienen un requisito de deducible no se cuentan para el deducible. Sin embargo, todos los montos que usted paga para su deducible también se cuentan para sus máximos de gastos de bolsillo. La asistencia al paciente de las compañías farmacéuticas no se cuenta como un verdadero gasto de bolsillo o deducible del miembro, a menos que lo exijan las reglas estatales o federales.

Un máximo de gastos de bolsillo es un límite en los montos totales que usted y los miembros de su familia cubiertos 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 máximo de gastos de bolsillo y permanece allí, no deberá pagar más por medicamentos y servicios cubiertos por el beneficio después de ese momento, por el resto del año del plan o el período de cobertura.

- El máximo de gastos de bolsillo cuenta el monto total que el miembro ha pagado por medicamentos y servicios cubiertos por los beneficios médicos y de farmacia.
- Hay un máximo de gastos de bolsillo individual para cada persona cubierta por su plan.
- Hay un máximo de gastos de bolsillo familiar si dos o más miembros de la familia están cubiertos por el mismo plan. Si se alcanza el máximo de gastos de bolsillo familiar, no habrá más pagos adeudados por medicamentos y servicios cubiertos por el plan después de ese momento para ninguno de los miembros de la familia cubiertos.

Algunos eventos pueden afectar si su deducible y los saldos del máximo de gastos de bolsillo han alcanzado los límites y se mantienen allí.

- Si cambia de plan durante el año del plan, es posible que tenga un deducible y un máximo de gastos de bolsillo diferentes.
- Las actividades de reclamaciones tanto en los canales de beneficios médicos como de farmacia pueden afectar sus saldos.
- Según el momento, los saldos pueden incluir montos de pago del miembro que usted está a punto de pagar por reclamaciones médicas y de farmacia recientes.
- La asistencia al paciente de las compañías farmacéuticas no se cuenta como un verdadero gasto de bolsillo o deducible del miembro, a menos que lo exijan las reglas estatales o federales.

Las herramientas en línea para sus saldos reflejan los montos totales de pago del miembro adeudados en todas las reclamaciones que se han procesado a través del beneficio hasta el presente. Tenga en cuenta los medicamentos disponibles en la farmacia y los montos adeudados por los mismos cuando revise sus saldos.

Los deducibles y máximos de gastos de bolsillo se aplican al período de cobertura del año del plan en el que recibió medicamentos y servicios cubiertos por los que se debían montos de pago como miembro. Los saldos pagados para cubrir los deducibles y los máximos de gastos de bolsillo comienzan a partir de cada nuevo año del plan y período de cobertura. Las primas de seguro no se contabilizan como gastos de bolsillo a los efectos de los saldos deducibles y máximos de gastos 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 "Resumen de beneficios" o puede ingresar la información de los medicamentos recetados en la herramienta "Search Drugs" (Buscar medicamentos) en ConnectiCare.com. Esta herramienta le proporcionará una estimación del costo de los medicamentos del formulario. También puede acceder a la herramienta con la aplicación My-ConnectiCare para su dispositivo móvil o puede crear un perfil en Caremark.com. Al usar la herramienta en la aplicación o en Caremark.com, esta considerará el costo total compartido que ya pagó para alcanzar los límites de diseño de su plan, como el deducible y el máximo de gastos de bolsillo.

Encontrar una farmacia para surtir un medicamento recetado

Red de farmacias

ConnectiCare tiene redes de farmacias minoristas, de pedidos por correo y especializadas que pueden procesar y dispensar medicamentos utilizando su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta "Find a Pharmacy" (Buscar una farmacia) en ConnectiCare.com. La herramienta le permite buscar farmacias por código postal, ciudad, condado y estado. Puede limitar los resultados de búsqueda según la distancia u otros criterios específicos como el nombre de la tienda, el idioma que se habla o los servicios ofrecidos. Si está buscando farmacias minoristas que participen en el programa de surtido de 90 días, las que participan mostrarán "90-day Supply Available" (Suministro de 90 días disponible) en los detalles de los resultados de su búsqueda.

Farmacia especializada

ConnectiCare tiene 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 ciertas farmacias. El administrador de beneficios de farmacia de ConnectiCare, CVS Caremark, tiene una farmacia especializada que brinda apoyo clínico para ayudar a los inscritos a administrar sus medicamentos y afecciones. La mayoría de los medicamentos especializados requieren autorización previa antes de ser cubiertos. Un profesional que emite recetas puede enviar solicitudes de autorización previa directamente a ConnectiCare o enviar una receta a CVS para comenzar el proceso. Si la entrega por correo del medicamento especializado no es una opción para el inscrito, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para que lo recoja. Puede comunicarse con el centro de ayuda de CVS Pharmacy llamando al 1 (888) 407-6425.

Farmacias de pedido por correo

Su plan cuenta con una red de farmacias con servicio de pedidos por correo que pueden procesar y dispensar hasta 90 días de suministro de medicamentos elegibles. Los medicamentos elegibles están marcados como "CORREO" en el formulario. El administrador de beneficios de farmacia de su plan tiene una farmacia de pedidos por correo. Para surtir recetas a través de su servicio, el proveedor o el inscrito pueden llamar al número gratuito de FastStart® al 1 (800) 875-0867, de

lunes a viernes, de 7:00 a.m. a 7:00 p.m. o ir a Caremark.com. La red de su plan también ofrece surtido de 90 días en farmacias minoristas de la red. Si está buscando farmacias minoristas que participen en el programa de surtido de 90 días, las que participan mostrarán “90-day Supply Available” (Suministro de 90 días disponible) en los detalles de los resultados de su búsqueda.

Farmacias fuera de la red

Si las farmacias de la red no satisfacen las necesidades del inscrito, se puede solicitar una excepción para obtener autorización para utilizar una farmacia fuera de la red. Las excepciones se revisarán según la necesidad médica caso por caso.

Procesador de reclamaciones de medicamentos recetados

ConnectiCare ha seleccionado a CVS Caremark como la compañía de administración de beneficios de farmacia (PBM) para administrar el beneficio de medicamentos recetados para los inscritos en ConnectiCare.

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 preocupaciones sobre la membresía, los costos compartidos, la información sobre los beneficios de medicamentos recetados y la elegibilidad llamando al Centro de Servicio al Cliente de ConnectiCare al 1 (800) 251-7722. Servicios para Miembros está disponible de lunes a viernes, de 8:00 a.m. a 6:00 p.m., hora del este. Si tiene preguntas relacionadas con los proveedores, llame al centro de ayuda para servicios de proveedores de ConnectiCare al 1 (800) 828-3407, de lunes a viernes, de 8:00 a.m. a 6:00 p.m., hora del este.

Política de medicamentos urgentes y fuera del horario de atención

Para evitar que la afección de un inscrito empeore en una situación urgente, puede ser necesario dispensar un suministro para 72 horas de un medicamento agudo antes de que se pueda obtener la autorización previa de ConnectiCare (p. ej., un inscrito recibe el alta de un hospital fuera del horario regular de atención con una receta especial de antibióticos).

Las farmacias tienen instrucciones de utilizar su juicio profesional. ConnectiCare reembolsará a las farmacias por un suministro para 72 horas de un medicamento urgente a las tarifas contratadas para estos. Las farmacias pueden comunicarse con el centro de ayuda de CVS Caremark al 1 (888) 407-6425 para obtener una autorización para un suministro de 72 horas.

Las farmacias pueden llamar a ConnectiCare al 1 (800) 828-3407 el siguiente día hábil para obtener una autorización que permita que el medicamento recetado urgente o fuera del horario regular se procese en línea. Se informa y se espera que la farmacia proporcionará documentación razonable de los casos en los que se dispensaron los medicamentos en estas circunstancias urgentes.

Tiempo de resurtido, sincronización y prorrateo

En general, los suministros de medicamentos para 30 días se pueden volver a surtir cuando haya transcurrido el 85% de los días de uso previstos desde la fecha del resurtido anterior. Consulte la sección “Prorrateo y sincronización” de su acuerdo de plan para conocer todos los medicamentos que tienen un tiempo de resurtido especial. Su farmacia o proveedor pueden solicitar que se anulen los límites de tiempo de resurtido para sincronizar las fechas de surtido de sus medicamentos comunicándose con el centro de ayuda de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros para más días o menos días para sincronizar sus medicamentos, se prorrateará el costo compartido de esos suministros.

Procedimiento de autorización previa y solicitud de excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para su cobertura se evalúan según reglas estándar para determinar la necesidad médica. Los proveedores deben demostrar que usted tiene un uso médicamente aceptado para el medicamento y que otros tratamientos no han funcionado para usted o no son clínicamente apropiados. Pueden aplicarse otros requisitos dependiendo del medicamento. Es posible que solicitemos los resultados de ciertas pruebas que muestren que un medicamento es adecuado para usted. Esto puede ser válido para los medicamentos especializados que se utilizan para tratar afecciones a largo plazo u otras afecciones poco frecuentes. La respuesta de un inscrito a las muestras de medicamentos de un proveedor o un fabricante de medicamentos no se considerará como una razón para eludir las reglas estándar de cobertura.

Las políticas clínicas y los formularios se encuentran en nuestro sitio web ConnectiCare.com. Puede obtener el formulario en ConnectiCare.com en la página de formularios y documentos del proveedor. El formulario debe estar lleno e incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor puede utilizar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

Si su medicamento recetado requiere una autorización previa o una excepción de formulario, la solicitud puede considerarse de conformidad con circunstancias estándar o apremiantes.

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

Usted o su proveedor serán notificados de nuestra decisión, tomada a más tardar en los siguientes tiempos:

- 24 horas después de recibir la solicitud con las circunstancias apremiantes.
- 72 horas después de recibir la solicitud con las circunstancias estándar.

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

Si se aprueba la solicitud, le enviaremos una carta al profesional que emite recetas. Incluiremos durante cuánto tiempo se aprueba la solicitud antes de que sea necesaria la renovación de la autorización. Si la solicitud no es aprobada, le enviaremos una carta para explicar las razones y le daremos instrucciones sobre sus derechos para el seguimiento.

De acuerdo con la sección 38 del Capítulo 700c de la Legislación de Seguros de Salud de Connecticut, si se aprueba una solicitud de medicamento, este seguirá estando cubierto por la duración de la receta médica, incluidos los resurtidos. ConnectiCare no limitará ni excluirá la cobertura de un medicamento si lo aprobamos previamente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete adecuadamente y siga siendo seguro y eficaz.

Solicitar una excepción

¿Puedo tener cubierto un medicamento si no está en el formulario o no sigue los requisitos del plan, como el tratamiento escalonado?

ConnectiCare tiene un proceso que le permite solicitar medicamentos clínicamente apropiados que no están en el formulario o que tienen requisitos o límites según su plan. Es posible que su médico le ordene un medicamento que no está en el formulario pero que considera 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 farmacéuticos pueden exigirle que pruebe ciertos medicamentos antes de que otros estén cubiertos ("tratamiento escalonado"). Su médico puede enviar a ConnectiCare una solicitud de excepción de formulario utilizando el proceso de autorización previa mencionado anteriormente.

ConnectiCare otorgará una excepción para un medicamento no incluido en el formulario o un requisito de tratamiento escalonado si sus revisores determinan que la información de respaldo muestra cualquiera de las siguientes situaciones:

- El miembro tiene una contraindicación médica para los medicamentos del formulario o solicitados.
- Es probable que los medicamentos solicitados provoquen una reacción adversa clínicamente predecible si el miembro los toma.
- Se espera que el medicamento solicitado sea ineficaz según las características clínicas documentadas del miembro.
- El miembro ha probado el medicamento solicitado, un medicamento relacionado o un medicamento que funciona de manera similar y lo ha interrumpido debido a la falta de eficacia, pérdida de efecto o evento adverso.
- El miembro ya usa el medicamento como un tratamiento actual de una cobertura de seguro anterior. Si el medicamento establecido es un medicamento de marca y cubrimos el producto biológico genérico o intercambiable, se puede otorgar una excepción si el cambio al medicamento solicitado probablemente causará reacciones adversas o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que los medicamentos del formulario o solicitados no son lo mejor para el miembro, ya que es probable que:
    - representen un obstáculo para cumplir con el plan de tratamiento;
    - afecten negativamente la afección comórbida de un miembro;
    - causen una interacción farmacológica negativa clínicamente predecible;
    - disminuyan la capacidad del miembro para lograr o mantener una capacidad funcional razonable al realizar las actividades diarias.

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

De acuerdo con la sección 38 del Capítulo 700c de la Legislación de Seguros de Salud de Connecticut, no podemos exigirle que repita el tratamiento escalonado con un medicamento del formulario si cambió de plan de seguro y continúa tomando un medicamento que ahora está sujeto a los requisitos de tratamiento escalonado según su plan de ConnectiCare. Su proveedor deberá notificarnos con una solicitud de excepción para que podamos saber que usted continúa tomando el medicamento anterior, que está recetado adecuadamente y que es seguro y efectivo para su afección.

¿Hay medicamentos u otros productos que no estén cubiertos en absoluto?

Los medicamentos u otros productos no cubiertos, como las exclusiones de beneficios, no están cubiertos en absoluto. No se pueden aprobar para cobertura mediante excepción de formulario. Su plan no cubre ciertos 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 no cubiertos" y "Exclusiones".

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente de ConnectiCare al (800) 251-7722. Si ConnectiCare deniega su solicitud de medicamento, se incluirá un aviso de derechos para apelar la decisión en el aviso de acción. Para obtener más información, consulte la sección de su Acuerdo (póliza) que se refiere a “Reclamos y apelaciones”. Puede encontrar una copia del Acuerdo, también llamado Evidencia de Cobertura, en ConnectiCare.com.

Aviso

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

Leyenda

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

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

Requisitos/límites	Descripción
EDAD	Se aplican límites de edad. Solo pagamos este medicamento o forma de dosificación para ciertos grupos de edad con base en la información sobre la seguridad, la eficacia y el costo del medicamento.
CORREO	El medicamento es elegible para pedidos por correo y otros programas de surtido de 90 días en farmacias minoristas participantes. Usted elige si desea utilizar programas de pedidos por correo. No hay descuento en el costo compartido por utilizar programas de surtido de 90 días.
MED	Se aplican límites de dosis equivalentes de morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de "Oncología" o especialidad del cáncer. Los medicamentos que se toman por vía oral para tratar el cáncer tienen límites de costos compartidos mensuales según su plan.
OTC	Las formas de dosificación de venta libre están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de pagarlos.
QL	Se aplican límites de cantidad. Pagaremos una cantidad máxima diaria basados en la información sobre el uso médicamente aceptado y el costo del medicamento.
ST	Se requiere tratamiento escalonado. Si en el pasado hemos pagado para que usted reciba los medicamentos de tratamiento escalonado solicitados, este medicamento se pagará en la farmacia sin necesidad de una autorización previa o de una solicitud de excepción de tratamiento escalonado. La lista de medicamentos le mostrará qué medicamentos se requieren primero y durante cuánto tiempo.

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

ConnectiCare

Formulary Changes Effective January 1, 2027

Drug Name	Description of Formulary Change	Notes/Alternatives
Acetazolamide ER Capsule 500 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Actemra Inj 162 Mg/0.9 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 200 Mg/10 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 400 Mg/20 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj 80 Mg/4 Ml	Removed from Formulary	Avtozma; Tyenne Injection
Actemra Inj Actpen	Removed from Formulary	Avtozma; Tyenne Injection
Amphotericin Injection 50 Mg	Adding to Formulary, Specialty Tier	
Aptiom Tablet 200 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 400 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 600 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Aptiom Tablet 800 Mg	Removed from Formulary	Generic Eslicarbazepine Tablet
Besivance Ophthalmic Suspension 0.6%	Removed from Formulary	Generic Besifloxacin Ophthalmic Suspension
Betamethasone Valerate Lotion 0.1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Brilinta Tablet 60 Mg	Removed from Formulary	Generic Ticagrelor Tablet
Brilinta Tablet 90 Mg	Removed from Formulary	Generic Ticagrelor Tablet
Briviact Oral Solution 10 Mg/Ml	Removed from Formulary	Generic Brivaracetam Oral Solution
Briviact Tablet 10 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 100 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 25 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 50 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Briviact Tablet 75 Mg	Removed from Formulary	Generic Brivaracetam Tablet
Budesonide Inhalation Suspension 0.25 Mg/2 Ml	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Budesonide Inhalation Suspension 0.5 Mg/2 Ml	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Budesonide Inhalation Suspension 1 Mg/2 Ml	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Clobetasol Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Emollient Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Gel 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Clobetasol Lotion 0.05%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Clobetasol Ointment 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Clobetasol Solution 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Complera Tablet	Removed from Formulary	Generic Emtricitabine/Rilpivirine/Tenofovir Tablet
Daunorubicin Injection 20 Mg/4 Ml	Adding to Formulary, Specialty Tier	
Desonide Lotion 0.05%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Cream 0.25%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Desoximetasone Ointment 0.25%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Dexcom G6 Device Receiver	Removed from Formulary	Dexcom G7 System
Dexcom G6 Device Sensor	Removed from Formulary	Dexcom G7 System
Dexcom G6 Device Transmitter	Removed from Formulary	Dexcom G7 System
Dificid Tablet 200 Mg	Removed from Formulary	Generic Fidaxomicin Tablet
Dilantin Capsule 100 Mg	Removed from Formulary	Generic Phenytoin ER Capsule
Doxycycline Hyclate Tablet 20 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Edurant Tablet 25 Mg	Removed from Formulary	Generic Rilpivirine Tablet
Eltrombopag Tablet 12.5 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 25 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 50 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Eltrombopag Tablet 75 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Entresto Tablet 24/26 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Entresto Tablet 49/51 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Entresto Tablet 97/103 Mg	Removed from Formulary	Generic Sacubitril-Valsartan Tablet
Esomeprazole Injection 40 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	

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Drug Name	Description of Formulary Change	Notes/Alternatives
Ezetimibe/Simvastatin Tablet 10/20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Ezetimibe/Simvastatin Tablet 10/80 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier with Prior Authorization	
Farxiga Tablet 10 Mg	Removed from Formulary	Generic Dapagliflozin Tablet
Farxiga Tablet 5 Mg	Removed from Formulary	Generic Dapagliflozin Tablet
Fluocinolone Cream 0.01%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Fluocinolone Solution 0.01%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Formoterol Fumarate Nebu 20 Mcg/2 Ml	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
Fulphila Prefilled Syringe Injection 6 Mg/0.6 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Fulvestrant Pfs 250 Mg/5 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Fycompa Tablet 10 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 12 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 2 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 4 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 6 Mg	Removed from Formulary	Generic Perampanel Tablet
Fycompa Tablet 8 Mg	Removed from Formulary	Generic Perampanel Tablet
Gleostine Capsule 10 Mg	Removed from Formulary	Generic Lomustine Capsule
Gleostine Capsule 100 Mg	Removed from Formulary	Generic Lomustine Capsule
Gleostine Capsule 40 Mg	Removed from Formulary	Generic Lomustine Capsule
Glydo Topical Gel 2%	Removed from Formulary	Xeroburn Topical Gel
Halobetasol Cream 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Halobetasol Ointment 0.05%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Humulin R U-500 Injection 500 Units/Ml	Removed from Formulary	Humulin R U-500 Kwikpen Injection
Hydrocortisone Acetate Ointment 1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Hydrocortisone Butyrate Ointment 0.1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Hydrocortisone Enema 100 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply

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Drug Name	Description of Formulary Change	Notes/Alternatives
Hydrocortisone Valerate Ointment 0.2%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Ivermectin Cream 1%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Janumet Tablet 50-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin Tablet
Janumet Tablet 50-500 Mg	Removed from Formulary	Generic Sitagliptin-Metformin Tablet
Janumet Extended-Release Tablet 50-500 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Janumet Extended-Release Tablet 50-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Janumet Extended-Release Tablet 100-1000 Mg	Removed from Formulary	Generic Sitagliptin-Metformin ER Tablet
Januvia Tablet 100 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Januvia Tablet 25 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Januvia Tablet 50 Mg	Removed from Formulary	Generic Sitagliptin Phosphate Tablet
Kisqali Tablet 200 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Kisqali Tablet 400 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Kisqali Tablet 600 Mg Dose Pack	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Lanoxin Tablet 0.125 Mg	Removed from Formulary	Generic Digoxin Tablet
Lanoxin Tablet 0.25 Mg	Removed from Formulary	Generic Digoxin Tablet
Levemir Injection	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Levemir Injection Flextouch	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Lumigan Ophthalmic Solution 0.01%	Removed from Formulary	Generic Bimatoprost Ophthalmic Solution
Menest Tablet 0.3 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 0.625 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 1.25 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Menest Tablet 2.5 Mg	Removed from Formulary	Conjugated Estrogens Tablet
Meropenem Injection 500 Mg	Adding to Formulary, Specialty Tier	
Methylphenidate Chewable Tablet 10 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Methylphenidate Chewable Tablet 2.5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Methylphenidate Chewable Tablet 5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Mirtazapine ODT Tablet 15 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine ODT Tablet 30 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine ODT Tablet 45 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mirtazapine Tablet 7.5 Mg	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Mitoxantrone Injection 2 Mg/Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Nebivolol Tablet 10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 2.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nebivolol Tablet 5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Nubeqa Tablet 300 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Nucynta Immediate-Release Tablet 100 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nucynta Immediate-Release Tablet 50 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nucynta Immediate-Release Tablet 75 Mg	Removed from Formulary	Generic Tapentadol Tablet
Nulev Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Tablet
Ofev Capsule 100 Mg	Removed from Formulary	Generic Nintedanib Capsule
Ofev Capsule 150 Mg	Removed from Formulary	Generic Nintedanib Capsule
Omega-3 Acid Ethyl Esters Capsule 1 G	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Opsumit Tablet 10 Mg	Removed from Formulary	Generic Macitentan Tablet
Orphenadrine/Aspirin/Caffeine Tablet 25-385-30 Mg	Adding to Formulary, Non-Preferred Generic Tier	Quantity Limits Apply
Oscimin Sublingual Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Sublingual Tablet
Oscimin Tablet 0.125 Mg	Removed from Formulary	Generic Hyoscyamine Tablet
Otovel Otic Solution 0.3%-0.025%	Removed from Formulary	Generic Ciprofloxacin-Fluocinolone Otic Solution

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Drug Name	Description of Formulary Change	Notes/Alternatives
Pamidronate Injection 30 Mg/10 Ml	Adding to Formulary, Specialty Tier	
Perphenazine/Amitriptyline Tablet 2-10 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 2-25 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-10 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-25 Mg	Removed Prior Authorization & Age Limit	
Perphenazine/Amitriptyline Tablet 4-50 Mg	Removed Prior Authorization & Age Limit	
Pomalyst Capsule 1 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 2 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 3 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Pomalyst Capsule 4 Mg	Removed from Formulary	Generic Pomalidomide Capsule
Potassium Chloride Oral Solution 10%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Potassium Chloride Oral Solution 20%	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Pregabalin Capsule 100 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 150 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 200 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 225 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 25 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 300 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 50 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Pregabalin Capsule 75 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Premarin Tablet 0.3 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.45 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.625 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Premarin Tablet 0.9 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet

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

Drug Name	Description of Formulary Change	Notes/Alternatives
Premarin Tablet 1.25 Mg	Removed from Formulary	Generic Conjugated Estrogens Tablet
Priftin Tablet 150 Mg	Removed from Formulary	Generic Rifapentine Tablet
Qulipta Tablet 10 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Qulipta Tablet 30 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Qulipta Tablet 60 Mg	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	Quantity Limits Apply
Ranolazine Extended-Release Tablet 1000 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Step Therapy Applies; Quantity Limits Apply
Ranolazine Extended-Release Tablet 500 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Step Therapy Applies; Quantity Limits Apply
Rivastigmine Capsule 1.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 3 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 4.5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Rivastigmine Capsule 6 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	
Ropinirole Extended-Release Tablet 12 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 2 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 4 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 6 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Ropinirole Extended-Release Tablet 8 Mg	Adding to Formulary, Non-Preferred Generic Tier	
Rosuvastatin Tablet 10 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Rosuvastatin Tablet 5 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Savella Tablet 100 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 12.5 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 25 Mg	Removed from Formulary	Generic Milnacipran Tablet
Savella Tablet 50 Mg	Removed from Formulary	Generic Milnacipran Tablet

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Drug Name	Description of Formulary Change	Notes/Alternatives
Savella Tablet Titration Pack	Removed from Formulary	Generic Milnacipran Tablet
Toujeo Max SoloStar Injection Pen 300 Units/Ml	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Toujeo SoloStar Injection Pen 300 Units/Ml	Removed from Formulary	Basaglar Kwikpen; Insulin Glargine-YFGN Injection
Tracleer Tablet 32 Mg	Removed from Formulary	Generic Bosentan Tablet
Triamcinolone Injection Suspension 10 Mg/Ml	Adding to Formulary, Specialty Tier	
Triamcinolone Injection Suspension 40 Mg/Ml	Adding to Formulary, Specialty Tier	
Truxima Injection 100 Mg/10 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Truxima Injection 500 Mg/50 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Tysabri Injection 300 Mg/15 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Vancomycin Capsule 125 Mg	Adding to Formulary, Preferred Generic Tier	
Vancomycin Capsule 250 Mg	Adding to Formulary, Preferred Generic Tier	
Verapamil Extended-Release Capsule 120 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verapamil Extended-Release Capsule 180 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verapamil Extended-Release Capsule 240 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply
Verzenio Tablet 100 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 150 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 200 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Verzenio Tablet 50 Mg	Removed from Formulary	Ibrance Capsule; Kisqali Tablet
Vilazodone Tablet 10 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Vilazodone Tablet 20 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Vilazodone Tablet 40 Mg	Changing from Non-Preferred Tier to Preferred Generic Tier	Removed Prior Authorization
Viread Tablet 300 Mg	Removed from Formulary	Generic Tenofovir Tablet
Xeljanz Extended-Release Tablet 11 Mg	Removed from Formulary	Generic Tofacitinib ER Tablet
Xeljanz Extended-Release Tablet 22 Mg	Removed from Formulary	Generic Tofacitinib ER Tablet
Xeljanz Oral Solution 1 Mg/Ml	Removed from Formulary	Generic Tofacitinib Oral Solution
Xeljanz Tablet 10 Mg	Removed from Formulary	Generic Tofacitinib Tablet
Xeljanz Tablet 5 Mg	Removed from Formulary	Generic Tofacitinib Tablet

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Drug Name	Description of Formulary Change	Notes/Alternatives
Xigduo Extended-Release Tablet 10/1000 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 10/500 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 5/1000 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Xigduo Extended-Release Tablet 5/500 Mg	Removed from Formulary	Generic Dapagliflozin-Metformin ER Tablet
Ziprasidone Capsule 20 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 40 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 60 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Ziprasidone Capsule 80 Mg	Changing from Non-Preferred Generic Tier to Preferred Generic Tier	Quantity Limits Apply; Age Limits Apply
Zylet Ophthalmic Suspension 0.5%-0.3%	Removed from Formulary	Generic Loteprednol-Tobramycin Ophthalmic Suspension

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

Drug Name	Formulary Status	Requirements/Limits
Analeptics**		
caffeine citrate oral solution 60 mg/3ml	Tier 1	QL (120 ML per 999 days); AGE (Max 1 Years)
Stimulants - Misc.**		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 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 er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	PA; QL (1 EA per 1 Day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl 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 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 er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)

Drug Name	Formulary Status	Requirements/Limits
methylphenidate hcl oral solution 10 mg/5ml	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet chewable 10 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
modafinil oral tablet 100 mg	Tier 2	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 2	PA; QL (2 EA per 1 day)
Alternative Medicines		
Alternative Medicine - Me's**		
melatonin er oral tablet extended release 10 mg	Tier 1	OTC
melatonin oral capsule 3 mg, 5 mg	Tier 1	OTC
melatonin oral liquid 1 mg/4ml	Tier 1	OTC
melatonin oral tablet 1 mg, 3 mg, 5 mg	Tier 1	OTC
melatonin oral tablet dispersible 5 mg	Tier 1	OTC
Alternative Medicine Combinations - Two Ingredients**		
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 1	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 1	OTC
Aminoglycosides		
Aminoglycosides**		
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
neomycin sulfate oral tablet 500 mg	Tier 1	
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 4	PA
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
RINVOQ LQ ORAL SOLUTION 1 MG/ML (Upadacitinib)	Tier 4	PA; AGE (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 4	PA; QL (1 EA per 1 day)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	Tier 4	PA
tofacitinib citrate oral solution 1 mg/ml	Tier 4	PA
tofacitinib citrate oral tablet 10 mg, 5 mg	Tier 4	PA
Anti-Tnf-Alpha - Monoclonal Antibodies**		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	Tier 4	PA; Preferred Brand; QL (0.072 ML per 1 day)

Drug Name	Formulary Status	Requirements/Limits
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	Tier 4	PA; Preferred Brand; QL (3 ML per 365 days)
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	Tier 4	PA; Preferred Brand; QL (0.072 ML per 1 day)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 4	PA; Preferred Brand; QL (0.072 EA per 1 day)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	Tier 4	PA; Preferred Brand; QL (0.072 EA per 1 day)
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)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 4	PA; QL (0.072 ML per 1 day)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 4	PA; QL (0.072 EA per 1 Day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 4	PA; QL (2 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 4	PA; QL (4 EA per 365 days)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 4	PA; QL (0.072 EA per 1 Day)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 4	PA; QL (0.072 EA per 1 day)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (Adalimumab-ryvk)	Tier 4	PA; QL (0.072 EA per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 1	MAIL; QL (2 EA per 1 day)
celecoxib oral capsule 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 3	PA; MAIL
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 4	PA
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
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**		
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab-anoh)	Tier 4	PA
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab-anoh)	Tier 4	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA

Drug Name	Formulary Status	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab-aazg)	Tier 4	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab-aazg)	Tier 4	PA
Nonsteroidal Anti-Inflammatory Agent Combinations**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 2	MAIL; QL (2 EA per 1 day)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
ADDAPRIN ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (Ibuprofen)	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
all day pain relief oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
etodolac oral capsule 200 mg, 300 mg	Tier 1	MAIL; QL (5 EA per 1 day)
etodolac oral tablet 400 mg	Tier 1	MAIL; QL (3 EA per 1 day)
etodolac oral tablet 500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
flurbiprofen oral tablet 100 mg, 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)
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 1	OTC; AGE (Max 12 Years)
ibuprofen junior strength oral tablet chewable 100 mg	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
ibuprofen oral capsule 200 mg	Tier 1	OTC; QL (4 EA per 1 day)
ibuprofen oral suspension 100 mg/5ml	Tier 1	AGE (Max 12 Years)
ibuprofen oral tablet 200 mg	Tier 1	OTC; QL (4 EA per 1 day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	MAIL; QL (4 EA per 1 day)
indomethacin oral capsule 25 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
ketoprofen oral capsule 50 mg	Tier 3	PA; MAIL; QL (4 EA per 1 day)
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 2	PA; MAIL
mefenamic acid oral capsule 250 mg	Tier 2	PA; MAIL
meloxicam oral tablet 15 mg	Tier 1	MAIL; QL (1 EA per 1 day)
meloxicam oral tablet 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
MOTRIN IB ORAL CAPSULE 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
MOTRIN IB ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
nabumetone oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
naproxen dr oral tablet delayed release 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral suspension 125 mg/5ml	Tier 2	MAIL; AGE (Max 12 Years)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet delayed release 375 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen sodium oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
oxaprozin oral tablet 600 mg	Tier 2	PA; MAIL; QL (3 EA per 1 day)
piroxicam oral capsule 10 mg	Tier 1	PA; MAIL; QL (4 EA per 1 day)
piroxicam oral capsule 20 mg	Tier 1	PA; MAIL; QL (2 EA per 1 day)
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 2	PA; MAIL; QL (4 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Phosphodiesterase 4 (Pde4) Inhibitors**		
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
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (Apremilast)	Tier 4	PA; Preferred Brand
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (Apremilast)	Tier 4	PA; Preferred Brand
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Selective Costimulation Modulators**		
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**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 4	PA; Preferred Brand; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 4	PA; Preferred Brand; QL (4 ML per 24 days)

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

Drug Name	Formulary Status	Requirements/Limits
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
BAYER ASPIRIN ORAL TABLET 325 MG (Aspirin)	Tier 1	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
cvs aspirin oral tablet 325 mg	Tier 1	OTC
diflunisal oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
eq aspirin oral tablet 325 mg	Tier 1	OTC
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
salsalate oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	PREV for ages 50-59; OTC; QL (100 EA per 30 days)
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral solution 300-30 mg/12.5ml	Tier 1	MED; AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	MED; QL (6 EA per 1 day); AGE (Min 12 Years)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 1	MED; QL (8 EA per 1 day)
Hydrocodone Combinations**		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 1	MED
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	MED; QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 2	PA; QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	MED; QL (6 EA per 1 day)
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	MED; QL (6 EA per 1 day)
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	MED; QL (6 EA per 1 day)
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	MED; QL (6 EA per 1 day)
Opioid Agonists**		
codeine sulfate oral tablet 30 mg	Tier 1	MED; QL (12 EA per 1 day); AGE (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	MED; QL (6 EA per 1 day); AGE (Min 12 Years)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; MED; QL (10 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 2	PA; MED
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 2	PA; MED
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	MED; QL (12 EA per 1 day)
meperidine hcl oral solution 50 mg/5ml	Tier 1	MED; AGE (Max 64 Years)
meperidine hcl oral tablet 50 mg	Tier 1	MED; AGE (Max 64 Years)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	MED; QL (15 ML per 1 day)
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	MED; QL (360 EA per 25 days)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 1	MED; QL (15 EA per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	MED; QL (15 ML per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	MED; QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	MED; QL (15 ML per 1 day)
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	MED; QL (6 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 50 MG (Tapentadol HCl)	Tier 3	PA; MED
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Tier 3	PA; MED
oxycodone hcl oral solution 5 mg/5ml	Tier 1	MED
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	MED; QL (6 EA per 1 day)
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
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 2	PA; MED; QL (120 EA per 25 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 2	PA; MED
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 3	PA; MED
tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 2	PA
tramadol hcl (er biphasic) oral tablet extended release 24 hour 300 mg	Tier 1	PA; MED; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	Tier 1	PA; MED; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	Tier 1	MED; QL (8 EA per 1 day); AGE (Min 12 Years)
Opioid Combinations**		
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	MED; QL (6 EA per 1 day)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	MED; QL (8 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1	MED; QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1	MED; QL (8 EA per 1 day)
Opioid Partial Agonists**		
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 1	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 1	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 2	PA; MED
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	PA; MED; QL (15 ML per 25 days)
Tramadol Combinations**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	MED; QL (10 EA per 1 day); AGE (Min 12 Years)
Androgens-Anabolic		
Anabolic Steroids**		
OXANDRIN ORAL TABLET 2.5 MG (Oxandrolone)	Tier 1	PA
oxandrolone oral tablet 10 mg	Tier 1	PA
Androgens**		
danazol oral capsule 100 mg, 200 mg	Tier 2	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 2	QL (2 EA per 1 day)
methitest oral tablet 10 mg	Tier 2	PA; AGE (Min 18 Years)
methyltestosterone oral capsule 10 mg	Tier 2	PA; AGE (Min 18 Years)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
Intrarectal Steroids**		
hydrocortisone rectal enema 100 mg/60ml	Tier 1	QL (1680 ML per 25 days)
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 2	
Rectal Anesthetic Combinations**		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	OTC
Rectal Local Anesthetics**		
dibucaine rectal ointment 1 %	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Rectal Steroids**		
hydrocortisone (perianal) external cream 2.5 %	Tier 1	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Antacids		
Antacid & Simethicone**		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	Tier 1	OTC
antacid plus oral tablet chewable 200-200-25 mg	Tier 1	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Tier 1	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
mintox maximum strength oral suspension 400-400-40 mg/5ml	Tier 1	OTC
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
Antacid Combinations**		
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (Alum Hydroxide-Mag Carbonate)	Tier 1	OTC
antacid extra strength oral tablet chewable 160-105 mg	Tier 1	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 1	OTC
Antacids - Bicarbonate**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 1	OTC
Antacids - Calcium Salts**		
antacid maximum oral tablet chewable 1000 mg	Tier 1	OTC
calcium antacid extra strength oral tablet chewable 750 mg	Tier 1	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 1	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 1	OTC
childrens pepto oral tablet chewable 400 mg	Tier 1	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (Calcium Carbonate Antacid)	Tier 1	OTC
ra antacid ultra strength oral tablet chewable 1000 mg	Tier 1	OTC
TUM-EASE ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (Calcium Carbonate Antacid)	Tier 1	OTC
Antacids - Magnesium Salts**		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 1	OTC
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
ivermectin oral tablet 3 mg	Tier 1	QL (16 EA per 2 days)
mebendazole oral tablet chewable 100 mg	Tier 3	
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 1	OTC
praziquantel oral tablet 600 mg	Tier 2	PA
Antianginal Agents		
Antianginals-Other**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
Nitrates**		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Tier 1	MAIL; QL (4 EA per 1 day)
isosorbide dinitrate oral tablet 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	MAIL; QL (2 EA per 1 day)
isosorbide mononitrate oral tablet 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)
isosorbide mononitrate oral tablet 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	MAIL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	MAIL; QL (1 EA per 1 day)
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 15 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 30 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 5 mg, 7.5 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)

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

Drug Name	Formulary Status	Requirements/Limits
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 2	PA; MAIL
Adrenergic Combinations**		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (60 EA per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (60 EA per 25 days)
Budesonide-Formoterol Fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Tier 3	QL (20.6 GM per 25 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act	Tier 3	QL (20.6 GM per 25 days)
budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act	Tier 3	MAIL; QL (20.6 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 1	MAIL; QL (60 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 1	MAIL; QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	MAIL; QL (360 ML per 25 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 GM per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (2 EA per 1 day)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 1	MAIL; QL (60 EA per 30 days)
Anti-Ige Monoclonal Antibodies**		
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 75 MG/0.5ML (Omalizumab)	Tier 4	PA; QL (2.5 ML per 24 days)

Drug Name	Formulary Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 4	PA; QL (5 EA per 24 days)
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 2	MAIL
Beta Adrenergics**		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (13.4 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (17 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (13.4 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (17 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (36 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (6.7 GM per 24 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Tier 1	MAIL; QL (225 ML per 25 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	Tier 1	MAIL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml	Tier 1	MAIL; QL (300 ML per 25 days)
albuterol sulfate inhalation nebulization solution 1.25 mg/3ml	Tier 1	MAIL; QL (150 ML per 25 days)
albuterol sulfate oral syrup 2 mg/5ml	Tier 1	MAIL
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 2	MAIL
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 2	MAIL; QL (120 ML per 25 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Tier 2	MAIL; QL (120 ML per 25 Days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Tier 1	ST; MAIL; QL (150 ML per 25 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Tier 1	ST; MAIL; QL (150 EA per 25 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 2	MAIL; QL (30 GM per 25 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 2	MAIL; QL (0.14 GM per 1 day)
terbutaline sulfate oral tablet 2.5 mg	Tier 1	MAIL; QL (8 EA per 1 day)
terbutaline sulfate oral tablet 5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
Bronchodilators - Anticholinergics**		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
ipratropium bromide inhalation solution 0.02 %	Tier 1	MAIL; QL (10 ML per 1 day)

Drug Name	Formulary Status	Requirements/Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (Tiotropium Bromide)	Tier 2	MAIL; QL (4 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (Tiotropium Bromide)	Tier 2	MAIL; QL (4 GM per 25 days)
tiotropium bromide inhalation capsule 18 mcg	Tier 1	MAIL; QL (30 EA per 25 days)
Interleukin-5 Antagonists (Igg1 Kappa)**		
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**		
montelukast sodium oral tablet 10 mg	Tier 1	MAIL; QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 9 Years)
montelukast sodium oral tablet chewable 5 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 14 Years)
zafirlukast oral tablet 10 mg, 20 mg	Tier 2	MAIL; QL (2 EA per 1 day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 2	PA; MAIL
Steroid Inhalants**		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 1	MAIL; QL (120 ML per 25 days); AGE (Max 9 Years)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 3	MAIL; QL (12 GM per 25 days); AGE (Max 11 Years)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 3	MAIL; QL (10.6 GM per 25 days); AGE (Max 11 Years)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
Xanthines**		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	MAIL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	MAIL
theophylline oral elixir 80 mg/15ml	Tier 1	MAIL
theophylline oral solution 80 mg/15ml	Tier 1	MAIL
Anticoagulants		
Coumarin Anticoagulants**		
Warfarin Sodium (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
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	MAIL
Direct Factor Xa Inhibitors**		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (Apixaban)	Tier 2	QL (84 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (Apixaban)	Tier 2	QL (112 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (Apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (Apixaban)	Tier 2	QL (16 EA per 1 day)
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
rivaroxaban oral tablet 2.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
Heparins And Heparinoid-Like Agents**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 1	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 1	PA
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 2	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 2	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 2	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 2	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 2	QL (0.8 ML per 1 day)

Drug Name	Formulary Status	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 2	QL (1.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 3	PA
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 2	PA
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 3	
Anticonvulsants - Benzodiazepines**		
clobazam oral tablet 10 mg, 20 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	QL (10 EA per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	QL (2 EA per 25 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
Anticonvulsants - Misc.**		
brivaracetam oral solution 10 mg/ml	Tier 1	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	MAIL
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 1	MAIL
carbamazepine oral tablet 200 mg	Tier 1	MAIL
carbamazepine oral tablet chewable 100 mg, 200 mg	Tier 1	MAIL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 4	PA
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 3	MAIL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	MAIL
gabapentin oral solution 250 mg/5ml	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
gabapentin oral tablet 600 mg, 800 mg	Tier 1	MAIL
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	MAIL
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	MAIL
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 1	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	MAIL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	MAIL
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
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
rufinamide oral suspension 40 mg/ml	Tier 2	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 2	MAIL
LamoTRIgine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	MAIL
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 1	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 2	MAIL
felbamate oral tablet 400 mg, 600 mg	Tier 2	MAIL
Gaba Modulators**		
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 2	MAIL
vigabatrin oral packet 500 mg	Tier 4	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 4	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 4	QL (6 EA per 1 day)
Hydantoins**		
DILANTIN ORAL CAPSULE 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	MAIL
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Tier 1	MAIL
phenytoin oral tablet chewable 50 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	MAIL
Succinimides**		
ethosuximide oral capsule 250 mg	Tier 1	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 1	MAIL
methsuximide oral capsule 300 mg	Tier 3	MAIL
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	MAIL
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	MAIL
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	MAIL
valproic acid oral capsule 250 mg	Tier 1	MAIL
valproic acid oral solution 250 mg/5ml	Tier 1	MAIL
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg	Tier 1	MAIL; QL (2 EA per 1 day)
mirtazapine oral tablet 30 mg, 45 mg	Tier 1	MAIL; QL (1 EA per 1 day)
mirtazapine oral tablet 7.5 mg	Tier 1	QL (1 EA per 1 day)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 1	QL (1 EA per 1 day)
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	Tier 1	MAIL; QL (2 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Tier 1	MAIL; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	MAIL; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Monoamine Oxidase Inhibitors (Maois)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 3	PA; MAIL
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 3	PA; MAIL
phenelzine sulfate oral tablet 15 mg	Tier 1	MAIL; QL (6 EA per 1 day)
tranylcypromine sulfate oral tablet 10 mg	Tier 2	MAIL; QL (8 EA per 1 day)
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years)
citalopram hydrobromide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
citalopram hydrobromide oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5ml	Tier 1	MAIL; AGE (Max 12 Years)
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fluoxetine hcl oral capsule 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
fluoxetine hcl oral capsule 20 mg	Tier 1	MAIL; QL (4 EA per 1 day)
fluoxetine hcl oral capsule 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fluoxetine hcl oral solution 20 mg/5ml	Tier 1	MAIL; AGE (Max 12 Years)
fluvoxamine maleate oral tablet 100 mg	Tier 1	MAIL; QL (3 EA per 1 day)
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
sertraline hcl oral concentrate 20 mg/ml	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years)
sertraline hcl oral tablet 100 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
sertraline hcl oral tablet 25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Serotonin Modulators**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 3	PA; MAIL
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 1	MAIL; QL (2 EA per 1 day)
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
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Tricyclic Agents**		
amitriptyline hcl oral tablet 10 mg, 25 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 50 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	MAIL
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 2	MAIL; QL (6 EA per 1 day)
desipramine hcl oral tablet 10 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
desipramine hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
desipramine hcl oral tablet 150 mg	Tier 1	MAIL; QL (2 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
gnp glucose oral tablet chewable 4 gm	Tier 1	OTC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 1	ST; MAIL; QL (1 EA per 1 day)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	ST; QL (1 EA per 1 Day)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Tier 1	ST; QL (2 EA per 1 Day)
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)
Human Insulin**		
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 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 (30 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (18 ML per 25 days)
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Tier 2	MAIL; QL (30 ML per 25 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	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 25 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 25 days)
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 2	MAIL; QL (30 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 (Gip & Glp-1 Receptor Agonists)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (Tirzepatide)	Tier 2	ST; QL (2 ML per 30 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 1	ST; MAIL; QL (9 ML per 25 days)
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)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 Day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 Day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; QL (2 ML per 24 days)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)

Drug Name	Formulary Status	Requirements/Limits
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	MAIL; QL (3 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	ST; 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**		
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	Tier 1	ST; QL (1 EA per 1 Day)
dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 1	ST; QL (2 EA per 1 Day)
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 2.5-1000 MG (Dapagliflozin Base-metFORMIN)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glipizide oral tablet 10 mg, 5 mg	Tier 1	MAIL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glycron oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
Thiazolidinediones**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.**		
gnp pink bismuth oral tablet 262 mg	Tier 1	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
sb bismuth oral tablet 262 mg	Tier 1	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
stomach relief oral suspension 525 mg/15ml	Tier 1	OTC
stomach relief oral tablet chewable 262 mg	Tier 1	OTC
Antiperistaltic Agents**		
anti-diarrheal oral tablet 2 mg	Tier 1	OTC
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
goodsense anti-diarrheal oral solution 1 mg/7.5ml	Tier 1	OTC
loperamide hcl oral capsule 2 mg	Tier 1	
loperamide hcl oral tablet 2 mg	Tier 1	OTC
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 3	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 4	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 4	PA
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml	Tier 1	QL (4 ML per 25 days)
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 1	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 1	
naltrexone hcl 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 EA per 28 days)
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 3	PA
granisetron hcl oral tablet 1 mg	Tier 2	QL (2 EA per 1 day)
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL (50 ML per 25 days); AGE (Max 12 Years)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)
Antiemetic Combinations**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 3	PA
anti-nausea oral solution 1.87-1.87-21.5	Tier 1	OTC
Antiemetics - Anticholinergic**		
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRIMINATE ORAL TABLET 50 MG (DimenhyDRINATE)	Tier 1	OTC
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
meclizine hcl oral tablet chewable 25 mg	Tier 1	QL (4 EA per 1 day)
motion sickness relief oral tablet 50 mg	Tier 1	OTC
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 2	QL (4 EA per 25 days)
travel-ease oral tablet 25 mg	Tier 1	OTC; QL (4 EA per 1 day)
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 2	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral 80 & 125 mg	Tier 2	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 2	PA
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 2	PA
Antifungals		
Antifungals**		
amphotericin b injection solution reconstituted 50 mg	Tier 4	
amphotericin b intravenous solution reconstituted 50 mg	Tier 4	
flucytosine oral capsule 250 mg, 500 mg	Tier 2	PA
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	QL (1 EA per 1 day)
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Triazoles**		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	QL (105 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier 1	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	Tier 1	QL (2 EA per 25 days)
itraconazole oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
voriconazole oral tablet 200 mg, 50 mg	Tier 2	PA
Antihistamines		
Antihistamines - Alkylamines**		
aller-chlor oral tablet 4 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 1	OTC; QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
WAL-FINATE ORAL TABLET 4 MG (Chlorpheniramine Maleate)	Tier 1	OTC
Antihistamines - Ethanolamines**		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 1	OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5Ml)	Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine fumarate oral tablet 2.68 mg	Tier 1	
diphenhist oral capsule 25 mg	Tier 1	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl oral capsule 25 mg	Tier 1	
diphenhydramine hcl oral capsule 50 mg	Tier 1	OTC
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 1	OTC; AGE (Max 12 Years)
diphenhydramine hcl oral tablet 25 mg, 50 mg	Tier 1	OTC
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 1	OTC; AGE (Max 12 Years)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
Antihistamines - Non-Sedating**		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
cetirizine hcl oral solution 1 mg/ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 1	OTC; QL (1 EA per 1 day)
desloratadine oral tablet 5 mg	Tier 2	QL (1 EA per 1 day)
fexofenadine hcl oral tablet 180 mg	Tier 1	OTC; QL (1 EA per 1 day)
fexofenadine hcl oral tablet 60 mg	Tier 1	OTC; QL (2 EA per 1 day)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
loradamed oral tablet 10 mg	Tier 1	OTC; QL (1 EA per 1 day)
loratadine oral solution 5 mg/5ml	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
loratadine oral tablet 10 mg	Tier 1	OTC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
loratadine oral tablet dispersible 10 mg	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 180 MG (Fexofenadine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 60 MG (Fexofenadine HCl)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML (Loratadine)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ITIN ORAL TABLET 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (Cetirizine HCl)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ZYR ORAL TABLET 10 MG (Cetirizine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
Antihistamines - Phenothiazines**		
promethazine hcl oral solution 6.25 mg/5ml	Tier 1	AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	AGE (Min 2 Years and Max 64 Years)
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1	AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg	Tier 1	AGE (Max 64 Years)
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 3	PA; MAIL
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 3	PA; MAIL
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 1	QL (4 EA per 1 day)
Bile Acid Sequestrants**		
cholestyramine light oral packet 4 gm	Tier 1	MAIL; QL (240 EA per 25 days)
cholestyramine light oral powder 4 gm/dose	Tier 1	MAIL; QL (240 GM per 25 days)
cholestyramine oral packet 4 gm	Tier 1	MAIL; QL (240 EA per 25 days)
cholestyramine oral powder 4 gm/dose	Tier 1	MAIL; QL (378 GM per 25 days)
colesevelam hcl oral packet 3.75 gm	Tier 2	MAIL; QL (1 EA per 1 day)
colesevelam hcl oral tablet 625 mg	Tier 2	MAIL; QL (6 EA per 1 day)
colestipol hcl oral tablet 1 gm	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)

Drug Name	Formulary Status	Requirements/Limits
Fibric Acid Derivatives**		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 2	MAIL; QL (1 EA per 1 day)
gemfibrozil oral tablet 600 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Hmg Coa Reductase Inhibitors**		
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 40 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 2	ST; MAIL; PREV for ages 40-75; QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 2	ST; MAIL; PREV for ages 40-75; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1.5 EA per 1 day)
lovastatin oral tablet 40 mg	Tier 1	MAIL; PREV for ages 40-75; QL (2 EA per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1.5 EA per 1 day)
pravastatin sodium oral tablet 80 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1 EA per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1.5 EA per 1 day)
rosuvastatin calcium oral tablet 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
rosuvastatin calcium oral tablet 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1.5 EA per 1 day)
simvastatin oral tablet 40 mg	Tier 1	MAIL; PREV for ages 40-75; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1	PA; MAIL
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 2	MAIL
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 2	QL (4 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 2	MAIL; QL (4 EA per 1 day)
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	Tier 2	QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Pcsk9 Inhibitors**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 3	PA
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
benazepril-hydrochlorothiazide oral tablet 20-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
benazepril hcl oral tablet 40 mg, 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
captopril oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
enalapril maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
perindopril erbumine oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
quinapril hcl oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Agents For Pheochromocytoma**		
phenoxybenzamine hcl oral capsule 10 mg	Tier 2	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Angiotensin Ii Receptor Antagonists**		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
candesartan cilexetil oral tablet 32 mg	Tier 1	MAIL; QL (1 EA per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	MAIL; QL (1 EA per 1 day)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 20 mg, 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
telmisartan oral tablet 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
telmisartan oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 1	MAIL; QL (2 EA per 1 day)
valsartan oral tablet 320 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Antiadrenergics - Centrally Acting**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	MAIL; QL (4 EA per 1 day)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 2	ST; MAIL; QL (4 EA per 25 days)
guanfacine hcl oral tablet 1 mg	Tier 1	MAIL; QL (4 EA per 1 day)
guanfacine hcl oral tablet 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
methyldopa oral tablet 250 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
methyldopa oral tablet 500 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
doxazosin mesylate oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
terazosin hcl oral capsule 1 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
terazosin hcl oral capsule 10 mg, 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
Glycopeptides**		
vancomycin hcl oral capsule 125 mg, 250 mg	Tier 1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	Tier 1	
Leprostatics**		
dapsone oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
dapsone oral tablet 25 mg	Tier 1	QL (4 EA per 1 day)
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg	Tier 1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	AGE (Max 12 Years)
Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 4	PA
Oxazolidinones**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 2	PA
linezolid oral tablet 600 mg	Tier 2	PA
Urinary Anti-Infectives**		
fosfomycin tromethamine oral packet 3 gm	Tier 2	
methenamine hippurate oral tablet 1 gm	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin macrocrystal oral capsule 50 mg	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin oral suspension 25 mg/5ml	Tier 2	AGE (Max 12 Years)
Antimalarials		
Antimalarial Combinations**		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	QL (1 EA per 1 day)
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 3	
Antimalarials**		
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (20 EA per 25 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (10 EA per 25 days)
hydroxychloroquine sulfate oral tablet 200 mg	Tier 2	QL (4 EA per 1 day)
mefloquine hcl oral tablet 250 mg	Tier 1	QL (6 EA per 25 days)
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 1	PA; QL (21 EA per 25 days)
quinine sulfate oral capsule 324 mg	Tier 2	QL (30 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
pyridostigmine bromide oral tablet 60 mg	Tier 1	QL (6 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antimycobacterial Agents		
Antimycobacterial Agents**		
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 2	
rifabutin oral capsule 150 mg	Tier 2	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 4	
TRECATOR ORAL TABLET 250 MG (Ethionamide)	Tier 3	
Antineoplastics And Adjunctive Therapies		
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 4	PA; ONC
Antiandrogens**		
bicalutamide oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (Darolutamide)	Tier 4	PA; QL (4 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 4	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 4	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 4	PA; ONC; QL (2 EA per 1 day)
Antiestrogens**		
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	MAIL; ONC; PREV for ages 35 and over
toremifene citrate oral tablet 60 mg	Tier 2	PA; ONC; QL (1 EA per 1 day)
Antimetabolites**		
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; ONC; QL (4 EA per 1 day)
mercaptopurine oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	Tier 4	ONC; QL (10 ML per 25 days)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 4	ONC; QL (10 ML per 25 days)
methotrexate sodium oral tablet 2.5 mg	Tier 1	ONC
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 3	PA; ONC

Drug Name	Formulary Status	Requirements/Limits
Antineoplastic - Alk Inhibitors**		
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 4	PA; ONC; QL (3 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG (Ceritinib)	Tier 4	PA; QL (3 EA per 1 day)
Antineoplastic - Anti-Cd20 Antibodies**		
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (riTUXimab-abbs)	Tier 4	PA; ONC; QL (100 ml per 7 days)
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (Venetoclax)	Tier 4	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 4	PA; QL (1 EA per 1 day)
dasatinib oral tablet 20 mg	Tier 4	PA; QL (3 EA per 1 day)
Antineoplastic - Btk Inhibitors**		
IMBRUVICA ORAL CAPSULE 70 MG (Ibrutinib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (Ibrutinib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 4	PA; ONC; QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 4	PA; ONC; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitors**		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Immunomodulators**		
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	PA; QL (1 EA per 1 Day)
Antineoplastic - Mek Inhibitors**		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; QL (1 EA per 1 day)
Antineoplastic - Multikinase Inhibitors**		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (Cabozantinib S-Malate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (Cabozantinib S-Malate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (Cabozantinib S-Malate)	Tier 4	PA; ONC; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (Cabozantinib S-Malate)	Tier 4	PA; ONC; QL (3 EA per 1 day)
pazopanib hcl oral tablet 400 mg	Tier 4	PA; ONC; QL (2 EA per 1 Day)
Antineoplastic Antibiotics**		
daunorubicin hcl intravenous solution 20 mg/4ml	Tier 4	ONC
mitoxantrone hcl intravenous concentrate 20 mg/10ml	Tier 4	PA; ONC
Antineoplastics Misc.**		
hydroxyurea oral capsule 500 mg	Tier 1	ONC
Aromatase Inhibitors**		
anastrozole oral tablet 1 mg	Tier 1	MAIL; ONC; PREV for ages 35 and over
exemestane oral tablet 25 mg	Tier 2	MAIL; ONC; PREV for ages 35 and over
letrozole oral tablet 2.5 mg	Tier 1	ONC; QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 4	PA; QL (1 EA per 1 day)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 4	PA; QL (2 EA per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 4	PA; QL (3 EA per 1 day)
Estrogen Receptor Antagonist**		
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	Tier 4	PA
Estrogens-Antineoplastic**		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 3	PA; ONC; QL (1 EA per 1 day)
Folic Acid Antagonists Rescue Agents**		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (Leucovorin Calcium)	Tier 1	ONC
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	ONC
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (Degarelix Acetate)	Tier 4	
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; ONC
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 4	PA; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (Ruxolitinib Phosphate)	Tier 4	PA; QL (1 EA per 1 Day)

Drug Name	Formulary Status	Requirements/Limits
Nitrogen Mustards And Related Analogues**		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 2	PA; ONC
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 3	PA; ONC
melphalan oral tablet 2 mg	Tier 2	PA; ONC
Nitrosoureas**		
lomustine oral capsule 10 mg	Tier 4	PA; QL (3 EA per 1 Day)
lomustine oral capsule 100 mg, 40 mg	Tier 4	PA; QL (2 EA per 1 Day)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 4	PA; QL (4 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (Niraparib Tosylate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	ONC
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	ONC
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 4	PA; ONC; QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 4	PA; 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; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 4	PA; 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; 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; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 4	PA; 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; QL (2 EA per 1 day)
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	MAIL; AGE (Max 64 Years)
Antiparkinson Dopaminergics**		
amantadine hcl oral capsule 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
amantadine hcl oral solution 50 mg/5ml	Tier 1	MAIL
amantadine hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
bromocriptine mesylate oral capsule 5 mg	Tier 2	MAIL; QL (6 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
bromocriptine mesylate oral tablet 2.5 mg	Tier 2	MAIL; QL (6 EA per 1 day)
Antiparkinson Monoamine Oxidase Inhibitors**		
rasagiline mesylate oral tablet 0.5 mg	Tier 2	MAIL; QL (2 EA per 1 day)
rasagiline mesylate oral tablet 1 mg	Tier 2	MAIL; QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
selegiline hcl oral tablet 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Central/Peripheral Comt Inhibitors**		
tolcapone oral tablet 100 mg	Tier 2	PA; MAIL
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 2	MAIL
Levodopa Combinations**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	MAIL
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	MAIL
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	MAIL
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg	Tier 2	MAIL
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	Tier 2	MAIL; QL (8 EA per 1 day)
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 2	MAIL; QL (6 EA per 1 day)
Nonergoline Dopamine Receptor Agonists**		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	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
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	MAIL
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	MAIL
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	Tier 2	MAIL; QL (8 EA per 1 day)
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 1	MAIL; AGE (Min 6 Years)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	MAIL; AGE (Min 6 Years)
lithium carbonate oral tablet 300 mg	Tier 1	MAIL; AGE (Min 6 Years)

Drug Name	Formulary Status	Requirements/Limits
Antipsychotics - Misc.**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	PA; MAIL
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (Cariprazine HCl)	Tier 3	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (Cariprazine HCl)	Tier 3	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
Benzisoxazoles**		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 2	PA; MAIL
risperidone oral solution 1 mg/ml	Tier 1	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet 4 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 2	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 4 mg	Tier 2	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years)
Butyrophenones**		
haloperidol lactate injection solution 5 mg/ml	Tier 1	AGE (Min 6 Years)
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	MAIL; AGE (Min 6 Years)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
clozapine oral tablet 200 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Tier 2	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Tier 2	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years)

Drug Name	Formulary Status	Requirements/Limits
Phenothiazines**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	MAIL; AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
prochlorperazine rectal suppository 25 mg	Tier 2	AGE (Min 6 Years)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Quinolinone Derivatives**		
aripiprazole oral solution 1 mg/ml	Tier 1	MAIL; AGE (Max 11 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day); AGE (Min 6 Years and Max 16 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Brexpiprazole)	Tier 3	PA
Thienbenzodiazepines**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years)
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Antiseptics & Disinfectants		
Chlorine Antiseptics**		
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 1	OTC
chlorhexidine gluconate external solution 4 %	Tier 1	OTC
Antivirals		
Antiretroviral Combinations**		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 2	PREV when used for prevention; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	
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)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	QL (1 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (6 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day)
triumeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL (6 EA per 1 day)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
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)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days)
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG (Ritonavir)	Tier 2	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 2	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 2	QL (16 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 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)
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
efavirenz oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Tier 1	QL (12 EA per 1 day)
efavirenz oral tablet 600 mg	Tier 1	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 1	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 1	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day)
rilpivirine hcl oral tablet 25 mg	Tier 1	QL (1 EA per 1 Day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 1	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
emtricitabine oral capsule 200 mg	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day)
lamivudine oral solution 10 mg/ml	Tier 1	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 1	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleotide Analogues**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM (Tenofovir Disoproxil Fumarate)	Tier 2	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (Tenofovir Disoproxil Fumarate)	Tier 2	QL (1 EA per 1 day)
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day)
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (Nirmatrelvir-Ritonavir)	Tier 2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
Cmv Agents**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 2	PA
valganciclovir hcl oral tablet 450 mg	Tier 2	PA
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	Tier 2	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 3	PA
entecavir oral tablet 0.5 mg, 1 mg	Tier 2	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 3	PA
Hepatitis C Agent - Combinations**		
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 2	PA; Preferred; QL (1 EA per 1 day)
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 2	PA; Preferred; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 4	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 4	PA; QL (1 EA per 1 day)
Hepatitis C Agents**		
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
ribavirin oral capsule 200 mg	Tier 4	

Drug Name	Formulary Status	Requirements/Limits
ribavirin oral tablet 200 mg	Tier 4	
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 4	PA; QL (1 EA per 1 day)
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 1	QL (5 EA per 1 day)
acyclovir oral suspension 200 mg/5ml	Tier 1	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Tier 1	QL (5 EA per 1 day)
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	QL (8 EA per 1 day)
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	QL (3 EA per 1 day)
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG (Molnupiravir)	Tier 2	QL (40 EA per 5 days)
Neuraminidase Inhibitors**		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	QL (25 ML per 1 day); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (Zanamivir)	Tier 2	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (Oseltamivir Phosphate)	Tier 2	QL (2 EA per 1 day)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (Oseltamivir Phosphate)	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (Baloxavir Marboxil)	Tier 1	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 1	QL (1 EA per 25 days)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg	Tier 1	MAIL; QL (4 EA per 1 day)
labetalol hcl oral tablet 300 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Beta Blockers Cardio-Selective**		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	MAIL
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
betaxolol hcl oral tablet 10 mg	Tier 1	MAIL; QL (2 EA per 1 day)
betaxolol hcl oral tablet 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	Tier 1	MAIL; QL (3 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Tier 1	MAIL; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
metoprolol succinate er oral tablet extended release 24 hour 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	MAIL
Beta Blockers Non-Selective**		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
pindolol oral tablet 10 mg, 5 mg	Tier 1	MAIL
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	Tier 2	MAIL; QL (3 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	Tier 2	MAIL; QL (2 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 80 mg	Tier 2	MAIL; QL (4 EA per 1 day)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 1	MAIL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	MAIL
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	MAIL
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	MAIL
sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg	Tier 1	MAIL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL
Calcium Channel Blockers		
Calcium Channel Blockers**		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 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)
diltiazem hcl er beads 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 oral capsule extended release 24 hour 420 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg	Tier 1	MAIL; QL (6 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	MAIL; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 420 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	MAIL; QL (4 EA per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltzac oral capsule extended release 24 hour 120 mg	Tier 1	MAIL; QL (2 EA per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	Tier 1	MAIL; QL (2 EA per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
isradipine oral capsule 2.5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
isradipine oral capsule 5 mg	Tier 1	MAIL; QL (4 EA per 1 day)
nicardipine hcl oral capsule 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nicardipine hcl oral capsule 30 mg	Tier 1	MAIL; QL (3 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Tier 1	MAIL; QL (1 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 90 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 1	MAIL; QL (1 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nifedipine oral capsule 10 mg, 20 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
nimodipine oral capsule 30 mg	Tier 1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 2	PA; MAIL
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg	Tier 2	MAIL; QL (1 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	MAIL; QL (1 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	Tier 1	MAIL; QL (2 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 300 mg, 360 mg	Tier 2	MAIL; QL (2 EA per 1 day)
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Tier 1	MAIL; QL (3 EA per 1 day)
verapamil hcl er oral tablet extended release 180 mg	Tier 1	MAIL; QL (2 EA per 1 day)
verapamil hcl oral tablet 120 mg	Tier 1	MAIL; QL (3 EA per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	Tier 1	MAIL; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Cardiotonics		
Cardiac Glycosides**		
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
digoxin oral solution 0.05 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc.		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL; QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 1	PA; MAIL
Peripheral Vasodilators**		
niacin flush free oral capsule 500 mg	Tier 1	MAIL; OTC
Prostaglandin Vasodilators**		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 4	PA; QL (3 EA per 1 day)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 4	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 4	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 4	PA; QL (3 EA per 1 day)
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	Tier 4	PA; QL (2 EA per 1 day)
macitentan oral tablet 10 mg	Tier 4	PA; QL (1 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 4	PA; QL (2 EA per 1 day)
sildenafil citrate oral tablet 20 mg	Tier 4	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 4	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 4	PA; QL (200 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	PA; MAIL
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	AGE (Max 12 Years)
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 1	AGE (Max 12 Years)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	QL (20 EA per 10 days)
Cephalosporins - 3Rd Generation**		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefixime oral capsule 400 mg	Tier 2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	AGE (Max 12 Years)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 1	AGE (Max 12 Years)
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	
ceftriaxone sodium injection solution reconstituted 1 gm	Tier 1	
Contraceptives		
Biphasic Contraceptives - Oral**		
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 oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
viorele 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**		
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)
alyacen 1/35 oral tablet 1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
AVERI ORAL TABLET 0.15-0.03 MG (Desogestrel-Eth Estrad-FE)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (Levonorgest-Eth Estrad-Fe Bisg)	PREV	MAIL
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (Drospiren-Eth Estrad-Levomefol)	PREV	MAIL
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)
briellyn oral tablet 0.4-35 mg-mcg	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)
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PREV	MAIL; QL (1 EA per 1 day)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (Norethindrone Acet-Ethinyl Est)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PREV	MAIL; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
marlissa oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	MAIL
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (Drospiren-Eth Estrad-Levomefol)	PREV	MAIL
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)

Drug Name	Formulary Status	Requirements/Limits
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)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (Norethin Ace-Eth Estrad-FE)	PREV	MAIL
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (Levonorgestrel-Ethinyl Estrad)	PREV	MAIL
Drospiren-Eth Estrad-Levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	PREV	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)
YASMIN 28 ORAL TABLET 3-0.03 MG (Drospirenone-Ethinyl Estradiol)	PREV	MAIL
YAZ ORAL TABLET 3-0.02 MG (Drospirenone-Ethinyl Estradiol)	PREV	MAIL
Ethynodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PREV	MAIL; QL (0.15 EA per 1 day)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	MAIL
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Combination Contraceptives - Vaginal**		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	MAIL
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	MAIL; QL (0.05 EA per 1 day)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (Etonogestrel-Ethinyl Estradiol)	PREV	MAIL

Drug Name	Formulary Status	Requirements/Limits
Continuous Contraceptives - Oral**		
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	MAIL; QL (1 EA per 1 day)
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
Emergency Contraceptives**		
AFTERA ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
levonorgestrel oral tablet 1.5 mg	PREV	OTC; QL (1 EA per 25 days)
MY CHOICE ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
MY WAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
NEW DAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPTION 2 ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
REACT ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
TAKE ACTION ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
Extended-Cycle Contraceptives - Oral**		
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	MAIL

Drug Name	Formulary Status	Requirements/Limits
Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
Progestin Contraceptives - Injectable**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (MedroxyPROGESTERone Acetate)	PREV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
Progestin Contraceptives - Oral**		
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
norethindrone oral tablet 0.35 mg	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	MAIL; OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	MAIL

Drug Name	Formulary Status	Requirements/Limits
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (Norethin-Eth Estrad Triphasic)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 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 (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	MAIL; QL (1 EA per 1 day)
Corticosteroids		
Glucocorticosteroids**		
budesonide oral capsule delayed release particles 3 mg	Tier 2	PA
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 1	
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	Tier 4	
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	MAIL
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
Antitussive - Opioid**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	
hydromet oral solution 5-1.5 mg/5ml	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Antitussive-Expectorant**		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Tier 1	OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
g tussin ac oral solution 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 1	OTC
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
Decongestant & Antihistamine**		
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
allergy relief d oral tablet extended release 24 hour 10-240 mg	Tier 1	OTC; QL (1 EA per 1 day)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 2	OTC
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	QL (240 ML per 25 days)
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Cetirizine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
Decongestant W/ Expectorant**		
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Tier 1	OTC
Expectorants**		
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 1	OTC
guaifenesin er oral tablet extended release 12 hour 600 mg	Tier 1	OTC; QL (2 EA per 1 day)
guaifenesin oral tablet 200 mg, 400 mg	Tier 1	OTC
mucus & chest congestion oral liquid 200 mg/10ml	Tier 1	OTC
refenesen 400 oral tablet 400 mg	Tier 1	OTC
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (GuaiFENesin)	Tier 1	OTC
scot-tussin expectorant oral liquid 100 mg/5ml	Tier 1	OTC
siltussin sa oral liquid 100 mg/5ml	Tier 1	OTC
tussin mucus & chest congest oral liquid 100 mg/5ml	Tier 1	OTC
XPECT ORAL TABLET 400 MG (GuaiFENesin)	Tier 1	OTC
Misc. Respiratory Inhalants**		
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	Tier 1	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	QL (240 ML per 25 days)
Non-Narc Antitussive-Decongestant-Antihistamine**		
bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Opioid Antitussive-Antihistamine**		
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Dermatologicals		
Acne Antibiotics**		
CLINDAGEL EXTERNAL GEL 1 % (Clindamycin Phosphate)	Tier 2	QL (75 ML per 25 Days)
clindamycin phos (once-daily) external gel 1 %	Tier 2	QL (75 ML per 25 days)
clindamycin phos (twice-daily) external gel 1 %	Tier 2	QL (60 GM per 25 days)
clindamycin phosphate external gel 1 %	Tier 2	QL (60 GM per 25 days)
clindamycin phosphate external lotion 1 %	Tier 1	QL (60 ML per 25 days)
clindamycin phosphate external solution 1 %	Tier 1	QL (60 ML per 25 days)
erythromycin external solution 2 %	Tier 1	QL (60 ML per 25 days)
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
Acne Combinations**		
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 2	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier 1	PA
clindamycin phos-benzoyl perox external gel 1-5 %	Tier 2	PA
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 2	PA

Drug Name	Formulary Status	Requirements/Limits
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 1	PA
Acne Products**		
acne foaming wash external liquid 10 %	Tier 1	OTC; QL (240 GM per 25 days)
acne treatment external gel 10 %	Tier 1	OTC
acne-clear external gel 10 %	Tier 1	OTC
adapalene treatment external gel 0.1 %	Tier 1	OTC
ISOtretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	PA
benzoyl peroxide external gel 10 %	Tier 1	
benzoyl peroxide external gel 5 %	Tier 1	OTC
benzoyl peroxide external lotion 10 %, 5 %	Tier 1	OTC
benzoyl peroxide wash external liquid 5 %	Tier 1	OTC; QL (240 GM per 25 days)
ISOtretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
isotretinoin 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
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (Benzoyl Peroxide)	Tier 1	OTC; QL (240 GM per 25 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
ISOtretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 3	PA
Antibiotic Mixtures Topical**		
cvs antibiotic pain/scar external ointment 1 %	Tier 1	OTC
first aid antibiotic external ointment 3.5-500-10000	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (Neomycin-Bacitracin-Polymyxin)	Tier 1	OTC
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (Neomy-Bacit-Polymyx-Pramoxine)	Tier 1	OTC
poly bacitracin external ointment 500-10000 unit/gm	Tier 1	OTC
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 3	PA
antibiotic external ointment 500 unit/gm	Tier 1	OTC
bacitracin external ointment 500 unit/gm	Tier 1	OTC
bacitracin zinc external ointment 500 unit/gm	Tier 1	OTC
gentamicin sulfate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
mupirocin external ointment 2 %	Tier 1	QL (44 GM per 25 days)
Antifungals - Topical Combinations**		
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	QL (45 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	QL (60 ML per 25 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 2	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 2	QL (60 GM per 25 days)
Antifungals - Topical**		
antifungal (tolnaftate) external cream 1 %	Tier 1	OTC
butenafine hcl external cream 1 %	Tier 1	OTC
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
ciclopirox external solution 8 %	Tier 1	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	Tier 1	QL (90 GM per 25 days)
ciclopirox olamine external suspension 0.77 %	Tier 1	QL (60 ML per 25 days)
fungi-guard external cream 1 %	Tier 1	OTC
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	OTC
naftifine hcl external cream 1 %	Tier 2	PA
naftifine hcl external gel 2 %	Tier 3	PA
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
nystatin external cream 100000 unit/gm	Tier 1	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	Tier 1	QL (90 GM per 25 days)
nystatin 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)
terbinafine hcl external cream 1 %	Tier 1	OTC; QL (30 GM per 25 days)
tinaspore external solution 1 %	Tier 1	OTC
tolnaftate external aerosol powder 1 %	Tier 1	OTC
tolnaftate external cream 1 %	Tier 1	OTC
tolnaftate external powder 1 %	Tier 1	OTC
Antihistamine-Topical Combinations**		
diphenhydramine-zinc acetate external cream 2-0.1 %	Tier 1	OTC
Anti-Inflammatory Agents - Topical**		
diclofenac sodium external gel 1 %	Tier 1	QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	Tier 2	
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 3	PA
Antipsoriatics - Systemic**		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2	PA

Drug Name	Formulary Status	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 4	PA; QL (0.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-ttwe)	Tier 4	PA; QL (1 ML per 56 days)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 4	PA; QL (1 ML per 56 Days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 4	PA; QL (1 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 4	PA; QL (1.7 EA per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (Risankizumab-rzaa)	Tier 4	PA; QL (0.37 ML per 84 Days); AGE (Min 6 Years)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 4	PA; QL (0.5 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 4	PA; QL (1 ML per 56 days)
Antipsoriatics**		
calcipotriene external cream 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external ointment 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external solution 0.005 %	Tier 2	QL (60 ML per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	QL (120 GM per 25 days)
calcitriol external ointment 3 mcg/gm	Tier 2	PA; QL (100 GM per 25 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 1	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %, 0.1 %	Tier 1	PA; QL (100 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Antiseborrheic Products**		
anti-dandruff external shampoo 1 %	Tier 1	OTC
selenium sulfide external lotion 2.5 %	Tier 1	
Antivirals - Topical**		
acyclovir external ointment 5 %	Tier 2	PA
docosanol external cream 10 %	Tier 1	OTC; QL (2 GM per 25 days)
penciclovir external cream 1 %	Tier 1	PA
Burn Products**		
silver sulfadiazine external cream 1 %	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 3	QL (454 GM per 25 days)
Corticosteroids - Topical**		
ala-cort external cream 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
alphatrex external gel 0.05 %	Tier 1	QL (50 GM per 25 days)
amcinonide external cream 0.1 %	Tier 2	
amcinonide external lotion 0.1 %	Tier 2	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
anti-itch maximum strength external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
AQUANIL HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
beta hc external lotion 1 %	Tier 1	OTC; QL (120 ML per 25 days)
betamethasone dipropionate aug external cream 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
betamethasone dipropionate external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate external ointment 0.05 %	Tier 1	QL (45 GM per 25 days)
betamethasone valerate external cream 0.1 %	Tier 1	QL (454 GM per 25 days)
betamethasone valerate external lotion 0.1 %	Tier 1	QL (60 ML per 25 days)
betamethasone valerate external ointment 0.1 %	Tier 1	QL (45 GM per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external lotion 0.05 %	Tier 1	QL (118 ML per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 1	QL (50 ML per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)
DERMAREST ECZEMA EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
desonide external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
desonide external lotion 0.05 %	Tier 1	QL (118 ML per 25 days)
desonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external ointment 0.25 %	Tier 1	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide external ointment 0.025 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide external solution 0.01 %	Tier 1	QL (60 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
fluocinonide emulsified base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinonide external cream 0.05 %	Tier 1	QL (150 GM per 25 days)
fluocinonide external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinonide external solution 0.05 %	Tier 1	QL (60 ML per 25 days)
fluticasone propionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
fluticasone propionate external ointment 0.005 %	Tier 1	QL (60 GM per 25 days)
halcinonide external cream 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 1	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 1	QL (50 GM per 25 days)
hydrocortisone acetate external ointment 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone butyrate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone external cream 0.5 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone external cream 1 %	Tier 1	
hydrocortisone external cream 2.5 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone external lotion 1 %	Tier 1	OTC; QL (120 GM per 25 days)
hydrocortisone external lotion 2.5 %	Tier 1	QL (60 ML per 25 days)
hydrocortisone external ointment 0.5 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone external ointment 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
hydrocortisone valerate external cream 0.2 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone valerate external ointment 0.2 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 1	QL (60 ML per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 2	QL (120 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 1	QL (60 GM per 30 days)
SARNOL-HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (15 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)
Emollients**		
AMLACTIN DAILY EXTERNAL LOTION 12 % (Ammonium Lactate)	Tier 1	OTC; QL (225 GM per 25 days)
ammonium lactate external cream 12 %	Tier 1	QL (280 GM per 25 days)
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT (Emollient)	Tier 1	OTC
hydrophor external ointment	Tier 1	OTC
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
Enzymes - Topical**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 3	PA; QL (60 GM per 25 days)
Imidazole-Related Antifungals - Topical**		
antifungal external powder 2 %	Tier 1	OTC
athletes foot powder spray external aerosol powder 2 %	Tier 1	OTC
clotrimazole athletes foot external cream 1 %	Tier 1	OTC
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
econazole nitrate external cream 1 %	Tier 2	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 3	PA
ketoconazole external cream 2 %	Tier 1	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 1	QL (120 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
luliconazole external cream 1 %	Tier 2	PA
micaderm external cream 2 %	Tier 1	OTC
miconazole nitrate external cream 2 %	Tier 1	
oxiconazole nitrate external cream 1 %	Tier 2	PA; QL (90 GM per 25 days)
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 3	PA
sulconazole nitrate external cream 1 %	Tier 2	PA
sulconazole nitrate solution 1 % external	Tier 2	PA
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
ZEASORB-AF EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	Tier 1	PA; QL (24 EA per 25 days)
Keratolytic/Antimitotic/Vesicant Agents**		
podofilox external solution 0.5 %	Tier 1	QL (7 ML per 180 days)
Local Anesthetics - Topical**		
ANECREAM EXTERNAL CREAM 4 % (Lidocaine)	Tier 1	OTC; QL (90 GM per 25 days)
capsaicin external cream 0.1 %	Tier 1	OTC
lidocaine external cream 4 %	Tier 1	OTC; QL (90 GM per 25 days)
lidocaine external patch 5 %	Tier 2	PA; QL (90 EA per 25 days)
lidocaine hcl external solution 4 %	Tier 1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 1	
lidocaine pain relief external patch 4 %	Tier 1	OTC; QL (90 EA per 25 days)
REGENECARE HA EXTERNAL GEL 2 % (Lidocaine HCl)	Tier 1	OTC
Macrolide Immunosuppressants - Topical**		
pimecrolimus external cream 1 %	Tier 3	QL (100 GM per 25 days)
tacrolimus external ointment 0.03 %, 0.1 %	Tier 2	QL (100 GM per 25 days)
Misc. Topical**		
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
Oxaborole-Related Antifungals - Topical**		
tavaborole external solution 5 %	Tier 3	PA; QL (10 ML per 30 days)
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
Rosacea Agents**		
azelaic acid external gel 15 %	Tier 1	QL (50 GM per 25 days)
brimonidine tartrate external gel 0.33 %	Tier 2	PA
ivermectin external cream 1 %	Tier 1	QL (45 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
metronidazole external cream 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
Scabicide Combinations**		
lice killing shampoo max str external shampoo 0.33-4 %	Tier 1	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (Pyrethrins-Piperonyl Butoxide)	Tier 1	OTC
sb lice treatment external liquid 0.3-3 %	Tier 1	OTC
stop lice complete treatment combination kit 0.33-4-0.5 %	Tier 1	OTC
stop lice maximum strength external liquid 0.33-4 %	Tier 1	OTC
Scabicides & Pediculicides**		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 2	PA; ST
ivermectin external lotion 0.5 %	Tier 2	PA; QL (117 GM per 25 days)
lice control aerosol† 0.5 %	Tier 1	OTC
lice treatment external liquid 1 %	Tier 1	OTC
lindane external shampoo 1 %	Tier 1	QL (60 ML per 25 days)
malathion external lotion 0.5 %	Tier 1	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 1	QL (120 GM per 25 days)
permethrin lice treatment external lotion 1 %	Tier 1	OTC
spinosad external suspension 0.9 %	Tier 2	QL (120 ML per 25 days)
Seborrheic Keratosis Products*		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 3	PA
Skin Protectants**		
hydrocerin external cream	Tier 1	OTC
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (60 GM per 25 days)
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 4	PA
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 2	PA; QL (100 GM per 25 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 2	PA; QL (120 GM per 25 days)
Wound Care - Growth Factor Agents**		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 3	PA; QL (15 GM per 25 days)
Diagnostic Products		
Diagnostic Tests**		
ACCU-CHEK AVIVA PLUS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)

Drug Name	Formulary Status	Requirements/Limits
ACCU-CHEK GUIDE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)
ACCU-CHEK SMARTVIEW STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)
CHEMSTRIP K IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)
Infection Tests**		
covid-19 at home antigen test in vitro kit	DME	OTC; QL (2 EA per 30 Days)
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
methazolamide oral tablet 25 mg, 50 mg	Tier 2	MAIL; QL (6 EA per 1 day)
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	MAIL
spironolactone-hctz oral tablet 25-25 mg	Tier 1	MAIL
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	MAIL
Loop Diuretics**		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL
ethacrynic acid oral tablet 25 mg	Tier 2	MAIL
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	MAIL
Potassium Sparing Diuretics**		
amiloride hcl oral tablet 5 mg	Tier 1	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL
triamterene oral capsule 100 mg, 50 mg	Tier 2	MAIL
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	MAIL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
Endocrine And Metabolic Agents - Misc.		
Bisphosphonates**		
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	MAIL; QL (0.143 EA per 1 day)
ibandronate sodium oral tablet 150 mg	Tier 1	MAIL; QL (0.036 EA per 1 day)
pamidronate disodium intravenous solution 30 mg/10ml	Tier 4	
risedronate sodium oral tablet 150 mg	Tier 2	MAIL; QL (0.036 EA per 1 day)
risedronate sodium oral tablet 30 mg	Tier 2	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 2	MAIL; QL (0.143 EA per 1 day)
risedronate sodium oral tablet 5 mg	Tier 2	MAIL; QL (1 EA per 1 day)
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 4	PA
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	MAIL; QL (1 ML per 1 day)
Carnitine Replenisher - Agents**		
levocarnitine oral solution 1 gm/10ml	Tier 1	MAIL
levocarnitine oral tablet 330 mg	Tier 1	MAIL
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 1	
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (Pegvisomant)	Tier 4	PA
Growth Hormones**		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 4	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	PA
Homocystinuria Treatment - Agents**		
betaine oral powder	Tier 2	PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2	PA; MAIL
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 2	PA
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 4	PA
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 3	PA; AGE (Min 18 Years)
Ovulation Stimulants-Gonadotropins**		
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (Follitropin Alfa)	Tier 4	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNIT/1.5ML (Follitropin Alfa)	Tier 4	PA
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (Follitropin Alfa)	Tier 4	PA
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (Menotropins)	Tier 4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (Chorionic Gonadotropin)	Tier 4	PA
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (Choriogonadotropin Alfa)	Tier 4	PA
Ovulation Stimulants-Synthetic**		
ClomiPHENE Citrate (Clomid Oral Tablet 50 Mg)	Tier 3	QL (2 EA per 1 day)
clomiphene citrate oral tablet 50 mg	Tier 3	QL (2 EA per 1 day)
Parathyroid Hormone And Derivatives**		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (Teriparatide)	Tier 4	PA
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Tier 4	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 4	PA
Phenylketonuria Treatment - Agents**		
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 4	PA
sapropterin dihydrochloride oral tablet 100 mg	Tier 4	PA
Rank Ligand (Rankl) Inhibitors**		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (Denosumab-nxxp)	Tier 4	PA
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (Denosumab-nxxp)	Tier 4	PA
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (Denosumab-dssb)	Tier 4	PA
Selective Estrogen Receptor Modulators (Serms)**		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 3	PA; QL (1 EA per 1 day)
raloxifene hcl oral tablet 60 mg	Tier 1	MAIL; PREV for ages 35 and over; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Selective Vasopressin V2-Receptor Antagonists**		
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	Tier 4	PA
tolvaptan oral tablet 15 mg, 30 mg	Tier 4	PA
Somatostatic Agents**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA
Urea Cycle Disorder - Agents**		
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA
Vasopressin**		
desmopressin ace spray refrig nasal solution 0.01 %	Tier 2	PA
desmopressin acetate nasal solution 1.5 mg/ml	Tier 4	PA
desmopressin acetate oral tablet 0.1 mg	Tier 1	MAIL; QL (4 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg	Tier 1	MAIL; QL (5 EA per 1 day)
desmopressin acetate spray nasal solution 0.01 %	Tier 2	PA
Estrogens		
Estrogen & Progestin**		
ACTIVELLA ORAL TABLET 1-0.5 MG (Estradiol-Norethindrone Acet)	Tier 1	QL (1 EA per 1 day)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	MAIL; QL (1 EA per 1 day)
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)
Estrogens**		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Min 18 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (8 EA per 23 days); AGE (Min 18 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (4 EA per 23 days); AGE (Min 18 Years)
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	QL (1 EA per 1 day)
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 3	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 3	PA
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 2	
Gastrointestinal Agents - Misc.		
Antiflatulents**		
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (Simethicone)	Tier 1	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (Simethicone)	Tier 1	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (Simethicone)	Tier 1	OTC
simethicone oral capsule 125 mg, 180 mg	Tier 1	OTC
simethicone oral suspension 40 mg/0.6ml	Tier 1	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 1	OTC
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ursodiol oral tablet 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ursodiol oral tablet 500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Gastrointestinal Chloride Channel Activators**		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 2	PA; MAIL
Gastrointestinal Stimulants**		
metoclopramide hcl +rfid injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	QL (6 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 2	PA; MAIL
Inflammatory Bowel Agents**		
balsalazide disodium oral capsule 750 mg	Tier 1	QL (9 EA per 1 day)
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 3	MAIL
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	MAIL; QL (4 EA per 1 day)
mesalamine oral tablet delayed release 1.2 gm	Tier 2	MAIL
mesalamine rectal enema 4 gm	Tier 1	
sulfasalazine oral tablet 500 mg	Tier 1	MAIL; QL (8 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
sulfasalazine oral tablet delayed release 500 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Interleukin Antagonists**		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 4	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 4	PA; QL (2.4 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 4	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 4	PA; MAIL
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 4	PA
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 1	MAIL
generlac oral solution 10 gm/15ml	Tier 1	MAIL
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	MAIL
Peripheral Opioid Receptor Antagonists**		
alvimopan oral capsule 12 mg	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 3	PA
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (Methylnaltrexone Bromide)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 3	PA
Phosphate Binder Agents**		
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	MAIL; QL (12 EA per 1 day)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 2	ST; MAIL
sevelamer carbonate oral tablet 800 mg	Tier 2	ST; MAIL
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 3	PA; MAIL
Tumor Necrosis Factor Alpha Blockers**		
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 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

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

Drug Name	Formulary Status	Requirements/Limits
Uricosurics**		
probenecid oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Hematological Agents - Misc.		
Antihemophilic Products**		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 4	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 4	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 4	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihemophil Fact BD Truncated)	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
rixubis intravenous solution reconstituted 1000 unit, 3000 unit, 500 unit	Tier 4	PA
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 4	PA
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 4	PA
Direct-Acting P2y12 Inhibitors**		
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	PA; MAIL; QL (2 EA per 1 day)
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 2	PA; MAIL
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	MAIL
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 3	PA; MAIL; QL (1 EA per 1 day)
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	MAIL
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 4	PA; QL (2 EA per 1 day)
Thienopyridine Derivatives**		
clopidogrel bisulfate oral tablet 75 mg	Tier 1	MAIL; QL (1 EA per 1 day)
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	MAIL; QL (1 EA per 1 day)
Hematopoietic Agents		
Agents For Gaucher Disease**		
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 4	PA
miglustat oral capsule 100 mg	Tier 4	PA
Cobalamins**		
b-12 quick dissolve sublingual tablet sublingual 1000 mcg	Tier 1	OTC
cyanocobalamin injection solution 1000 mcg/ml	Tier 1	QL (10 ML per 25 days)
vitamin b-12 er oral tablet extended release 1000 mcg	Tier 1	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Tier 1	OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	Tier 1	OTC
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 3	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 3	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
Folic Acid/Folates**		
FA-8 ORAL CAPSULE 0.8 MG (Folic Acid)	Tier 1	MAIL; PREV for ages under 55; OTC; QL (1 EA per 1 day)
folic acid oral tablet 1 mg	Tier 1	MAIL
folic acid oral tablet 400 mcg	Tier 1	PREV for ages under 55; OTC; QL (1 EA per 1 day)
folic acid oral tablet 800 mcg	Tier 1	MAIL; PREV for ages under 55; OTC; QL (1 EA per 1 day)
Granulocyte Colony-Stimulating Factors (G-Csf)**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-jmdb)	Tier 4	PA; QL (0.6 ML per 7 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 4	PA; QL (7 ML per 12 Days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 4	PA; QL (11.2 ML per 12 Days)
Iron Combinations**		
ferotrinsic oral capsule	Tier 1	QL (2 EA per 1 day)
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
TRICON ORAL CAPSULE (Fe Fumarate-B12-Vit C-FA-IFC)	Tier 1	QL (2 EA per 1 day)
Iron**		
FERGON ORAL TABLET 240 (27 FE) MG (Ferrous Gluconate)	Tier 1	OTC
FERREX 150 ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
FERROCITE ORAL TABLET 324 MG (Ferrous Fumarate)	Tier 1	OTC
ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Tier 1	OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 1	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	OTC
ferrous sulfate oral tablet delayed release 324 mg, 325 (65 fe) mg	Tier 1	OTC
gnp iron oral tablet 200 (65 fe) mg	Tier 1	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 1	OTC
iron high-potency oral tablet extended release 45 mg	Tier 1	OTC
NU-IRON ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 1	OTC
slow iron oral tablet extended release 160 (50 fe) mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
slow release iron oral tablet extended release 45 mg	Tier 1	OTC
wee care oral suspension 15 mg/1.25ml	Tier 1	OTC
Thrombopoietin (Tpo) Receptor Agonists**		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 4	PA; QL (3 EA per 1 day)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (Avatrombopag Maleate)	Tier 4	PA; QL (2 EA per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	Tier 4	PA; QL (1 EA per 1 day)
eltrombopag olamine oral tablet 50 mg, 75 mg	Tier 4	PA; QL (2 EA per 1 day)
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	QL (236.5 ML per 25 days); AGE (Max 12 Years)
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	PA
tranexamic acid oral tablet 650 mg	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
diphenhydramine hcl (sleep) oral tablet 50 mg	Tier 1	OTC
SIMPLY SLEEP ORAL TABLET 25 MG (DiphenhydrAMINE HCl (Sleep))	Tier 1	OTC
sleep aid (doxylamine) oral tablet 25 mg	Tier 1	OTC
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	Tier 1	QL (2 EA per 1 day)
phenobarbital oral tablet 64.8 mg	Tier 1	QL (3 EA per 1 day)
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
temazepam oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
Hypnotics - Tricyclic Agents**		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 2	PA
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)

Drug Name	Formulary Status	Requirements/Limits
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 3	PA
Selective Melatonin Receptor Agonists**		
ramelteon oral tablet 8 mg	Tier 2	PA
tasimelteon oral capsule 20 mg	Tier 4	PA
Laxatives		
Bowel Evacuant Combinations**		
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 2	PREV for ages 40-74
peg 3350/electrolytes oral solution reconstituted 240 gm	Tier 1	PREV for ages 40-74
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	PREV for ages 40-74
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	PREV for ages 40-74
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 2	PREV for ages 40-74
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 2	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
Bulk Laxatives**		
clear fiber powder oral powder	Tier 1	OTC
cvs daily fiber oral packet 58.6 %	Tier 1	OTC
cvs fiber oral capsule 0.52 gm	Tier 1	OTC
daily fiber oral capsule 400 mg	Tier 1	OTC
daily fiber oral powder 43 %	Tier 1	OTC
eq fiber powder oral powder	Tier 1	OTC
fiber oral powder 28.3 %	Tier 1	OTC
fiber oral tablet 625 mg	Tier 1	OTC
fiber therapy oral tablet 500 mg	Tier 1	OTC
gnp best fiber oral powder	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
konsyl original daily fiber oral packet 100 %	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
natural fiber oral powder 58.6 %	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
psyllium oral powder 33 %	Tier 1	OTC
REGULOID ORAL CAPSULE 400 MG (Psyllium)	Tier 1	OTC
REGULOID ORAL POWDER 28.3 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (Psyllium)	Tier 1	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 58.6 % (Psyllium)	Tier 1	OTC
Electrolyte-Based Osmotic Laxative Mixtures**		
enema ready-to-use rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Tier 1	OTC
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 3	PA
Electrolyte-Based Osmotic Laxatives**		
CITROMA ORAL SOLUTION 1.745 GM/30ML (Magnesium Citrate)	Tier 1	OTC
magnesium citrate oral solution 1.745 gm/30ml	Tier 1	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 1	OTC
milk of magnesia oral suspension 7.75 %	Tier 1	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (Magnesium Hydroxide)	Tier 1	OTC
Laxatives - Miscellaneous**		
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
constulose oral solution 10 gm/15ml	Tier 1	MAIL
CVS PURELAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
gavilax oral powder 17 gm/scoop	Tier 1	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 1	OTC
glycerin adult rectal suppository 2 gm	Tier 1	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
HEALTHYLAX ORAL PACKET 17 GM (Polyethylene Glycol 3350)	Tier 1	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm	Tier 1	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	OTC
Laxatives & Dss**		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
senna plus oral capsule 50-8.6 mg	Tier 1	OTC
senna plus oral tablet 8.6-50 mg	Tier 1	OTC
Lubricant Laxatives**		
gnp mineral oil oral oil	Tier 1	OTC
mineral oil heavy oil	Tier 1	
mineral oil heavy oral oil	Tier 1	
mineral oil rectal enema	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Stimulant Laxatives**		
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
bisacodyl ec oral tablet delayed release 5 mg	Tier 1	OTC
bisacodyl rectal suppository 10 mg	Tier 1	OTC
chocolated laxative oral tablet chewable 15 mg	Tier 1	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
gentle laxative rectal suppository 10 mg	Tier 1	OTC
senna laxative oral tablet 8.6 mg	Tier 1	OTC
senna maximum strength oral tablet 25 mg	Tier 1	OTC
senna oral liquid 8.8 mg/5ml	Tier 1	OTC
senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml	Tier 1	OTC
womans laxative oral tablet delayed release 5 mg	Tier 1	OTC
Surfactant Laxatives**		
cvs stool softener oral capsule 50 mg	Tier 1	OTC
docusate calcium oral capsule 240 mg	Tier 1	OTC
docusate sodium oral capsule 100 mg, 250 mg	Tier 1	OTC
docusate sodium oral liquid 100 mg/10ml	Tier 1	OTC
DOK ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
DOK ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
PROMOLAXIN ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
stool softener oral capsule 100 mg	Tier 1	OTC
stool softener oral tablet 100 mg	Tier 1	OTC
SURFAK ORAL CAPSULE 240 MG (Docusate Calcium)	Tier 1	OTC
Macrolides		
Azithromycin**		
azithromycin oral packet 1 gm	Tier 1	QL (2 EA per 25 days)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	AGE (Max 12 Years)
azithromycin oral tablet 250 mg	Tier 1	QL (12 EA per 25 days)
azithromycin oral tablet 500 mg	Tier 1	QL (6 EA per 25 days)
azithromycin oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
Clarithromycin**		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Erythromycins**		
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	
erythromycin base oral tablet 250 mg, 500 mg	Tier 2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 2	AGE (Max 12 Years)
erythromycin ethylsuccinate oral tablet 400 mg	Tier 2	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 2	
erythromycin stearate oral tablet 250 mg	Tier 2	
Fidaxomicin**		
fidaxomicin oral tablet 200 mg	Tier 1	PA
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
alcohol pads pad 70 %	Tier 1	OTC; QL (200 EA per 25 days)
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
Condoms - Female**		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
Condoms - Male**		
condoms	PREV	OTC; QL (12 EA per 45 days)
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	OTC; QL (12 EA per 45 days)
kimono micro thin	PREV	OTC; QL (12 EA per 45 days)
premium condoms lubricated	PREV	OTC; QL (12 EA per 45 days)
Diaphragms**		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	

Drug Name	Formulary Status	Requirements/Limits
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**		
ACCU-CHEK GUIDE KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 Days)
ACCU-CHEK GUIDE ME KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 Days)
DEXCOM G7 15 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 30 Days)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
lancets	DME	OTC
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**		
nebulizer	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	QL (1 EA per 25 days)
Needles & Syringes**		
aum mini insulin pen needle 32g x 8 mm	DME	OTC; QL (200 EA per 25 Days)
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	
hypodermic needle 18g x 1-1/2"	DME	OTC
techlite insulin syringe 29g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
techlite insulin syringe 30g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	DME	OTC; QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
Peak Flow Meters**		
MINI WRIGHT PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
Respiratory Therapy Supplies**		
nebulizer mask adult	DME	QL (1 EA per 365 days)
nebulizer mask child	DME	QL (1 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies**		
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (Atogepant)	Tier 3	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 3	PA; QL (16 EA per 25 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
Ergot Combinations**		
ergotamine-caffeine oral tablet 1-100 mg	Tier 2	PA
Migraine Products**		
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 3	
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST; QL (9 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 2	ST; QL (9 EA per 25 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 2	ST; QL (9 EA per 25 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 1	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 1	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 1	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (9 EA per 25 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 2	QL (2 ML per 25 days)
zolmitriptan nasal solution 2.5 mg	Tier 3	ST; QL (6 EA per 25 days)
zolmitriptan nasal solution 5 mg	Tier 2	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 1	ST; QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
Minerals & Electrolytes		
Calcium Combinations**		
calcium + d3 oral tablet 250-3 mg-mcg	Tier 1	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 1	OTC
calcium 500 + d oral tablet 500-125 mg-unit	Tier 1	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	Tier 1	OTC
calcium 500+d oral tablet 500-10 mg-mcg	Tier 1	OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Tier 1	OTC
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Tier 1	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Tier 1	OTC
calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit	Tier 1	OTC
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-3.125 mg-mcg	Tier 1	OTC
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 1	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 1	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 1	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	Tier 1	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 1	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 1	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 1	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
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
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	Tier 1	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 1	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 1	OTC
Calcium**		
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	Tier 1	OTC
calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg	Tier 1	OTC
calcium citrate oral tablet 950 (200 ca) mg	Tier 1	OTC
oyster shell calcium oral tablet 500 mg	Tier 1	OTC
Electrolytes Oral**		
pediatric electrolyte oral solution	Tier 1	OTC
Fluoride**		
fluoritab oral tablet chewable 1.1 (0.5 f) mg	Tier 1	MAIL; PREV for less than 6 years old; QL (1 EA per 1 day)
fluoritab oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; PREV for less than 6 years old; QL (1 EA per 1 day)
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 1	MAIL; PREV for less than 6 years old; QL (50 ML per 25 days)
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 1	MAIL; PREV for less than 6 years old; QL (1 EA per 1 day)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 1	MAIL; PREV for less than 6 years old; QL (1 EA per 1 day)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
Magnesium**		
cvs magnesium oxide oral tablet 500 mg	Tier 1	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 1	OTC
magnesium gluconate oral tablet 27.5 mg	Tier 1	OTC
magnesium oral tablet 250 mg	Tier 1	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 1	OTC
Phosphate**		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (K Phos Mono-Sod Phos Di & Mono)	Tier 1	MAIL; QL (4 EA per 1 day)
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium**		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (Potassium Bicarbonate)	Tier 1	MAIL; QL (4 EA per 1 day)
k-effervescent oral tablet effervescent 25 meq	Tier 1	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 (4 EA per 1 day)
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	QL (4 EA per 1 Day)
k-vescent oral tablet effervescent 25 meq	Tier 1	QL (4 EA per 1 Day)
potassium bicarbonate oral tablet effervescent 25 meq	Tier 1	QL (4 EA per 1 Day)
potassium chloride crys er oral tablet extended release 10 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride crys er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	Tier 1	MAIL
potassium chloride oral solution 20 meq/15ml (10%)	Tier 1	
Sodium**		
sodium chloride oral tablet 1 gm	Tier 1	OTC
Zinc**		
zinc sulfate oral capsule 220 (50 zn) mg	Tier 1	OTC
Miscellaneous Therapeutic Classes		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 4	PA; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 4	PA; QL (2 EA per 1 day)
Chelating Agents**		
penicillamine oral tablet 250 mg	Tier 1	
Cyclosporine Analogs**		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 1	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	MAIL
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate mofetil oral capsule 250 mg	Tier 1	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 1	MAIL
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 2	MAIL
Irrigation Solutions**		
PHYSIOLYTE IRRIGATION SOLUTION (Irrigation Solns Physiological)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
sterile water for irrigation irrigation solution	Tier 1	
Macrolide Immunosuppressants**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 2	PA
sirolimus oral solution 1 mg/ml	Tier 2	MAIL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MAIL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	MAIL
Potassium Removing Agents**		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 3	QL (3 EA per 1 day)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	PREV	
sodium polystyrene sulfonate oral powder	PREV	
sodium polystyrene sulfonate rectal suspension 50 gm/200ml	PREV	
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	Tier 3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 3	

Drug Name	Formulary Status	Requirements/Limits
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60Ml)	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 3	QL (1 EA per 1 day)
Purine Analogs**		
azathioprine oral tablet 50 mg	Tier 1	QL (8 EA per 1 day)
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
Anti-Infectives - Throat**		
clotrimazole mouth/throat troche 10 mg	Tier 1	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 3	PA
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
Fluoride Dental Products**		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (Sodium Fluoride)	Tier 1	MAIL
dentagel dental gel 1.1 %	Tier 1	MAIL
sf dental gel 1.1 %	Tier 1	MAIL
sodium fluoride 5000 plus dental cream 1.1 %	Tier 1	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 1	MAIL
sodium fluoride dental gel 1.1 %	Tier 1	MAIL
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 2	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	MAIL
Steroids - Mouth/Throat/Dental**		
Triamcinolone Acetonide (Oralone Mouth/Throat Paste 0.1 %)	Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Multivitamins		
B-Complex W/ C & Folic Acid**		
folbee plus oral tablet	Tier 1	OTC
kp b complex-c oral tablet	Tier 1	OTC
rena-vite oral tablet	Tier 1	OTC
reno caps oral capsule 1 mg	Tier 1	OTC
Multiple Vitamins W/ Iron**		
daily vitamin/iron oral tablet	Tier 1	OTC
Multiple Vitamins W/ Minerals**		
gnp one daily maximum oral tablet	Tier 1	OTC
MACUVITE/LUTEIN ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
multipro oral capsule	Tier 1	
multivit/multimineral adult oral liquid	Tier 1	OTC
OCUVITE EXTRA ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC
Multivitamins**		
antioxidant formula oral capsule 250-10000-200	Tier 1	OTC
daily vitamins oral tablet	Tier 1	OTC
quintabs oral tablet	Tier 1	OTC
Ped Multi Vitamins W/Fl & Fe**		
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
Ped Multiple Vitamins W/ Minerals**		
complete multi-vitamin oral tablet chewable	Tier 1	OTC
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.25 mg/ml	Tier 1	QL (50 ML per 25 days)
multivitamin w/fluoride oral tablet chewable 0.25 mg	Tier 1	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.5 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (2 EA per 1 day)
phluorivit oral solution 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (Pediatric Multivitamins-Fl)	Tier 1	QL (50 ML per 25 days)
Ped Mv W/ Iron**		
baby vitamin/iron oral solution	Tier 1	OTC
childrens animal shapes oral tablet chewable 18 mg	Tier 1	OTC
childrens multivitamin/iron oral tablet chewable 15 mg	Tier 1	OTC
multivitamin infant & toddler oral solution 11 mg/ml	Tier 2	OTC
multivitamins plus iron child oral tablet chewable 18 mg	Tier 1	OTC
Ped Vitamins Acd W/ Fluoride**		
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
Pediatric Multiple Vitamins W/ C**		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
Pediatric Multiple Vitamins**		
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 1	OTC
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
poly-vite pediatric oral solution	Tier 1	OTC; QL (50 ML per 25 days)
Pediatric Vitamins A & D W/ C**		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (Pediatric Vitamins ADC)	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	Tier 2	OTC; QL (50 ML per 25 days)
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
Prenatal Mv & Min W/Fe-Fa**		
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
kpn prenatal oral tablet 0.1 mg	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 1	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 1	QL (1 EA per 1 day)
pnv prenatal plus multivitamin oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 1	OTC; QL (1 EA per 1 day)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal 19 oral tablet	Tier 1	OTC; QL (1 EA per 1 day)
prenatal 19 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal complete oral tablet 14-0.4 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal formula a-free oral tablet 9-0.267 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal formula oral capsule 28-0.8-235 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal forte oral tablet	Tier 1	OTC; QL (1 EA per 1 day)
prenatal multi +dha oral capsule 27-0.8-228 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg	Tier 1	QL (1 EA per 1 day)
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
thrivite rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	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)
Prenatal Mv & Min W/Fe-Fa-Dha**		
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)
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 1	OTC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
prenatal+dha oral 28-0.975 & 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron**		
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Mv & Minerals W/Fa Without Iron**		
prenatal + complete multi oral therapy pack 0.267 & 373 mg	Tier 1	OTC
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
baclofen oral tablet 10 mg	Tier 1	QL (3 EA per 1 day)
baclofen oral tablet 20 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
carisoprodol oral tablet 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (6 EA per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 2	PA
methocarbamol oral tablet 500 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
tizanidine hcl oral tablet 4 mg	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Muscle Relaxant Combinations**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 2	PA; QL (8 EA per 1 day)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	Tier 2	QL (8 EA per 1 day)
Viscosupplements**		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (7.5 ML per 180 days)

Drug Name	Formulary Status	Requirements/Limits
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.**		
AYR NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
deep sea nasal spray nasal solution 0.65 %	Tier 1	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
saline nasal spray nasal solution 0.65 %	Tier 1	OTC
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %	Tier 1	MAIL; QL (30 ML per 25 days)
ipratropium bromide nasal solution 0.06 %	Tier 1	MAIL; QL (15 ML per 25 days)
Nasal Antihistamines**		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	ST; QL (30 ML per 25 days)
olopatadine hcl nasal solution 0.6 %	Tier 2	ST; QL (30.5 GM per 25 days)
Nasal Mast Cell Stabilizers**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 1	OTC; QL (52 ML per 25 days)
Nasal Steroids**		
allergy relief nasal suspension 50 mcg/act	Tier 1	OTC; QL (16 ML per 25 days); AGE (Min 4 Years)
budesonide nasal suspension 32 mcg/act	Tier 1	OTC; QL (8.43 ML per 25 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 3	PA
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 1	OTC; QL (16.9 ML per 25 days)
Systemic Decongestants**		
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 tablet 30 mg, 60 mg	Tier 1	OTC
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (Pseudoephedrine HCl)	Tier 1	OTC
WAL-PHED PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC
Topical Decongestants**		
gnp nasal spray nasal solution 0.05 %	Tier 1	OTC
oxymetazoline hcl nasal solution 0.05 %	Tier 1	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (Oxymetazoline HCl)	Tier 1	OTC
ra 12 hour nasal spray nasal solution 0.05 %	Tier 1	OTC
Neuromuscular Agents		
Benzathiazoles**		
riluzole oral tablet 50 mg	Tier 2	PA; MAIL; QL (2 EA per 1 day)
Nutrients		
Misc. Nutritional Substances**		
fish oil extra strength oral capsule 1200 mg	Tier 1	OTC
fish oil oral capsule 1000 mg, 300 mg, 500 mg	Tier 1	OTC
fish oil oral capsule delayed release 1200 mg	Tier 1	OTC
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 1	OTC
prenatal dha oral capsule 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 3	MAIL; QL (8 ML per 25 days)
Artificial Tear And Lubricant Combinations**		
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %	Tier 1	OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 1	OTC
for sty relief ophthalmic ointment 31.9-57.7 %	Tier 1	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 1	OTC
lubricant eye nighttime ophthalmic ointment	Tier 1	OTC
lubrifresh p.m. ophthalmic ointment	Tier 1	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Artificial Tear Inserts**		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 3	PA
Artificial Tear Solutions**		
artificial tears ophthalmic solution	Tier 1	OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (Artificial Tear Solution)	Tier 1	OTC
SOOTHE XP OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	OTC
Artificial Tears And Lubricants**		
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 1	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 1	OTC
polyvinyl alcohol ophthalmic solution 1.4 %	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	MAIL; QL (60 EA per 30 days)
Beta-Blockers - Ophthalmic**		
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL
carteolol hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL; QL (15 ML per 25 days)
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 2	MAIL; QL (5 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
Cycloplegic Mydriatics**		
atropine sulfate ophthalmic solution 1 %	Tier 1	MAIL
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 25 days)
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
Ophthalmic Antiallergic**		
ALAWAY OPHTHALMIC SOLUTION 0.035 % (Ketotifen Fumarate)	Tier 1	OTC; QL (5 ML per 25 days)
ALOCRIL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 3	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 3	PA
azelastine hcl ophthalmic solution 0.05 %	Tier 1	QL (6 ML per 25 days)
bepotastine besilate ophthalmic solution 1.5 %	Tier 2	PA
cromolyn sodium ophthalmic solution 4 %	Tier 1	QL (10 ML per 25 days)
epinastine hcl ophthalmic solution 0.05 %	Tier 2	QL (5 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	Tier 1	OTC; QL (5 ML per 30 days)
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 3	PA; OTC
olopatadine hcl solution 0.1 % ophthalmic (otc)	Tier 1	QL (5 ML per 25 days)
olopatadine hcl solution 0.2 % ophthalmic (rx)	Tier 1	QL (2.5 ML per 25 days)
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 1	
besifloxacin hcl ophthalmic suspension 0.6 %	Tier 2	PA
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ophthalmic ointment 5 mg/gm	Tier 1	
gatifloxacin ophthalmic solution 0.5 %	Tier 1	PA
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
levofloxacin ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
ofloxacin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
tobramycin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 3	PA
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
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	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	QL (10 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Ophthalmic Antivirals**		
trifluridine ophthalmic solution 1 %	Tier 1	QL (7.5 ML per 25 days)
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 3	PA
Ophthalmic Carbonic Anhydrase Inhibitors**		
brinzolamide ophthalmic suspension 1 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl ophthalmic solution 2 %	Tier 1	MAIL; QL (10 ML per 25 days)
Ophthalmic Hyperosmolar Products**		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 1	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 1	OTC
Ophthalmic Immunomodulators**		
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 2	PA
cyclosporine ophthalmic emulsion 0.05 %	Tier 2	PA
Ophthalmic Local Anesthetics**		
proparacaine hcl ophthalmic solution 0.5 %	Tier 1	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 2	
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1	QL (10 ML per 25 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 3	PA
Ophthalmic Selective Alpha Adrenergic Agonists**		
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.15 %	Tier 2	MAIL; QL (15 ML per 25 days)
brimonidine tartrate ophthalmic solution 0.2 %	Tier 1	MAIL; QL (15 ML per 25 days)
Ophthalmic Steroid Combinations**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 2	QL (10 ML per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 1	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	QL (10 ML per 25 days)
Ophthalmic Steroids**		
dexasol ophthalmic solution 0.1 %	Tier 1	QL (5 ML per 25 days)
difluprednate ophthalmic emulsion 0.05 %	Tier 2	PA
fluorometholone ophthalmic suspension 0.1 %	Tier 1	QL (15 ML per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 3	PA
loteprednol etabonate ophthalmic gel 0.5 %	Tier 2	PA
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Tier 2	PA
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	QL (15 ML per 25 days)
Ophthalmics - Cystinosis Agents*		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 4	PA
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic solution 0.01 %	Tier 2	ST; MAIL; QL (5 ML per 25 Days)
bimatoprost ophthalmic solution 0.03 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
latanoprost ophthalmic solution 0.005 %	Tier 1	MAIL; QL (5 ML per 25 days)
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	ST; MAIL; QL (30 EA per 25 days)
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 1	
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
ear drops for swimmers otic liquid 95-5 %	Tier 1	OTC
ear wax removal drops otic solution 6.5 %	Tier 1	OTC
instant ear-dry otic liquid 95-5 %	Tier 1	OTC
MURINE EAR OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
Otic Anti-Infectives**		
ciprofloxacin hcl otic solution 0.2 %	Tier 1	QL (14 EA per 25 days)
ofloxacin otic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 2	PA

Drug Name	Formulary Status	Requirements/Limits
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 2	QL (14 EA per 7 days); AGE (Max 18 Years)
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	Tier 3	PA
neomycin-polymyxin-hc otic solution 1 %	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
Otic Steroids**		
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	
Oxytocics		
Oxytocics**		
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	
methylergonovine maleate oral tablet 0.2 mg	Tier 2	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Nirsevimab-alip)	PREV	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (Clesrovimab-cfor)	PREV	
Immune Serums**		
CUVITRU SUBCUTANEOUS SOLUTION 2 GM/10ML (Immune Globulin (Human))	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (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-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
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 4	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 4	

Drug Name	Formulary Status	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 4	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 4	
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 4	PA
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	AGE (Max 12 Years)
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 1	AGE (Max 12 Years)
ampicillin oral capsule 500 mg	Tier 1	
Natural Penicillins**		
penicillin v potassium oral solution reconstituted 250 mg/5ml	Tier 1	AGE (Max 12 Years)
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5Ml)	Tier 1	AGE (Max 12 Years)
Penicillin Combinations**		
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 1	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	Tier 2	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	QL (20 EA per 10 days)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 2	AGE (Max 12 Years)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 3	AGE (Max 12 Years)
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 1	
Pharmaceutical Adjuvants		
Semi Solid Vehicles**		
sm petroleum jelly external gel	Tier 1	OTC
Progestins		
Progestins**		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
norethindrone acetate oral tablet 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
progesterone oral capsule 100 mg	Tier 1	QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Tier 1	QL (2 EA per 1 day)
Psychotherapeutic And Neurological Agents - Misc.		
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	MAIL
disulfiram oral tablet 250 mg, 500 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Anti-Cataplectic Agents**		
sodium oxybate solution 500 mg/ml oral	Tier 4	PA; QL (540 ML per 25 Days)
sodium oxybate solution 500 mg/ml oral	Tier 4	PA; QL (540 ML per 30 days)
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Tier 2	AGE (Max 64 Years)
Cholinomimetics - Ache Inhibitors**		
donepezil hcl oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 10 mg	Tier 1	MAIL; QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	MAIL
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	MAIL
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	MAIL
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 2	PA; MAIL
Fibromyalgia Agent - Snris**		
milnacipran hcl oral 12.5 & 25 & 50 mg	Tier 2	PA
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 2	PA
Movement Disorder Drug Therapy**		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Ms Agents - Pyrimidine Synthesis Inhibitors**		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA
Multiple Sclerosis Agents - Interferons**		
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
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-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

Drug Name	Formulary Status	Requirements/Limits
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 - Monoclonal Antibodies**		
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (Natalizumab)	Tier 4	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 1	PA
Multiple Sclerosis Agents - Potassium Channel Blockers**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 4	PA
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 4	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	Tier 4	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	PA; MAIL
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 1	MAIL
memantine hcl oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 1	QL (49 EA per 365 days)
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 2	MAIL
Psychotherapeutic And Neurological Agents - Misc.**		
ergoloid mesylates oral tablet 1 mg	Tier 2	PA
pimozide oral tablet 1 mg	Tier 1	MAIL; QL (10 EA per 1 day)
pimozide oral tablet 2 mg	Tier 1	MAIL; QL (5 EA per 1 day)
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day)
gnp nicotine transdermal patch 24 hour 21 mg/24hr	PREV	OTC; QL (1 EA per 1 day)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day)
nicotine transdermal kit 21-14-7 mg/24hr	PREV	OTC; QL (56 EA per 25 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	OTC; QL (1 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
THRIVE MOUTH/THROAT GUM 2 MG (Nicotine Polacrilex)	PREV	OTC; QL (8 EA per 1 day)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl oral capsule 0.5 mg	Tier 4	PA
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 4	PA
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (Dornase Alfa)	Tier 4	QL (150 ML per 25 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 4	PA
Pulmonary Fibrosis Agents**		
pirfenidone oral capsule 267 mg	Tier 4	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 3	
Tetracyclines		
Tetracyclines**		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 2	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Doxycycline Monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 2	
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 1	MAIL
propylthiouracil oral tablet 50 mg	Tier 1	MAIL
Thyroid Hormones**		
ADTHYZA ORAL TABLET 130 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
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
EVEXITHROID ORAL TABLET 45 MG, 75 MG (Thyroid)	Tier 2	
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 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
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (Diphth-Acell Pertussis-Tetanus)	PREV	

Drug Name	Formulary Status	Requirements/Limits
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (Diphth-Acell Pertussis-Tetanus)	PREV	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-Hepatitis B Recomb-IPV)	PREV	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (DTaP-IPV-Hib Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION (DTaP-IPV Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 1	AGE (Max 64 Years)
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyosyne oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
H-2 Antagonists**		
cimetidine 200 oral tablet 200 mg	Tier 1	OTC
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	MAIL
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	MAIL; QL (5 ML per 1 day); AGE (Max 12 Years)
famotidine oral tablet 10 mg	Tier 1	OTC
famotidine oral tablet 20 mg, 40 mg	Tier 1	MAIL
nizatidine oral capsule 150 mg, 300 mg	Tier 1	MAIL
Misc. Anti-Ulcer**		
sucralfate oral tablet 1 gm	Tier 1	MAIL; QL (4 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
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)
solifenacin succinate oral tablet 10 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
solifenacin succinate oral tablet 5 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
trospium chloride oral tablet 20 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 2	PA; QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Vaccines		
Bacterial Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (Haemophilus B Polysac Conj Vac)	PREV	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Recomb OMV Adj)	PREV	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Pneumococcal 21-Valent Conjuga)	PREV	AGE (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (Haemophilus B Polysac Conj Vac)	PREV	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (Mening ACY&W-135 Tetanus Conj)	PREV	
MENVEO INTRAMUSCULAR SOLUTION (Meningococcal A C Y&W-135 Olig)	PREV	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (Meningococcal A C Y&W-135 Olig)	PREV	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (Mening ACYW(Tet Conj)-B(Rcmb))	PREV	
penmenvy intramuscular suspension reconstituted	PREV	

Drug Name	Formulary Status	Requirements/Limits
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Vac (Recomb))	PREV	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles-Mumps-Rubella-Varicell)	PREV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
Viral Vaccines**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb)	PREV	
AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 injection per 1 lifetime); AGE (Min 50 Years)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 5 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 injections per 1 lifetime)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj)	PREV	QL (1 ML per 365 days); AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA)	PREV	QL (1 ML per 365 days); AGE (Min 9 Years)
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)

Drug Name	Formulary Status	Requirements/Limits
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live)	PREV	QL (1 EA per 365 days); AGE (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose)	PREV	QL (0.5 ML per 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (Rabies Virus Vaccine, HDC)	PREV	QL (4 EA per 365 days)
IPOL INJECTION SUSPENSION (Poliovirus Vaccine Inactivated)	PREV	
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (COVID-19 mRNA Virus Vaccine)	PREV	
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	PREV	AGE (Min 12 Years)
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (Rabies Vaccine, PCEC)	PREV	QL (4 EA per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)

Drug Name	Formulary Status	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ROTARIX ORAL SUSPENSION (Rotavirus Vaccine Live Oral)	PREV	
ROTATEQ ORAL SOLUTION (Rotavirus Vac Live Pentavalent)	PREV	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
Vaginal And Related Products		
Imidazole-Related Antifungals**		
clotrimazole 3 vaginal cream 2 %	Tier 1	OTC
clotrimazole vaginal cream 1 %	Tier 1	OTC
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 vaginal cream 4 %	Tier 1	OTC
miconazole 3 vaginal suppository 200 mg	Tier 1	QL (3 EA per 25 days)
miconazole 7 vaginal cream 2 %	Tier 1	OTC
miconazole 7 vaginal suppository 100 mg	Tier 1	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 2	
tioconazole-1 vaginal ointment 6.5 %	Tier 1	OTC
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC

Drug Name	Formulary Status	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	Tier 1	QL (40 GM per 25 days)
metronidazole vaginal gel 0.75 %	Tier 1	QL (70 GM per 25 days)
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (Lactic Ac-Citric Ac-Pot Bitart)	PREV	
Vaginal Corticosteroids**		
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Vaginal Estrogens**		
estradiol vaginal cream 0.01 %, 0.1 mg/gm	Tier 1	MAIL; QL (42.5 GM per 25 days)
estradiol vaginal tablet 10 mcg	Tier 2	MAIL; 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	MAIL; QL (2 EA per 1 day)
Vaginal Progestins**		
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 3	PA
Vasopressors		
Anaphylaxis Therapy Agents**		
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (2 EA per 25 days)
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Vitamins		
Vitamin B-1**		
b1 oral tablet 100 mg	Tier 1	OTC
b-1 oral tablet 100 mg	Tier 1	OTC
vitamin b-1 oral tablet 250 mg	Tier 1	OTC
vitamin b1 oral tablet 50 mg	Tier 1	OTC
Vitamin B-2**		
b-2 oral tablet 100 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Vitamin B-3**		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
niacin er oral capsule extended release 250 mg	Tier 1	OTC
niacin er oral tablet extended release 1000 mg	Tier 1	OTC; QL (2 EA per 1 day)
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Tier 1	OTC
niacinamide oral tablet 500 mg	Tier 1	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
Vitamin B-6**		
b-6 oral tablet 100 mg, 50 mg	Tier 1	OTC
pyridoxine hcl oral tablet 25 mg	Tier 1	OTC
vitamin b-6 oral tablet 25 mg	Tier 1	OTC
Vitamin C**		
ascorbic acid oral tablet 500 mg	Tier 1	OTC
vitamin c oral tablet 500 mg	Tier 1	OTC
Vitamin D**		
d 1000 oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d 10000 oral capsule 250 mcg (10000 ut)	Tier 1	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	Tier 1	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (Cholecalciferol)	Tier 1	OTC
delta d3 oral tablet 10 mcg (400 unit)	Tier 1	OTC
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (Cholecalciferol)	Tier 1	OTC
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	Tier 1	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 1	
vitamin d oral tablet 50 mcg (2000 ut)	Tier 1	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier 1	OTC
vitamin d3 oral liquid 10 mcg/ml	Tier 1	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut)	Tier 1	OTC
vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)	Tier 1	OTC
Vitamin K**		
phytonadione oral tablet 5 mg	Tier 1	QL (5 EA per 1 day)

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