4 Tier Formulary

2025 Formulary (List of Covered Drugs)

For ConnectiCare Plans purchased on Access Health CT (Connecticut Exchange)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on **June 1, 2025.** To reach Member Services, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

ConnectiCare

4 Tier Formulary

2025 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Thank you for being a ConnectiCare member. This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your exchange or employer-sponsored plan with four-tier drug benefits. This drug list is effective for plan year 2025. It is updated monthly and the last update was on June 1, 2025. Please note: This list may change over time, such as when:

We add a new, less-costly drug.

We remove a drug that may no longer be as effective as other drugs.

Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is not listed in this formulary, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 142. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then, look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under "Cardiovascular, Hypertension & Lipids." The first column of the chart lists the drug name. Brand-name drugs are upper-case (for example, SYNTHROID). Generic drugs are shown in lower-case italics (for example, atenolol).

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs
Tier 4	Specialty drugs*

*Specialty drugs ─ filled by a specialty pharmacy and limited to a 30-day supply ─ are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist. These drugs, designated as "limited availability" (LA) in this formulary, are used to treat complex conditions.

If your doctor prescribes a drug that is not listed on this formulary, please contact ConnectiCare for further information on coverage of the product in question. If it's appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay (the set amount you pay) for the generic drug, plus the cost difference between the brand-name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Below is a list of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

ACA: Affordable Care Act. There is no cost-sharing for certain preventive drugs if they are right for your age, condition, and the way the drug is being used.

FF: Frozen Formulary. This product is currently affected by the Frozen Formulary Mandate. Coverage, copay and utilization management may change due to frozen formulary depending on your plan year start date.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. A trial of an alternative drug would be required for no longer than 30 days.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Disclaimer
Please see your Contract or Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. A drug being listed in this guide does not guarantee that we will pay for it. Some drugs may need approval (prior authorization) before we pay. For some drugs, we will only pay for certain doses and/or strengths. The drugs on this list may change based on a decision by ConnectiCare. As new generic drugs become available, the brand-name version will no longer be a preferred choice.

This is a list of the drugs that are prescribed most often for members that use the National Preferred Formulary.

To help keep your costs down, ask your doctor to prescribe generic drugs when possible.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your ID card.

Can I get my prescriptions delivered to my home?
Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the

same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To compare costs and sign up for home delivery, visit **express-scripts.com** or call Express Scripts at **877-603-1032**.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Please call **1-800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.
- Send a secure message by signing in to connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call **800-828-3407** Monday to Friday, 8 a.m. to 6 p.m.
- For prior authorization requests or any medical management issue, call **844-516-3324** 24/7.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria, and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.

ConnectiCare

Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711）。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदद आप द ि◌ंदी बोलते ◌ं तो आपके ललए मुफ्त में भाषा स ायता सेवाएि उपलब्ध ै◌ं।
1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត◌្ន បើសិនជាអ◌្នន◌ិយាយ ភ◌ាសាខ◌្ម◌ែរ, បស◌េវាជំនួយខ◌្នទ◌ិភាសា គឺអាចម◌ានសំរាប◌់◌្ន ទ។ ចូរ ទ◌ូរស◌័ព◌្ទ បេ◌ាយម◌ិនគិត◌្ល◌ុយ◌្ន ំបរ◌ិ◌ែ
1-800-251-7722 (TTY: 711)។

સુ ના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો
1-800-251-7722 (TTY: 711).

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	*
amphotericin b injection recon soln	1	
amphotericin b liposome intravenous suspension for reconstitution	1	
ANCOBON ORAL CAPSULE	3	PA; *
BREXAFEMME ORAL TABLET	3	ST; QL
clotrimazole mucous membrane troche	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	PA
CRESEMBA ORAL CAPSULE	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	*
DIFLUCAN ORAL TABLET 100 MG	3	*
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL
flucytosine oral capsule	1	PA
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	QL
itraconazole oral solution	1	QL
ketoconazole oral tablet	1	
NOXAFIL INTRAVENOUS SOLUTION	3	PA; *
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
nystatin oral suspension	1	
nystatin oral tablet	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
posaconazole intravenous solution	1	PA
posaconazole oral suspension	1	PA
posaconazole oral tablet,delayed release (dr/ec)	1	PA
REZZAYO INTRAVENOUS RECON SOLN	3	
SPORANOX ORAL CAPSULE	3	*; QL
SPORANOX ORAL SOLUTION	3	*; QL
terbinafine hcl oral tablet	1	
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
VFEND ORAL TABLET 50 MG	3	PA; *
VIVJOA ORAL CAPSULE	4	PA; FF; QL
voriconazole intravenous recon soln	1	PA
voriconazole oral suspension for reconstitution	1	PA
voriconazole oral tablet	1	PA
ANTIVIRALS		
abacavir oral solution	4	
abacavir oral tablet	4	
abacavir-lamivudine oral tablet	4	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir oral tablet	1	
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	0	ACA
APTIVUS ORAL CAPSULE	4	
atazanavir oral capsule	4	
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA
BIKTARVY ORAL TABLET	4	
cidofovir intravenous solution	1	
CIMDUO ORAL TABLET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
darunavir oral tablet	4	
DESCOVY ORAL TABLET 120-15 MG	4	
DESCOVY ORAL TABLET 200-25 MG	0	ACA
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	4	
efavirenz oral tablet	4	
efavirenz-emtricitabin-tenofov oral tablet	4	
efavirenz-lamivu-tenofov disop oral tablet	1	
emtricitabine oral capsule	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	0	ACA
EMTRIVA ORAL CAPSULE	4	*
EMTRIVA ORAL SOLUTION	4	
entecavir oral tablet	1	
EPCLUSA ORAL PELLETS IN PACKET	2	PA; LA; QL
EPCLUSA ORAL TABLET	2	PA; LA; QL
EPIVIR ORAL SOLUTION	4	*
EPIVIR ORAL TABLET	4	*
etravirine oral tablet	4	
EVOTAZ ORAL TABLET	4	
famciclovir oral tablet	1	QL
FLUMADINE ORAL TABLET	3	*
fosamprenavir oral tablet	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	QL
GENVOYA ORAL TABLET	4	
HARVONI ORAL PELLETS IN PACKET	2	PA; LA; QL
HARVONI ORAL TABLET	2	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	4	FF
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
JULUCA ORAL TABLET	4	
KALETRA ORAL SOLUTION	4	*
KALETRA ORAL TABLET	4	*
LAGEVRIO (EUA) ORAL CAPSULE	2	QL
lamivudine oral solution	4	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	4	
lamivudine-zidovudine oral tablet	4	
LIVTENCITY ORAL TABLET	4	PA; QL
lopinavir-ritonavir oral tablet	4	FF
maraviroc oral tablet	4	
nevirapine oral suspension	4	
nevirapine oral tablet	4	
nevirapine oral tablet extended release 24 hr	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL TABLET	4	*
ODEFSEY ORAL TABLET	4	
oseltamivir oral capsule	1	QL
oseltamivir oral suspension for reconstitution	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG	2	QL
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	*
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR ORAL CAPSULE	4	*
RETROVIR ORAL SYRUP	4	*
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	*
REYATAZ ORAL POWDER IN PACKET	4	
ribavirin inhalation recon soln	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ribavirin oral capsule	4	PA; LA
ribavirin oral tablet 200 mg	4	PA; LA
rimantadine oral tablet	1	
ritonavir oral tablet	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	*
SUNLENCA ORAL TABLET	4	PA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA
SYMFI LO ORAL TABLET	4	*
SYMFI ORAL TABLET	4	*
SYMTUZA ORAL TABLET	4	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; LA
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
tenofovir disoproxil fumarate oral tablet	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	
TRIUMEQ ORAL TABLET	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	
TYBOST ORAL TABLET	4	
valacyclovir oral tablet	1	QL
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*
valganciclovir oral recon soln	1	
valganciclovir oral tablet	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	4	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 300 MG	4	*
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	2	PA; LA; QL
ZIAGEN ORAL SOLUTION	4	*
zidovudine oral capsule	4	
zidovudine oral syrup	4	
zidovudine oral tablet	4	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	ST
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	ST
cefepime in dextrose,iso-osm intravenous piggyback	1	ST
cefepime injection recon soln	1	ST
cefixime oral capsule	1	
cefixime oral suspension for reconstitution	1	
CEFOTAN INJECTION RECON SOLN	3	ST
cefotaxime injection recon soln 1 gram, 2 gram	1	ST
cefotetan injection recon soln	1	ST
cefotetan intravenous recon soln	1	ST
cefoxitin in dextrose, iso-osm intravenous piggyback	1	ST
cefoxitin intravenous recon soln	1	ST
cefpodoxime oral suspension for reconstitution	1	
cefpodoxime oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
cefprozil oral suspension for reconstitution	1	
cefprozil oral tablet	1	
ceftazidime injection recon soln	1	ST
ceftriaxone in dextrose,iso-os intravenous piggyback	1	ST
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	ST
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	ST
ceftriaxone intravenous recon soln	1	ST
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 750 mg	1	ST
cefuroxime sodium intravenous recon soln	1	ST
cephalexin oral capsule	1	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	1	
tazicef injection recon soln	1	ST
TEFLARO INTRAVENOUS RECON SOLN	2	ST
ZERBAXA INTRAVENOUS RECON SOLN	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous recon soln	1	ST
azithromycin oral packet	1	
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	*
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	*
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	ST; *
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate intravenous recon soln	1	ST
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
erythromycin oral tablet,delayed release (dr/ec)	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	ST; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA
atovaquone oral suspension	1	
atovaquone-proguanil oral tablet	1	QL
AZACTAM INJECTION RECON SOLN	3	ST; *
aztreonam injection recon soln	1	ST
bacitracin intramuscular recon soln	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; *; LA; QL
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
chloramphenicol sod succinate intravenous recon soln	1	
chloroquine phosphate oral tablet	1	
CLEOCIN HCL ORAL CAPSULE	3	*
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	*
clindamycin hcl oral capsule	1	
clindamycin pediatric oral recon soln	1	
COARTEM ORAL TABLET	2	QL
colistin (colistimethate na) injection recon soln	1	ST
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	ST; *
cycloserine oral capsule	1	
DALVANCE INTRAVENOUS SOLUTION	2	ST
dapsone oral tablet	1	
DARAPRIM ORAL TABLET	4	PA; *
EMVERM ORAL TABLET,CHEWABLE	2	QL
ethambutol oral tablet	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	ST
gentamicin injection solution	1	ST
gentamicin sulfate (ped) (pf) injection solution	1	ST
HUMATIN ORAL CAPSULE	4	LA
hydroxychloroquine oral tablet	1	
imipenem-cilastatin intravenous recon soln	1	ST
IMPAVIDO ORAL CAPSULE	2	PA; QL
isoniazid injection solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
isoniazid oral solution	1	
isoniazid oral tablet	1	
ivermectin oral tablet 3 mg	1	PA; QL
ivermectin oral tablet 6 mg	1	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
KRINTAFEL ORAL TABLET	3	QL
linezolid oral suspension for reconstitution	1	PA
linezolid oral tablet	1	PA
linezolid-0.9% sodium chloride intravenous parenteral solution	1	ST
MALARONE ORAL TABLET	3	*; QL
MALARONE PEDIATRIC ORAL TABLET	3	*; QL
mefloquine oral tablet	1	QL
MEPRON ORAL SUSPENSION	3	*
metro i.v. intravenous piggyback	1	ST
metronidazole in nacl (iso-os) intravenous piggyback	1	ST
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION RECON SOLN	3	*; QL
neomycin oral tablet	1	
nitazoxanide oral tablet	1	QL
paromomycin oral capsule	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
pentamidine inhalation recon soln	1	QL
polymyxin b sulfate injection recon soln	1	ST
praziquantel oral tablet	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
primaquine oral tablet	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	ST; *
pyrazinamide oral tablet	1	
pyrimethamine oral tablet	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
QUALAQUIN ORAL CAPSULE	3	*; QL
quinine sulfate oral capsule	1	QL
rifabutin oral capsule	1	
RIFADIN INTRAVENOUS RECON SOLN	3	*
rifampin intravenous recon soln	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	2	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	ST
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	ST
STROMECTOL ORAL TABLET	3	PA; *; QL
tinidazole oral tablet	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	PA; LA; QL
tobramycin inhalation solution for nebulization	4	PA; LA; QL
tobramycin sulfate injection recon soln	1	ST
tobramycin sulfate injection solution	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	PA; FF; LA; QL
TRECATOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	PA; QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
ZYVOX ORAL TABLET	3	PA; *
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln	1	ST
ampicillin sodium intravenous recon soln	1	ST
ampicillin-sulbactam injection recon soln	1	ST
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	ST
dicloxacillin oral capsule	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	ST
nafcillin injection recon soln	1	ST
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	ST
oxacillin injection recon soln	1	ST
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	ST
penicillin g potassium injection recon soln	1	ST
penicillin g sodium injection recon soln	1	ST
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
pfizerpen-g injection recon soln	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
UNASYN INJECTION RECON SOLN	3	ST; *
QUINOLONES		
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback	1	ST
ciprofloxacin oral suspension,microcapsule recon	1	
levofloxacin in d5w intravenous piggyback	1	ST
levofloxacin intravenous solution	1	ST
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin oral tablet	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	ST
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	*
BACTRIM ORAL TABLET	3	*
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim intravenous solution	1	ST
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim oral suspension	1	
TETRACYCLINES		
AVIDOXY DK KIT	3	ST
avidoxy oral tablet	1	
demeclocycline oral tablet	1	
doxy-100 intravenous recon soln	1	ST
doxycycline hyclate intravenous recon soln	1	ST
doxycycline hyclate oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	ST; FF
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
MINOCIN INTRAVENOUS RECON SOLN	2	ST
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	ST
mondoxyne nl oral capsule	1	
MORGIDOX 1X100 KIT	3	ST
NUZYRA ORAL TABLET	3	QL
SEYSARA ORAL TABLET	3	ST
TARGADOX ORAL TABLET	3	ST; *
tetracycline oral capsule	1	
tetracycline oral tablet	1	ST
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet	1	
FURADANTIN ORAL SUSPENSION	3	*
MACROBID ORAL CAPSULE	3	*
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohyd/m-cryst oral capsule	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
PRIMSOL ORAL SOLUTION	3	
trimethoprim oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	3	PA; *; QL
vancomycin oral capsule	1	PA; QL
vancomycin oral recon soln	1	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK INTRAVENOUS RECON SOLN	2	
ETHYOL INTRAVENOUS RECON SOLN	3	*
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
leucovorin calcium injection recon soln	1	
leucovorin calcium injection solution	1	
leucovorin calcium oral tablet	1	
mesna intravenous solution	1	
MESNEX INTRAVENOUS SOLUTION	3	*
MESNEX ORAL TABLET	3	*
VISTOGARD ORAL GRANULES IN PACKET	4	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet	4	PA; LA; QL
abirtega oral tablet	1	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	*; LA
ADCETRIS INTRAVENOUS RECON SOLN	4	PA; LA
adrucil intravenous solution 2.5 gram/50 ml	1	
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL
anastrozole oral tablet	0	ACA
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	4	*; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AUGTYRO ORAL CAPSULE	4	PA; LA
AYVAKIT ORAL TABLET	4	PA; QL
azacitidine injection recon soln	4	LA
AZASAN ORAL TABLET	4	*
azathioprine oral tablet	4	
azathioprine sodium injection recon soln	4	FF
BALVERSA ORAL TABLET	4	PA
BAVENCIO INTRAVENOUS SOLUTION	4	PA
BELEODAQ INTRAVENOUS RECON SOLN	4	PA
bexarotene oral capsule	4	PA; LA
bexarotene topical gel	4	PA; FF; LA
bicalutamide oral tablet	1	
bleomycin injection recon soln	1	
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF ORAL CAPSULE	4	PA; LA; QL
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; LA; QL
BRUKINSA ORAL CAPSULE	4	PA
busulfan intravenous solution	1	
BUSULFEX INTRAVENOUS SOLUTION	3	*
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; QL
capecitabine oral tablet	4	PA; LA; QL
CAPRELSA ORAL TABLET	4	PA; QL
carboplatin intravenous recon soln	1	
carboplatin intravenous solution	1	
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	*
CELLCEPT ORAL CAPSULE	4	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CELLCEPT ORAL TABLET	4	*
cladribine intravenous solution	1	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; QL
COTELLIC ORAL TABLET	4	PA; LA; QL
cyclophosphamide intravenous recon soln	1	
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	
cyclosporine intravenous solution	4	
cyclosporine modified oral capsule	4	
cyclosporine modified oral solution	4	
cyclosporine oral capsule	4	
cytarabine (pf) injection solution	1	
cytarabine injection solution	1	
dacarbazine intravenous recon soln	1	
dactinomycin intravenous recon soln	1	
DANZITEN ORAL TABLET	4	PA
DARZALEX INTRAVENOUS SOLUTION	4	PA; LA
dasatinib oral tablet	4	PA; FF; LA; QL
DATROWAY INTRAVENOUS RECON SOLN	4	PA
daunorubicin intravenous solution	1	
DAURISMO ORAL TABLET	4	PA; LA; QL
decitabine intravenous recon soln	4	PA; LA
DOXIL INTRAVENOUS SUSPENSION	3	*
doxorubicin, peg-liposomal intravenous suspension	1	
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	*
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	3	
EMPLICITI INTRAVENOUS RECON SOLN	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
epirubicin intravenous solution 200 mg/100 ml	1	
ERBITUX INTRAVENOUS SOLUTION	4	PA; LA
eribulin intravenous solution	4	PA; FF
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
erlotinib oral tablet	4	PA; LA; QL
ERWINASE INJECTION RECON SOLN	4	
ETOPOPHOS INTRAVENOUS RECON SOLN	2	
etoposide intravenous solution	1	
etoposide oral capsule	1	
EULEXIN ORAL CAPSULE	3	*
everolimus (antineoplastic) oral tablet	4	PA; LA; QL
everolimus (antineoplastic) oral tablet for suspension	4	PA; LA; QL
everolimus (immunosuppressive) oral tablet	4	
exemestane oral tablet	0	ACA
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; LA
floxuridine injection recon soln	1	
fludarabine intravenous recon soln	1	
fludarabine intravenous solution	1	
fluorouracil intravenous solution	1	
FOLOTYN INTRAVENOUS SOLUTION	4	PA; LA
FRUZAQLA ORAL CAPSULE	4	PA
fulvestrant intramuscular syringe	1	PA
GAVRETO ORAL CAPSULE	4	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GAZYVA INTRAVENOUS SOLUTION	4	PA; LA
gefitinib oral tablet	4	PA; LA; QL
gengraf oral capsule	4	
gengraf oral solution	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
GOMEKLI ORAL CAPSULE	4	PA
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA
HALAVEN INTRAVENOUS SOLUTION	4	PA; *; LA
HYCAMTIN ORAL CAPSULE	4	PA; LA
HYDREA ORAL CAPSULE	3	*
hydroxyurea oral capsule	1	
IBRANCE ORAL CAPSULE	4	PA; LA; QL
IBRANCE ORAL TABLET	4	PA; LA; QL
ICLUSIG ORAL TABLET	4	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	*
idarubicin intravenous solution	1	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	*
ifosfamide intravenous recon soln	1	
ifosfamide intravenous solution	1	
imatinib oral tablet	4	PA; LA; QL
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL
IMFINZI INTRAVENOUS SOLUTION	4	PA; LA
IMKELDI ORAL SOLUTION	4	PA
IMLYGIC INJECTION SUSPENSION	4	PA
IMURAN ORAL TABLET	4	*
INLYTA ORAL TABLET	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; *; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ITOVEBI ORAL TABLET	4	PA; FF; LA
IWILFIN ORAL TABLET	4	PA
IXEMPRA INTRAVENOUS RECON SOLN	4	PA; LA
JAKAFI ORAL TABLET	4	PA; LA; QL
JEVTANA INTRAVENOUS SOLUTION	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KISQALI ORAL TABLET	4	PA; LA; QL
KOSELUGO ORAL CAPSULE	4	PA
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; QL
lapatinib oral tablet	4	PA; LA; QL
LAZCLUZE ORAL TABLET	4	PA
lenalidomide oral capsule	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
letrozole oral tablet	1	
LEUKERAN ORAL TABLET	2	
leuprolide subcutaneous kit	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA
LUPKYNIS ORAL CAPSULE	4	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA
MATULANE ORAL CAPSULE	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet	1	
MEKINIST ORAL RECON SOLN	4	PA; LA; QL
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; LA; QL
mercaptopurine oral suspension	4	LA
mercaptopurine oral tablet	1	
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral tablet	1	
mitoxantrone intravenous concentrate	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
mycophenolate mofetil (hcl) intravenous recon soln	4	FF
mycophenolate mofetil oral capsule	4	
mycophenolate mofetil oral suspension for reconstitution	4	
mycophenolate mofetil oral tablet	4	
mycophenolate sodium oral tablet,delayed release (dr/ec)	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	*
MYHIBBIN ORAL SUSPENSION	4	
MYLERAN ORAL TABLET	2	
nelarabine intravenous solution	4	LA
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
NEORAL ORAL CAPSULE	4	*
NEORAL ORAL SOLUTION	4	*
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; *; LA; QL
NILANDRON ORAL TABLET	3	PA; *
nilutamide oral tablet	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	3	
NUBEQA ORAL TABLET	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	4	
octreotide acetate injection solution	4	PA; LA
octreotide acetate injection syringe	4	PA; LA
octreotide,microspheres intramuscular suspension,extended rel recon	4	PA; LA; QL
ODOMZO ORAL CAPSULE	4	PA; LA; QL
OGSIVEO ORAL TABLET	4	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA
OJEMDA ORAL TABLET	4	PA
ONCASPAR INJECTION SOLUTION	2	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	4	PA
ORGOVYX ORAL TABLET	4	PA; QL
ORSERDU ORAL TABLET	4	PA; QL
oxaliplatin intravenous recon soln	1	
oxaliplatin intravenous solution	1	
paclitaxel intravenous concentrate	1	
paclitaxel protein-bound intravenous suspension for reconstitution	4	
paraplatin intravenous solution	1	
pazopanib oral tablet	4	PA; LA; QL
PEMAZYRE ORAL TABLET	4	PA; QL
PERJETA INTRAVENOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	2	
PIQRAY ORAL TABLET	4	PA; LA
POMALYST ORAL CAPSULE	4	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	*
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RETEVMO ORAL TABLET	4	PA; FF; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REVUFORJ ORAL TABLET	4	PA
REZUROCK ORAL TABLET	4	PA; QL
ROMVIMZA ORAL CAPSULE	4	PA
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL
RUBRACA ORAL TABLET	4	PA; FF; LA; QL
RYDAPT ORAL CAPSULE	4	PA; LA; QL
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	4	*
SANDIMMUNE ORAL CAPSULE	4	*
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *; LA
SCEMBLIX ORAL TABLET 100 MG	4	PA; FF; QL
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIMULECT INTRAVENOUS RECON SOLN	4	
sirolimus oral solution	4	
sirolimus oral tablet	4	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
sorafenib oral tablet	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; *; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
sunitinib malate oral capsule	4	PA; LA; QL
SUTENT ORAL CAPSULE	4	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	PA; LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
tacrolimus oral capsule	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TAGRISSO ORAL TABLET	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; FF; LA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
tamoxifen oral tablet	0	ACA
TARGRETIN TOPICAL GEL	4	PA; *; FF; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	LA
temozolomide oral capsule	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET	4	PA
topotecan intravenous recon soln	4	PA; LA
topotecan intravenous solution	4	PA; LA
toremifene oral tablet	1	
torpenz oral tablet	4	PA; QL
tretinoin (antineoplastic) oral capsule	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TRUQAP ORAL TABLET	4	PA
TUKYSA ORAL TABLET	4	PA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; QL
TYKERB ORAL TABLET	4	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	PA
VECTIBIX INTRAVENOUS SOLUTION	4	PA; LA
VENCLEXTA ORAL TABLET	4	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIDAZA INJECTION RECON SOLN	4	*; LA
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL
VIJOICE ORAL TABLET	4	PA; QL
vinblastine intravenous solution	1	
vincasar pfs intravenous solution	1	
vincristine intravenous solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
vinorelbine intravenous solution	1	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; QL
VORANIGO ORAL TABLET	4	PA
VOTRIENT ORAL TABLET	4	PA; *; LA; QL
WELIREG ORAL TABLET	4	PA
XALKORI ORAL CAPSULE	4	PA; LA; QL
XALKORI ORAL PELLET	4	PA; FF; LA; QL
XELODA ORAL TABLET	4	PA; *; LA; QL
XERMELO ORAL TABLET	4	PA; QL
XOSPATA ORAL TABLET	4	PA; QL
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	4	
YONSA ORAL TABLET	4	PA; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	4	PA; LA
ZEJULA ORAL TABLET	4	PA; FF; LA; QL
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	2	
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; LA
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	4	*
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYNYZ INTRAVENOUS SOLUTION	4	PA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	3	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX INJECTION SOLUTION	3	*
clobazam oral suspension	1	PA
clobazam oral tablet	1	PA
clonazepam oral tablet	1	
clonazepam oral tablet,disintegrating	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; *
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL POWDER IN PACKET	4	PA
diazepam rectal kit	1	
DILANTIN EXTENDED ORAL CAPSULE	3	*
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	*
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	*
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet,delayed release (dr/ec)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
epitol oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
felbamate oral suspension	1	
felbamate oral tablet	1	
FELBATOL ORAL TABLET	3	*
fosphenytoin injection solution	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr	1	ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST; *
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST
lacosamide intravenous solution	1	
lacosamide oral solution	1	
lacosamide oral tablet	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	1	
lamotrigine oral tablets,dose pack	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST
methsuximide oral capsule	1	
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY,NON-AEROSOL	2	PA; QL
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
oxcarbazepine oral tablet extended release 24 hr	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENYTEK ORAL CAPSULE	3	*
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium intravenous solution	1	
phenytoin sodium intravenous syringe	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
pregabalin oral tablet extended release 24 hr	1	ST
primidone oral tablet 250 mg, 50 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension	1	PA
rufinamide oral tablet	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
subvenite oral tablet	1	
subvenite starter (blue) kit oral tablets,dose pack	1	
subvenite starter (green) kit oral tablets,dose pack	1	
subvenite starter (orange) kit oral tablets,dose pack	1	
SYMPAZAN ORAL FILM	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
tiagabine oral tablet	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule,extended release 24hr	1	ST
topiramate oral capsule,sprinkle,er 24hr	1	ST
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; *
valproate sodium intravenous solution	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	2	PA; QL
vigabatrin oral powder in packet	4	PA; LA; QL
vigabatrin oral tablet	4	PA; LA; QL
vigadrone oral powder in packet	4	PA; QL
vigadrone oral tablet	4	PA; QL
vigpoder oral powder in packet	4	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET	3	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL
XCOPRI ORAL TABLET 25 MG	3	FF; QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	3	QL
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
zonisamide oral capsule	1	
ZTALMY ORAL SUSPENSION	4	PA
ANTIPARKINSONISM AGENTS		
apomorphine subcutaneous cartridge	4	PA; QL
AZILECT ORAL TABLET	3	PA; *
benztropine injection solution	1	
benztropine oral tablet	1	
bromocriptine oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
bromocriptine oral tablet	1	
carbidopa oral tablet	1	PA
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone oral tablet	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	ST; FF
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; LA
entacapone oral tablet	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
LODOSYN ORAL TABLET	3	PA; *
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
ONGENTYS ORAL CAPSULE	3	PA; QL
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	1	
rasagiline oral tablet	1	
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	ST; FF
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
TASMAR ORAL TABLET 100 MG	3	PA; *
tolcapone oral tablet	1	PA
trihexyphenidyl oral elixir	1	
trihexyphenidyl oral tablet	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
almotriptan malate oral tablet	1	ST; FF; QL
dihydroergotamine injection solution	1	
dihydroergotamine nasal spray,non-aerosol	1	ST; QL
eletriptan oral tablet	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
ergotamine-caffeine oral tablet	1	
FROVA ORAL TABLET	3	ST; *; QL
frovatriptan oral tablet	1	ST; FF; QL
migergot rectal suppository	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	ST; *; QL
naratriptan oral tablet	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
REYVOW ORAL TABLET	3	PA; QL
rizatriptan oral tablet	1	QL
rizatriptan oral tablet,disintegrating	1	QL
sumatriptan nasal spray,non-aerosol	1	QL
sumatriptan succinate oral tablet	1	QL
sumatriptan succinate subcutaneous cartridge	1	QL
sumatriptan succinate subcutaneous pen injector	1	QL
sumatriptan succinate subcutaneous solution	1	QL
sumatriptan-naproxen oral tablet	1	ST; QL
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	ST; QL
TRUDHESA NASAL SPRAY,NON-AEROSOL	3	ST; FF; QL
UBRELVY ORAL TABLET	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	ST; QL
zolmitriptan nasal spray,non-aerosol 5 mg	1	ST; QL
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet,disintegrating	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; *; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	ST
ARICEPT ORAL TABLET	3	ST; *
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; FF; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; FF; LA; QL
dalfampridine oral tablet extended release 12 hr	4	PA; LA; QL
dichlorphenamide oral tablet	4	PA; LA
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet,disintegrating	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EVRYSDI ORAL TABLET	4	PA; FF; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	ST; *
FIRDAPSE ORAL TABLET	4	PA
galantamine oral capsule,ext rel. pellets 24 hr	1	
galantamine oral solution	1	
galantamine oral tablet	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	4	PA; QL
INGREZZA ORAL CAPSULE	4	PA; QL
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	4	PA; FF; QL
memantine oral capsule,sprinkle,er 24hr	1	
memantine oral solution	1	
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg	1	ST; FF
memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg	1	ST
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	3	ST; *
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	2	ST
NUEDEXTA ORAL CAPSULE	2	PA
ormalvi oral tablet	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
tetrabenazine oral tablet	4	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
atracurium intravenous solution	1	
baclofen oral solution 5 mg/5 ml	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
baclofen oral suspension	1	
baclofen oral tablet	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	*
carisoprodol oral tablet	1	
carisoprodol-aspirin oral tablet	1	
carisoprodol-aspirin-codeine oral tablet	1	QL
chlorzoxazone oral tablet	1	
cyclobenzaprine oral capsule,extended release 24hr	1	ST
cyclobenzaprine oral tablet	1	
DANTRIUM ORAL CAPSULE 25 MG	3	*
dantrolene oral capsule	1	
FEXMID ORAL TABLET	3	ST; *
LORZONE ORAL TABLET	3	ST; *
meprobamate oral tablet	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
neostigmine methylsulfate intravenous solution	1	
NORGESIC FORTE ORAL TABLET	3	*
NORGESIC ORAL TABLET	3	*
orphenadrine citrate injection solution	1	
orphenadrine citrate oral tablet extended release	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
orphengesic forte oral tablet	1	
PREVDUO INTRAVENOUS SYRINGE	3	
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release	1	
regonol injection solution	1	
ROBAXIN INJECTION SOLUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SOMA ORAL TABLET	3	*
tanlor oral tablet	1	
tizanidine oral capsule	1	
tizanidine oral tablet	1	
vanadom oral tablet	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; LA
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	QL
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ascomp with codeine oral capsule	1	QL
BELBUCA BUCCAL FILM	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
buprenorphine hcl injection solution	1	QL
buprenorphine hcl injection syringe	1	QL
buprenorphine hcl sublingual tablet	1	
buprenorphine transdermal patch weekly	1	PA
butalbital-acetaminop-caf-cod oral capsule	1	QL
butalbital-acetaminophen oral tablet	1	
butalbital-acetaminophen-caff oral capsule	1	
butalbital-acetaminophen-caff oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	
butalbital-aspirin-caffeine oral tablet	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	QL
codeine-butalbital-asa-caff oral capsule	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION	3	QL
DILAUDID ORAL LIQUID	3	*; QL
DILAUDID ORAL TABLET	3	*; QL
diskets oral tablet,soluble	1	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
endocet oral tablet	1	QL
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; QL
fentanyl transdermal patch 72 hour	1	PA; QL
FIORICET ORAL CAPSULE	3	ST; *
FIORICET WITH CODEINE ORAL CAPSULE	3	*; QL
hydrocodone bitartrate oral capsule, oral only, er 12hr	1	PA; QL
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	1	PA; QL
hydrocodone-acetaminophen oral solution	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydrocodone-ibuprofen oral tablet	1	QL
hydromorphone oral liquid	1	QL
hydromorphone oral tablet	1	QL
hydromorphone oral tablet extended release 24 hr	1	PA; QL
hydromorphone rectal suppository	1	QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; *; QL
levorphanol tartrate oral tablet	1	QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	QL
meperidine oral solution	1	QL
meperidine oral tablet 50 mg	1	QL
methadone injection solution	1	PA; QL
methadone oral concentrate	1	PA; QL
methadone oral solution	1	PA; QL
methadone oral tablet	1	PA; QL
methadone oral tablet,soluble	1	PA; QL
methadose oral concentrate	1	PA; QL
methadose oral tablet,soluble	1	PA; QL
morphine concentrate oral solution	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
morphine injection syringe 4 mg/ml	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
morphine oral capsule, er multiphase 24 hr	1	PA; QL
morphine oral capsule,extend.release pellets	1	PA; QL
morphine oral solution	1	QL
morphine oral tablet	1	QL
morphine oral tablet extended release	1	PA; QL
morphine rectal suppository	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; *; QL
NALOCET ORAL TABLET	3	QL
oxycodone oral capsule	1	QL
oxycodone oral concentrate	1	QL
oxycodone oral solution	1	QL
oxycodone oral tablet	1	QL
oxycodone-acetaminophen oral solution	1	QL
oxycodone-acetaminophen oral tablet	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
oxymorphone oral tablet	1	QL
oxymorphone oral tablet extended release 12 hr	1	PA; QL
prolate oral tablet	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
tencon oral tablet	1	
TREZIX ORAL CAPSULE	3	QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec)	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST; *

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
aspirin childrens oral tablet,chewable	0	ACA; OTC
aspirin oral tablet 81 mg	0	ACA; OTC
aspirin oral tablet,chewable	0	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	0	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec)	0	ACA; OTC
buprenorphine-naloxone sublingual film	1	
buprenorphine-naloxone sublingual tablet	1	
butorphanol injection solution	1	QL
butorphanol nasal spray,non-aerosol	1	QL
CAMBIA ORAL POWDER IN PACKET	3	ST; *; QL
celecoxib oral capsule	1	
DAYPRO ORAL TABLET	3	ST; *
diclofenac potassium oral capsule	1	
diclofenac potassium oral powder in packet	1	ST; QL
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr	1	
diclofenac sodium oral tablet,delayed release (dr/ec)	1	
diclofenac sodium topical drops	1	QL
diclofenac sodium topical solution in metered-dose pump	1	ST; QL
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1	
diflunisal oral tablet	1	
DISALCID ORAL TABLET	3	*
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
ecotrin low strength oral tablet,delayed release (dr/ec)	0	ACA; OTC
etodolac oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
etodolac oral tablet	1	
etodolac oral tablet extended release 24 hr	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; FF; LA
fenoprofen oral capsule 400 mg	1	ST
fenoprofen oral tablet	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet	1	ST
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
indomethacin oral suspension	1	ST
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
ketorolac oral tablet	1	QL
kiprofen oral capsule	1	ST
KLOXXADO NASAL SPRAY,NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST; *
lofena oral tablet	1	ST
lofexidine oral tablet	1	PA; QL
meclofenamate oral capsule	1	
mefenamic acid oral capsule	1	
meloxicam oral tablet	1	QL
meloxicam submicronized oral capsule	1	ST; QL
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
nabumetone oral tablet	1	
nalbuphine injection solution	1	QL
NALFON ORAL TABLET	3	ST; *

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NALMEFENE INJECTION SOLUTION	3	
naloxone injection solution	1	
naloxone injection syringe	1	
naloxone nasal spray,non-aerosol	1	OTC; QL
naltrexone oral tablet	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; *
NAPROSYN ORAL SUSPENSION	3	ST; *
NAPROSYN ORAL TABLET 500 MG	3	ST; *
naproxen oral suspension	1	ST
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg	1	ST
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL	3	*; QL
OPVEE NASAL SPRAY,NON-AEROSOL	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
oxaprozin oral tablet	1	
pentazocine-naloxone oral tablet	1	QL
piroxicam oral capsule	1	
REXTOVY NASAL SPRAY,NON-AEROSOL	2	QL
salsalate oral tablet	1	
SPRIX NASAL SPRAY,NON-AEROSOL	4	ST; QL
st joseph aspirin oral tablet,chewable	0	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec)	0	ACA; OTC
sulindac oral tablet	1	
TOLECTIN 600 ORAL TABLET	3	ST; *
tolmetin oral capsule	1	ST
tolmetin oral tablet 600 mg	1	ST
tramadol oral tablet 100 mg, 50 mg	1	QL
tramadol oral tablet extended release 24 hr	1	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
tramadol oral tablet, er multiphase 24 hr	1	PA; QL
tramadol-acetaminophen oral tablet	1	QL
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	LA
ZUBSOLV SUBLINGUAL TABLET	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet,disintegrating	1	
amitriptyline oral tablet	1	
amitriptyline-chlordiazepoxide oral tablet	1	
amoxapine oral tablet	1	
amphetamine sulfate oral tablet	1	
ANAFRANIL ORAL CAPSULE	3	*
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL
aripiprazole oral tablet,disintegrating	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
armodafinil oral tablet	1	ST; QL
asenapine maleate sublingual tablet	1	QL
ATIVAN INJECTION SOLUTION	3	*
ATIVAN ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
atomoxetine oral capsule	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	ST; QL
AZSTARYS ORAL CAPSULE	2	ST
BELSOMRA ORAL TABLET	3	ST; QL
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL
bupropion hcl oral tablet sustained-release 12 hr	1	QL
buspirone oral tablet	1	
CAPLYTA ORAL CAPSULE	3	QL
chlordiazepoxide hcl oral capsule	1	
chlorpromazine oral concentrate	1	
chlorpromazine oral tablet	1	
citalopram oral solution	1	
citalopram oral tablet	1	QL
clomipramine oral capsule	1	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium oral tablet	1	
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	*
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; *
DAYVIGO ORAL TABLET	3	ST; QL
desipramine oral tablet	1	
DESOXYN ORAL TABLET	3	*
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
desvenlafaxine succinate oral tablet extended release 24 hr	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; *
dexmethylphenidate oral capsule,er biphasic 50-50	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
dexmethylphenidate oral tablet	1	
dextroamphetamine sulfate oral capsule, extended release	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	1	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	
dextroamphetamine-amphetamine oral tablet	1	
diazepam injection solution	1	
diazepam injection syringe	1	
diazepam intensol oral concentrate	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	ST; QL
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
ergoloid oral tablet	1	
ERZOFRI INTRAMUSCULAR SYRINGE	2	
escitalopram oxalate oral solution	1	ST
escitalopram oxalate oral tablet	1	QL
estazolam oral tablet	1	QL
eszopiclone oral tablet	1	QL
FANAPT ORAL TABLET	3	FF; QL
FANAPT ORAL TABLETS,DOSE PACK	3	FF; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL
fluoxetine oral capsule 10 mg, 40 mg	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule,delayed release(dr/ec)	1	ST; QL
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	1	ST; QL
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
flurazepam oral capsule	1	QL
fluvoxamine oral capsule,extended release 24hr	1	ST; QL
fluvoxamine oral tablet	1	QL
GEODON ORAL CAPSULE	3	*; QL
guanfacine oral tablet extended release 24 hr	1	
HALCION ORAL TABLET 0.25 MG	3	*; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; *; LA; QL
imipramine hcl oral tablet	1	
imipramine pamoate oral capsule	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST
lisdexamfetamine oral capsule	1	
lisdexamfetamine oral tablet,chewable	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	1	
lithium citrate oral solution	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	*
lorazepam injection solution	1	
lorazepam injection syringe	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
loxapine succinate oral capsule	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	4	PA; LA; QL
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	4	PA; FF
lurasidone oral tablet	1	QL
LYBALVI ORAL TABLET	3	QL
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	ST; *
methamphetamine oral tablet	1	
METHYLIN ORAL SOLUTION	3	*
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
methylphenidate hcl oral tablet,chewable	1	
methylphenidate transdermal patch 24 hour	1	ST
mirtazapine oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
mirtazapine oral tablet,disintegrating	1	
modafinil oral tablet	1	ST; QL
molindone oral tablet	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; *
NARDIL ORAL TABLET	3	*
nefazodone oral tablet	1	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
olanzapine intramuscular recon soln	1	
olanzapine oral tablet	1	QL
olanzapine oral tablet,disintegrating	1	QL
olanzapine-fluoxetine oral capsule	1	
oxazepam oral capsule	1	
paliperidone oral tablet extended release 24hr	1	QL
PAMELOR ORAL CAPSULE	3	*
PARNATE ORAL TABLET	3	*
paroxetine hcl oral suspension	1	ST
paroxetine hcl oral tablet	1	QL
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL
paroxetine mesylate(menop.sym) oral capsule	1	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *; QL
PAXIL ORAL SUSPENSION	3	ST; *
PAXIL ORAL TABLET	3	ST; *; QL
perphenazine oral tablet	1	
perphenazine-amitriptyline oral tablet	1	
phenelzine oral tablet	1	
pimozide oral tablet	1	
procentra oral solution	1	
protriptyline oral tablet	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
quetiapine oral tablet extended release 24 hr	1	QL
QUVIVIQ ORAL TABLET	3	ST; QL
ramelteon oral tablet	1	QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*; QL
REXULTI ORAL TABLET	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	*
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*; QL
risperidone microspheres intramuscular suspension,extended rel recon	1	
risperidone oral solution	1	
risperidone oral tablet	1	QL
risperidone oral tablet,disintegrating	1	QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
sertraline oral concentrate	1	
sertraline oral tablet	1	QL
SILENOR ORAL TABLET	3	ST; *; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SUNOSI ORAL TABLET	2	ST; QL
tasimelteon oral capsule	4	PA; LA; QL
temazepam oral capsule	1	QL
thioridazine oral tablet	1	
thiothixene oral capsule	1	
tranylcypromine oral tablet	1	
trazodone oral tablet	1	
triazolam oral tablet	1	QL
trifluoperazine oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
trimipramine oral capsule	1	
TRINTELLIX ORAL TABLET	3	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	2	
venlafaxine oral capsule,extended release 24hr	1	QL
venlafaxine oral tablet	1	QL
venlafaxine oral tablet extended release 24hr	1	ST; QL
VERSACLOZ ORAL SUSPENSION	3	
vilazodone oral tablet	1	ST; QL
VRAYLAR ORAL CAPSULE	3	QL
VYVANSE ORAL CAPSULE	3	ST; *
VYVANSE ORAL TABLET,CHEWABLE	3	ST; *
WAKIX ORAL TABLET	4	ST; LA; QL
XYWAV ORAL SOLUTION	4	PA; QL
zaleplon oral capsule	1	QL
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	3	*
ZENZEDI ORAL TABLET 2.5 MG	3	
ziprasidone hcl oral capsule	1	QL
zolpidem oral tablet	1	QL
zolpidem oral tablet,ext release multiphase	1	QL
zolpidem sublingual tablet	1	QL
ZURZUVAE ORAL CAPSULE	4	QL
ZYPREXA ORAL TABLET 20 MG	3	*; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; *; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
dimethyl fumarate oral capsule,delayed release(dr/ec)	1	PA; LA; QL
fingolimod oral capsule	4	PA; LA; QL
glatiramer subcutaneous syringe	4	PA; LA; QL
glatopa subcutaneous syringe	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
LEMTRADA INTRAVENOUS SOLUTION	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
teriflunomide oral tablet	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution	1	
amiodarone intravenous solution	1	
amiodarone oral tablet	1	
BETAPACE AF ORAL TABLET	3	ST; *
BETAPACE ORAL TABLET	3	ST; *
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide oral tablet	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine oral capsule	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection solution	1	
propafenone oral capsule,extended release 12 hr	1	
propafenone oral tablet	1	
quinidine gluconate oral tablet extended release	1	
quinidine sulfate oral tablet	1	
sotalol af oral tablet	1	
SOTALOL INTRAVENOUS SOLUTION	3	
sotalol oral tablet	1	
SOTYLIZE ORAL SOLUTION	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	*
ACCURETIC ORAL TABLET	3	*
acebutolol oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ALDACTONE ORAL TABLET	3	*
aliskiren oral tablet	1	
ALTACE ORAL CAPSULE	3	*
amiloride oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine oral tablet	1	
amlodipine-benazepril oral capsule	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan oral tablet	1	
amlodipine-valsartan-hcthiazid oral tablet	1	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	1	
benazepril oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
betaxolol oral tablet	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
bumetanide injection solution	1	
bumetanide oral tablet	1	
candesartan oral tablet	1	
candesartan-hydrochlorothiazid oral tablet	1	
captopril oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA ORAL TABLET	3	ST; *; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
cartia xt oral capsule,extended release 24hr	1	
carvedilol oral tablet	1	
carvedilol phosphate oral capsule, er multiphase 24 hr	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*; QL
chlorothiazide sodium intravenous recon soln	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	1	QL
CONSENSI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
DEMSER ORAL CAPSULE	3	PA; *
DIBENZYLINE ORAL CAPSULE	3	PA; *
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
dilt-xr oral capsule,ext.rel 24h degradable	1	
DIURIL ORAL SUSPENSION	3	
doxazosin oral tablet	1	QL
DYRENIUM ORAL CAPSULE	3	*
EDECRIN ORAL TABLET	3	ST; *
enalapril maleate oral solution	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide oral tablet	1	
eplerenone oral tablet	1	
eprosartan oral tablet	1	
ethacrynate sodium intravenous recon soln	1	
ethacrynic acid oral tablet	1	
felodipine oral tablet extended release 24 hr	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
fosinopril oral tablet	1	
fosinopril-hydrochlorothiazide oral tablet	1	
furosemide injection solution	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
guanfacine oral tablet	1	
HEMANGEOL ORAL SOLUTION	4	ST
hydralazine injection solution	1	
hydralazine oral tablet	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
INSPRA ORAL TABLET	3	*
irbesartan oral tablet	1	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorbide-hydralazine oral tablet	1	
isradipine oral capsule	1	
KERENDIA ORAL TABLET	2	PA; QL
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LASIX ORAL TABLET	3	ST; *
lisinopril oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
LOPRESSOR ORAL TABLET	3	ST; *
losartan oral tablet	1	
losartan-hydrochlorothiazide oral tablet	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
matzim la oral tablet extended release 24 hr	1	
methyldopa oral tablet	1	
methyldopa-hydrochlorothiazide oral tablet	1	
methyldopate intravenous solution	1	
metolazone oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
metoprolol succinate oral tablet extended release 24 hr	1	
metoprolol ta-hydrochlorothiaz oral tablet	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate oral tablet	1	
metyrosine oral capsule	1	PA
minoxidil oral tablet	1	
moexipril oral tablet	1	
nadolol oral tablet	1	
nebivolol oral tablet	1	
nicardipine oral capsule	1	
nifedipine oral capsule	1	
nifedipine oral tablet extended release	1	
nifedipine oral tablet extended release 24hr	1	
nimodipine oral capsule	1	
nimodipine oral solution	1	
nisoldipine oral tablet extended release 24 hr	1	
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
olmesartan oral tablet	1	
olmesartan-amlodipin-hcthiazid oral tablet	1	
olmesartan-hydrochlorothiazide oral tablet	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
papaverine injection solution	1	
perindopril erbumine oral tablet	1	
phenoxybenzamine oral capsule	1	PA
pindolol oral tablet	1	
prazosin oral capsule	1	
PRESTALIA ORAL TABLET	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; *
propranolol intravenous solution	1	
propranolol oral capsule,extended release 24 hr	1	
propranolol oral solution	1	
propranolol oral tablet	1	
propranolol-hydrochlorothiazid oral tablet	1	
quinapril oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1	
ramipril oral capsule	1	
REMODULIN INJECTION SOLUTION	4	PA; *; LA
spironolactone oral suspension	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz oral tablet	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; *
telmisartan oral tablet	1	
telmisartan-amlodipine oral tablet	1	
telmisartan-hydrochlorothiazid oral tablet	1	
TENORETIC 100 ORAL TABLET	3	ST; *
TENORETIC 50 ORAL TABLET	3	ST; *
TENORMIN ORAL TABLET	3	ST; *
terazosin oral capsule	1	QL
tiadylt er oral capsule,extended release 24 hr	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
timolol maleate oral tablet	1	
torsemide oral tablet	1	
trandolapril oral tablet	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	1	
treprostinil sodium injection solution	4	PA; LA
triamterene oral capsule	1	
triamterene-hydrochlorothiazid oral capsule	1	
triamterene-hydrochlorothiazid oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI INTRAVENOUS RECON SOLN	4	
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL
valsartan oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
VASERETIC ORAL TABLET	3	*
VASOTEC ORAL TABLET	3	*
veletri intravenous recon soln	4	PA; LA
verapamil oral capsule, 24 hr er pellet ct	1	ST; FF
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
ZESTORETIC ORAL TABLET	3	*
ZESTRIL ORAL TABLET	3	*
CARDIAC GLYCOSIDES		
digoxin oral solution	1	
digoxin oral tablet	1	
LANOXIN ORAL TABLET	3	*
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
aminocaproic acid intravenous solution	1	
aminocaproic acid oral solution	1	
aminocaproic acid oral tablet	1	
ARIXTRA SUBCUTANEOUS SYRINGE	4	*
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	PA; LA
cilostazol oral tablet	1	
clopidogrel oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYKLOKAPRON INTRAVENOUS SOLUTION	3	*
dabigatran etexilate oral capsule	1	
dipyridamole oral tablet	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	*
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMGENIX INTRAVENOUS SUSPENSION	4	PA; LA
hep flush-10 (pf) intravenous solution	1	
heparin (porcine) in 5 % dex intravenous parenteral solution	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lock flush (porcine) intravenous solution	1	
heparin lockflush(porcine)(pf) intravenous syringe	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
jantoven oral tablet	1	
KENGREAL INTRAVENOUS RECON SOLN	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; LA
pentoxifylline oral tablet extended release	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL
prasugrel hcl oral tablet	1	
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
protamine intravenous solution	1	
rivaroxaban oral tablet	1	
TAVALISSE ORAL TABLET	4	PA; QL
ticagrelor oral tablet 90 mg	1	
tranexamic acid intravenous solution	1	
warfarin oral tablet	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	
XARELTO ORAL TABLET	2	
ZONTIVITY ORAL TABLET	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet	1	QL
atorvastatin oral tablet 10 mg, 20 mg	0	ACA; QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
CADUET ORAL TABLET	3	ST; *; QL
cholestyramine (with sugar) oral powder	1	
cholestyramine (with sugar) oral powder in packet	1	
cholestyramine light oral powder	1	
cholestyramine light oral powder in packet	1	
colesevelam oral powder in packet	1	
colesevelam oral tablet	1	
COLESTID ORAL GRANULES	3	ST; *
COLESTID ORAL TABLET	3	ST; *
colestipol oral granules	1	
colestipol oral packet	1	
colestipol oral tablet	1	
ezetimibe oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ezetimibe-simvastatin oral tablet	1	QL
fenofibrate micronized oral capsule 130 mg	1	ST; FF
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet	1	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	1	
fenofibric acid oral tablet	1	
FIBRICOR ORAL TABLET 105 MG	3	ST; *
FLOLIPID ORAL SUSPENSION	3	ST; QL
fluvastatin oral capsule	0	ACA; QL
fluvastatin oral tablet extended release 24 hr	0	ACA; QL
gemfibrozil oral tablet	1	
icosapent ethyl oral capsule	1	PA
JUXTAPID ORAL CAPSULE	4	LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *; QL
LIVALO ORAL TABLET	3	ST; *; QL
LOPID ORAL TABLET	3	*
lovastatin oral tablet	0	ACA; QL
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
niacin oral tablet extended release 24 hr	1	
omega-3 acid ethyl esters oral capsule	1	PA
pitavastatin calcium oral tablet	0	ACA; QL
pravastatin oral tablet	0	ACA; QL
prevalite oral powder	1	
prevalite oral powder in packet	1	
QUESTRAN LIGHT ORAL POWDER	3	*
QUESTRAN ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER IN PACKET	3	ST; *
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	
rosuvastatin oral tablet 10 mg, 5 mg	0	ACA; QL
rosuvastatin oral tablet 20 mg, 40 mg	1	QL
ROSZET ORAL TABLET	3	ST; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	0	ACA; QL
simvastatin oral tablet 80 mg	1	QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	3	ST; *
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR	4	PA
VASCEPA ORAL CAPSULE	3	PA; *
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET	4	PA
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
ENTRESTO ORAL TABLET	2	QL
ENTRESTO SPRINKLE ORAL PELLET	2	FF; QL
ivabradine oral tablet	1	PA
ranolazine oral tablet extended release 12 hr	1	
VECAMYL ORAL TABLET	3	PA
VERQUVO ORAL TABLET	2	QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
nitro-bid transdermal ointment	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual spray,non-aerosol	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	*
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	*
NITROSTAT SUBLINGUAL TABLET	3	*
nitro-time oral capsule, extended release	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule	1	
ANALPRAM-HC TOPICAL LOTION	3	ST; *
calcipotriene scalp solution	1	QL
calcipotriene topical cream	1	QL
calcipotriene topical ointment	1	QL
calcipotriene-betamethasone topical ointment	1	ST; QL
calcipotriene-betamethasone topical suspension	1	QL
calcitriol topical ointment	1	
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	*
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PRAMOSONE TOPICAL OINTMENT	3	ST
SELARSDI INTRAVENOUS SOLUTION	4	PA
SELARSDI SUBCUTANEOUS SYRINGE	4	PA; FF; QL
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
SOTYKTU ORAL TABLET	4	PA; LA; QL
SPEVIGO SUBCUTANEOUS SYRINGE	4	PA; LA
STELARA INTRAVENOUS SOLUTION	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
sulfacetamide sodium topical cleanser	1	
sulfacetamide sodium topical cleanser, gel	1	
sulfacetamide sodium topical shampoo	1	
TACLONEX TOPICAL SUSPENSION	3	*; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA; FF; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; FF; LA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; FF; LA; QL
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION	4	PA; LA
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
VECTICAL TOPICAL OINTMENT	3	*
VTAMA TOPICAL CREAM	2	PA; QL
WYNZORA TOPICAL CREAM	3	ST; QL
YESINTEK INTRAVENOUS SOLUTION	4	PA
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; FF; QL
YESINTEK SUBCUTANEOUS SYRINGE	4	PA; FF; QL
ZORYVE TOPICAL CREAM 0.15 %	2	ST; QL
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
silver sulfadiazine topical cream	1	
ssd topical cream	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; FF; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
CIBINQO ORAL TABLET	4	PA; LA; QL
CORTANE-B TOPICAL LOTION	3	*
diclofenac sodium topical gel 3 %	1	PA; QL
doxepin topical cream	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA
EFUDEX TOPICAL CREAM	3	*
EUCRISA TOPICAL OINTMENT	2	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
HYFTOR TOPICAL GEL	4	PA
imiquimod topical cream in metered-dose pump	1	
imiquimod topical cream in packet	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
methoxsalen oral capsule,liqd-filled,rapid rel	1	
methyl salicylate oil	1	
methyl salicylate topical liquid	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	3	PA
pimecrolimus topical cream	1	ST; QL
podofilox topical gel	1	ST; QL
podofilox topical solution	1	
prudoxin topical cream	1	ST; QL
REGRANEX TOPICAL GEL	2	QL
tacrolimus topical ointment	1	ST; QL
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	PA; LA
VYJUVEK TOPICAL GEL	4	PA
wintergreen oil oil	1	
ZONALON TOPICAL CREAM	3	ST; *; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	ST; *
accutane oral capsule	1	
ACZONE TOPICAL GEL	3	ST; *
ACZONE TOPICAL GEL WITH PUMP	3	ST; *
adapalene topical cream	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump	1	
ADAPALENE TOPICAL LOTION	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
adapalene topical solution	1	
adapalene-benzoyl peroxide topical gel with pump	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
amnesteem oral capsule	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
avar topical cleanser	1	
azelaic acid topical gel	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST; *
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST; *
benzepro topical towelette	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam	1	
bp 10-1 topical cleanser	1	ST
brimonidine topical gel with pump	1	PA
claravis oral capsule	1	
CLEOCIN T TOPICAL LOTION	3	ST; *; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
clindacin etz topical swab	1	
clindacin p topical swab	1	
CLINDACIN PAC TOPICAL KIT	3	ST
clindacin topical foam	1	ST; FF; QL
clindamycin phosphate topical foam	1	ST; FF; QL
clindamycin phosphate topical gel	1	QL
clindamycin phosphate topical gel, once daily	1	ST; QL
clindamycin phosphate topical lotion	1	QL
clindamycin phosphate topical solution	1	QL
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide topical gel	1	
clindamycin-benzoyl peroxide topical gel with pump	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
clindamycin-tretinoin topical gel	1	
dapsone topical gel 5 %	1	
dapsone topical gel with pump	1	
DIFFERIN TOPICAL CREAM	3	ST; *
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; *
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	ST; *
EPSOLAY TOPICAL CREAM	3	ST
ery pads topical swab	1	
erygel topical gel	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide topical gel	1	
EVOCLIN TOPICAL FOAM	3	ST; *; QL
FINACEA TOPICAL FOAM	2	ST
isotretinoin oral capsule	1	
ivermectin topical cream	1	QL
METROCREAM TOPICAL CREAM	3	ST; *
METROGEL TOPICAL GEL 1 %	3	ST; *
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
metronidazole topical lotion	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL	3	ST
neuac topical gel	1	
ONEXTON TOPICAL GEL WITH PUMP	3	ST; *
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST; *
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RETIN-A TOPICAL CREAM	3	*
RETIN-A TOPICAL GEL	3	*
RHOFADE TOPICAL CREAM	3	PA
rosadan topical cream	1	
rosadan topical gel	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
rosula cleansing cloths topical pads, medicated	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; *; QL
sss 10-5 topical cream	1	
sss 10-5 topical foam	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream	1	
sulfacetamide sodium-sulfur topical lotion	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacleanse 8-4 topical suspension	1	ST
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
tazarotene topical cream	1	PA
tazarotene topical gel	1	PA
tretinoin microspheres topical gel	1	
tretinoin microspheres topical gel with pump	1	
tretinoin topical cream	1	
tretinoin topical gel	1	
TWYNEO TOPICAL CREAM	3	ST
VANOXIDE-HC TOPICAL SUSPENSION	3	ST
zenatane oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZIANA TOPICAL GEL	3	ST; *
TOPICAL ANESTHETICS		
bupivacaine-epinephrine (pf) injection solution	1	
chloroprocaine (pf) injection solution 20 mg/ml (2 %)	1	
dermacinrx lidocan topical adhesive patch,medicated	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
lidocaine hcl laryngotracheal solution	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA
lidocaine topical ointment	1	QL
lidocaine viscous mucous membrane solution	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	QL
lidocaine-prilocaine topical kit	1	
lidocan iii topical adhesive patch,medicated	1	PA
lidocan iv topical adhesive patch,medicated	1	PA
lidocan v topical adhesive patch,medicated	1	PA
lidocort topical cream	1	
NOLIRA TOPICAL CREAM	3	
NYNUTEY TOPICAL CREAM	3	
polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	*
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CENTANY TOPICAL OINTMENT	3	ST; QL
gentamicin topical cream	1	QL
gentamicin topical ointment	1	QL
KLARON TOPICAL SUSPENSION	3	ST; *
lugols topical solution	1	
mafenide acetate topical packet	1	
mupirocin calcium topical cream	1	ST; QL
mupirocin topical ointment	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
strong iodine topical solution	1	
sulfacetamide sodium (acne) topical suspension	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
ciclodan topical cream	1	QL
ciclodan topical solution	1	
ciclopirox topical cream	1	QL
ciclopirox topical gel	1	QL
ciclopirox topical shampoo	1	QL
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL
ciclopirox-ure-camph-menth-euc topical solution	1	
clotrimazole topical cream	1	QL
clotrimazole topical solution	1	QL
clotrimazole-betamethasone topical cream	1	QL
clotrimazole-betamethasone topical lotion	1	QL
econazole nitrate topical cream	1	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	ST; *; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	ST
ketoconazole topical cream	1	QL
ketoconazole topical foam	1	ST; QL
ketoconazole topical shampoo	1	QL
ketodan topical foam	1	ST; QL
klayesta topical powder	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*; QL
naftifine topical cream	1	QL
naftifine topical gel	1	QL
NAFTIN TOPICAL GEL 2 %	3	*; QL
nyamyc topical powder	1	QL
nystatin topical cream	1	QL
nystatin topical ointment	1	QL
nystatin topical powder	1	QL
nystatin-triamcinolone topical cream	1	QL
nystatin-triamcinolone topical ointment	1	QL
nystop topical powder	1	QL
oxiconazole topical cream	1	QL
tavaborole topical solution with applicator	1	ST
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; QL
acyclovir topical ointment	1	PA; QL
DENAVIR TOPICAL CREAM	3	*
penciclovir topical cream	1	
ZOVIRAX TOPICAL CREAM	3	PA; *; QL
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP TOPICAL LOTION	3	ST; *
alclometasone topical cream	1	
alclometasone topical ointment	1	
amcinonide topical cream	1	ST
amcinonide topical ointment	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
apexicon e topical cream	1	ST
beser topical lotion	1	ST
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone dipropionate topical ointment	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	ST
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
BRYHALI TOPICAL LOTION	3	ST
CAPEX TOPICAL SHAMPOO	3	ST
clobetasol scalp solution	1	QL
clobetasol topical cream 0.05 %	1	QL
clobetasol topical foam	1	ST; QL
clobetasol topical gel	1	QL
clobetasol topical lotion	1	ST; QL
clobetasol topical ointment	1	QL
clobetasol topical shampoo	1	ST; QL
clobetasol topical spray,non-aerosol	1	ST; QL
clobetasol-emollient topical cream	1	QL
clobetasol-emollient topical foam	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; *; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; *; QL
clocortolone pivalate topical cream	1	ST; FF
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	ST; QL
clodan topical shampoo	1	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL	3	ST; *

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL	3	ST; *
desonide topical cream	1	
desonide topical gel	1	ST
desonide topical lotion	1	ST
desonide topical ointment	1	
DESOWEN TOPICAL CREAM	3	ST; *
desoximetasone topical cream	1	ST
desoximetasone topical gel	1	ST
desoximetasone topical ointment	1	ST
desoximetasone topical spray,non-aerosol	1	ST
diflorasone topical cream	1	ST; QL
diflorasone topical ointment	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST; *
DUOBRII TOPICAL LOTION	3	ST; QL
fluocinolone and shower cap scalp oil	1	
fluocinolone topical cream	1	
fluocinolone topical oil	1	
fluocinolone topical ointment	1	
fluocinolone topical solution	1	
fluocinonide topical cream 0.05 %	1	QL
fluocinonide topical cream 0.1 %	1	ST; QL
fluocinonide topical gel	1	QL
fluocinonide topical ointment	1	QL
fluocinonide topical solution	1	QL
fluocinonide-e topical cream	1	QL
flurandrenolide topical cream	1	ST; QL
flurandrenolide topical lotion	1	ST; QL
flurandrenolide topical ointment	1	ST; QL
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	1	
halcinonide topical cream	1	ST
halcinonide topical solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
halobetasol propionate topical cream	1	
halobetasol propionate topical foam	1	ST
halobetasol propionate topical ointment	1	
HALOG TOPICAL CREAM	3	ST; *
HALOG TOPICAL OINTMENT	3	ST
hydrocortisone butyrate topical cream	1	QL
hydrocortisone butyrate topical lotion	1	ST; QL
hydrocortisone butyrate topical ointment	1	ST; QL
hydrocortisone butyrate topical solution	1	ST; QL
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone topical solution	1	
hydrocortisone valerate topical cream	1	
hydrocortisone valerate topical ointment	1	
KENALOG TOPICAL AEROSOL	3	ST; *; QL
mometasone topical cream	1	
mometasone topical ointment	1	
mometasone topical solution	1	
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; *; QL
PANDEL TOPICAL CREAM	3	ST
prednicarbate topical cream	1	
prednicarbate topical ointment	1	
PROCTOCORT TOPICAL CREAM	3	ST; *
SCALACORT DK TOPICAL COMBO PACK	3	ST
scalacort topical lotion	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST; *
SYNALAR TOPICAL OINTMENT	3	ST; *
SYNALAR TOPICAL SOLUTION	3	ST; *
SYNALAR TS TOPICAL KIT	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST; *
TOPICORT TOPICAL GEL	3	ST; *
TOPICORT TOPICAL OINTMENT	3	ST; *
tovet emollient topical foam	1	ST; QL
triamcinolone acetonide topical aerosol	1	ST; QL
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm topical cream 0.5 %	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
malathion topical lotion	1	
OVIDE TOPICAL LOTION	3	*
permethrin topical cream	1	
spinosad topical suspension	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
DIAGNOSTICS & MISCELLANEOUS AGENTS		
EUA PATIENT ASSESSMENT	2	
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	*
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
tis-u-sol pentalyte irrigation irrigation solution	1	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec)	1	
acetic acid irrigation solution	1	
AGRYLIN ORAL CAPSULE	3	*
AMPHADASE INJECTION SOLUTION	3	
anagrelide oral capsule	1	
BUPHENYL ORAL POWDER	4	PA; *
BUPHENYL ORAL TABLET	4	PA; *
caffeine citrate oral solution	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; *; LA
carglumic acid oral tablet, dispersible	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	*
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
cevimeline oral capsule	1	
CHEMET ORAL CAPSULE	2	PA
deferasirox oral granules in packet	4	PA; LA
deferasirox oral tablet	4	PA; LA
deferasirox oral tablet, dispersible	4	PA; LA
deferiprone oral tablet	4	PA; LA
disulfiram oral tablet	1	
droxidopa oral capsule	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EPYSQLI INTRAVENOUS SOLUTION	4	PA
EVOXAC ORAL CAPSULE	3	*
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA; *
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
glutamine (sickle cell) oral powder in packet	4	PA; FF; LA
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA
JOENJA ORAL TABLET	4	PA; QL
LAMZEDE INTRAVENOUS RECON SOLN	4	PA
levocarnitine (with sugar) oral solution	1	
levocarnitine intravenous solution	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
LITFULO ORAL CAPSULE	4	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
midodrine oral tablet	1	
nitisinone oral capsule	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET	4	PA
ORFADIN ORAL CAPSULE	4	PA; *
ORFADIN ORAL SUSPENSION	4	PA
PHEBURANE ORAL GRANULES	4	PA; LA
PYRUKYND ORAL TABLET	4	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; QL
RADIOGARDASE ORAL CAPSULE	3	
REZDIFFRA ORAL TABLET	4	PA; FF; LA; QL
RILUTEK ORAL TABLET	3	PA; *
riluzole oral tablet	1	PA
risedronate oral tablet 30 mg	1	QL
sodium chlor 0.9% bacteriostat injection solution	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
sodium ferric gluconat-sucrose intravenous solution	1	PA
sodium phenylbutyrate oral powder	1	PA
sodium phenylbutyrate oral tablet	1	PA
SOHONOS ORAL CAPSULE	4	PA; QL
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA; *
TAVNEOS ORAL CAPSULE	4	PA; QL
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; *
TIGLUTIK ORAL SUSPENSION	4	PA
tiopronin oral tablet	4	PA; LA
tiopronin oral tablet,delayed release (dr/ec)	4	PA
trientine oral capsule 250 mg	1	PA
venxxiva oral tablet,delayed release (dr/ec)	4	PA
VOYDEYA ORAL TABLET	4	PA
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA
ZOKINVY ORAL CAPSULE	4	PA; QL
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	0	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET	0	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	0	*; ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*; ACA; OTC
nicorette buccal gum 4 mg	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
nicotine (polacrilex) buccal gum	0	ACA; OTC
nicotine (polacrilex) buccal lozenge	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
nicotine (polacrilex) buccal mini lozenge	0	ACA; OTC
nicotine transdermal patch 24 hour	0	ACA; OTC
nicotine transdermal patch, td daily, sequential	0	ACA; OTC
NICOTROL NS NASAL SPRAY,NON-AEROSOL	0	ACA
quit 2 buccal gum	0	ACA; OTC
quit 2 buccal lozenge	0	ACA; OTC
quit 4 buccal gum	0	ACA; OTC
quit 4 buccal lozenge	0	ACA; OTC
stop smoking aid buccal lozenge	0	ACA; OTC
varenicline tartrate oral tablet	0	ACA
varenicline tartrate oral tablets,dose pack	0	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	
chlorhexidine gluconate mucous membrane mouthwash	1	
CLINPRO 5000 DENTAL PASTE	3	
denta 5000 plus dental cream	1	
denta 5000 plus sensitive dental paste	1	
dentagel dental gel	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
fluoride (sodium) dental solution	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
fraiche 5000 dental gel	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FRAICHE 5000 PREVI DENTAL GEL	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
ipratropium bromide nasal spray,non-aerosol	1	QL
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq dental paste	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	
olopatadine nasal spray,non-aerosol	1	QL
oralone dental paste	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
paroex oral rinse mucous membrane mouthwash	1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	*
periogard mucous membrane mouthwash	1	
pilocarpine hcl oral tablet	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	*
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	*
PREVIDENT DENTAL SOLUTION	3	*
PREVIDENT KIDS DENTAL PASTE	3	
Q-CARE RX Q4 KIT	3	
SALAGEN (PILOCARPINE) ORAL TABLET	3	*
sf 5000 plus dental cream	1	
sf dental gel	1	
sodium fluoride 5000 plus dental cream	1	
sodium fluoride-pot nitrate dental paste	1	
triamcinolone acetonide dental paste	1	
MISCELLANEOUS OTIC PREPARATIONS		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
acetic acid otic (ear) solution	1	
ciprofloxacin hcl otic (ear) dropperette	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	*
flac otic oil otic (ear) drops	1	
fluocinolone acetonide oil otic (ear) drops	1	
hydrocortisone-acetic acid otic (ear) drops	1	
ofloxacin otic (ear) drops	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
neomycin-polymyxin-hc otic (ear) drops,suspension	1	
neomycin-polymyxin-hc otic (ear) solution	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA
CORTEF ORAL TABLET	3	*
cortisone oral tablet	1	
CORTROSYN INJECTION RECON SOLN	3	*
cosyntropin injection recon soln	1	
deflazacort oral suspension	4	PA
deflazacort oral tablet	4	PA; LA
DEPO-MEDROL INJECTION SUSPENSION	3	
dexabliss oral tablets,dose pack	1	ST
dexamethasone intensol oral drops	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution	1	
fludrocortisone oral tablet	1	
hydrocortisone oral tablet	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone acetate injection suspension	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablets,dose pack	1	
millipred dp oral tablets,dose pack	1	
millipred oral tablet	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	*
prednisolone oral solution	1	
prednisolone oral tablet	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablets,dose pack	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	LA
ZCORT ORAL TABLETS,DOSE PACK	3	ST
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution	1	
propylthiouracil oral tablet	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR DEVICE	2	QL
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	FF; QL
FREESTYLE LIBRE 2 READER	2	FF; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	FF; QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA MONITOR	0	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	FF; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	2	QL
diazoxide oral suspension	1	
glucagon emergency kit (human) injection recon soln	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
CEQUR SIMPLICITY DEVICE	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	FF; QL
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	
TWIIST STARTER KIT KIT	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	FF
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	FF
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	FF
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	QL
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; LA
cabergoline oral tablet	1	QL
calcitonin (salmon) injection solution	1	
calcitonin (salmon) nasal spray,non-aerosol	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CERDELGA ORAL CAPSULE	4	PA; LA; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
cetrorelix subcutaneous kit	4	PA
CETROTIDE SUBCUTANEOUS KIT	4	PA; *; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; LA; QL
cinacalcet oral tablet	1	PA
clomid oral tablet	1	
clomiphene citrate oral tablet	1	
CRENESSITY ORAL CAPSULE	4	PA
CRENESSITY ORAL SOLUTION	4	PA
danazol oral capsule	1	
DDAVP ORAL TABLET	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
desmopressin injection solution	4	LA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral tablet	1	
doxercalciferol intravenous solution	1	
doxercalciferol oral capsule	1	ST
ELAPRASE INTRAVENOUS SOLUTION	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; FF; LA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	4	PA; LA
fyremadel subcutaneous syringe	4	PA; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
ganirelix subcutaneous syringe	4	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION	3	*
JATENZO ORAL CAPSULE	3	QL
javygtor oral powder in packet	4	PA; LA
javygtor oral tablet,soluble	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL
KANUMA INTRAVENOUS SOLUTION	4	PA; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; LA
METHITEST ORAL TABLET	2	
methyltestosterone oral capsule	1	
MIACALCIN INJECTION SOLUTION	3	*
mifepristone oral tablet 300 mg	4	PA; LA
miglustat oral capsule	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LA
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
pamidronate intravenous solution	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
paricalcitol intravenous solution	1	
paricalcitol oral capsule	1	ST
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
ROCALTROL ORAL SOLUTION	3	ST; *
sapropterin oral powder in packet	4	PA; LA
sapropterin oral tablet,soluble	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL	2	PA
TESTOPEL IMPLANT PELLET	4	
testosterone cypionate intramuscular oil	1	
testosterone enanthate intramuscular oil	1	
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 50 MG	3	
testosterone transdermal gel	1	QL
testosterone transdermal gel in metered-dose pump	1	QL
testosterone transdermal gel in packet	1	QL
testosterone transdermal solution in metered pump w/app	1	QL
tolvaptan oral tablet	4	PA; LA; QL
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	2	QL
YORVIPATH SUBCUTANEOUS PEN INJECTOR	4	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	*
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; *
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet	1	
ACTOPLUS MET ORAL TABLET	3	*; QL
ACTOS ORAL TABLET	3	*; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	*; QL
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	1	PA; QL
FARXIGA ORAL TABLET	2	ST; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr	1	
glipizide-metformin oral tablet	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	*
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
liraglutide subcutaneous pen injector	1	PA; QL
metformin oral solution	1	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 750 mg	1	ST; FF
metformin oral tablet extended release 24 hr	1	QL
metformin oral tablet extended release 24 hr (osm er)	1	ST; QL
metformin oral tablet,er gast.retention 24 hr	1	ST; QL
miglitol oral tablet	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
nateglinide oral tablet	1	
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
pioglitazone oral tablet	1	QL
pioglitazone-glimepiride oral tablet	1	QL
pioglitazone-metformin oral tablet	1	QL
PRECOSE ORAL TABLET	3	*
repaglinide oral tablet	1	
RIOMET ORAL SOLUTION	3	ST; *
RYBELSUS ORAL TABLET	2	PA; QL
saxagliptin oral tablet	1	ST; QL
saxagliptin-metformin oral tablet, er multiphase 24 hr	1	ST; QL
SEGLUROMET ORAL TABLET	3	ST; FF; QL
STEGLATRO ORAL TABLET	3	ST; FF; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ARMOUR THYROID ORAL TABLET	2	
ERMEZA ORAL SOLUTION	3	ST
euthyrox oral tablet	1	
levo-t oral tablet	1	
levothyroxine oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
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	1	
liothyronine intravenous solution	1	
liothyronine oral tablet	1	
niva thyroid oral tablet	1	
np thyroid oral tablet	1	
thyroid (pork) oral tablet	1	
unithroid oral tablet	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz oral tablet,disintegrating	1	
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
belladonna alkaloids-opium rectal suppository	1	QL
chlordiazepoxide-clidinium oral capsule	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
ed-spaz oral tablet,disintegrating	1	
GLYCATE ORAL TABLET	3	
glycopyrrolate injection solution	1	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet	1	
hyoscyamine sulfate oral drops	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate sublingual tablet	1	
hyosyne oral drops	1	
hyosyne oral elixir	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LOMOTIL ORAL TABLET	3	*
loperamide oral capsule	1	
methscopolamine oral tablet	1	
MOTOFEN ORAL TABLET	3	
NULEV ORAL TABLET,DISINTEGRATING	3	*
opium tincture oral tincture	1	
oscimin oral tablet	1	
oscimin sl sublingual tablet	1	
phenobarb-hyoscy-atropine-scop oral elixir	1	
phenobarb-hyoscy-atropine-scop oral tablet	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet	1	
ROBINUL FORTE ORAL TABLET	3	*
ROBINUL ORAL TABLET	3	*
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
symax fastabs oral tablet,disintegrating	1	
symax-sl sublingual tablet	1	
symax-sr oral tablet extended release 12 hr	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet	1	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; *
anucort-hc rectal suppository	1	
aprepitant oral capsule	1	QL
aprepitant oral capsule,dose pack	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
AZULFIDINE ORAL TABLET	3	*
balsalazide oral capsule	1	
betaine oral powder	4	PA
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	1	
budesonide rectal foam	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLET	4	PA; LA; QL
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL
citrate of magnesia oral solution	0	ACA; OTC
citroma oral solution	0	ACA; OTC
clearlax oral powder	0	ACA; OTC
COLAZAL ORAL CAPSULE	3	*
COMPAZINE ORAL TABLET	3	*
COMPAZINE RECTAL SUPPOSITORY	3	*
compro rectal suppository	1	
constulose oral solution	1	
CORTENEMA RECTAL ENEMA	3	*
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
cromolyn oral concentrate	1	
CTEXLI ORAL TABLET	4	PA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
dimenhydrinate injection solution	1	
DIPENTUM ORAL CAPSULE	3	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)	1	QL
dronabinol oral capsule	1	PA
droperidol injection solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
dulcolax (magnesium hydroxide) oral suspension	0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
enulose oral solution	1	
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
gavilax oral powder	0	ACA; OTC
gavilyte-c oral recon soln	0	ACA
gavilyte-g oral recon soln	0	ACA
gavilyte-n oral recon soln	0	ACA
generlac oral solution	1	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec)	0	ACA; OTC
gentle laxative (mag hydrox) oral suspension	0	ACA; OTC
gentlelax oral powder	0	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	*
granisetron hcl oral tablet	1	QL
hemmorex-hc rectal suppository	1	
hydrocortisone acetate rectal suppository	1	
hydrocortisone rectal enema	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %	1	ST
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	1	ST; No
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; LA
IQIRVO ORAL TABLET	4	PA; LA
KINEVAC INJECTION RECON SOLN	2	
KRISTALOSE ORAL PACKET	3	
lactulose oral packet	1	
lactulose oral solution	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	0	ACA; OTC
laxative peg 3350 oral powder	0	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe rectal gel	1	
LINZESS ORAL CAPSULE	2	QL
LIVDELZI ORAL CAPSULE	4	PA
LIVMARLI ORAL SOLUTION	4	PA
lubiprostone oral capsule	1	QL
magnesium citrate oral solution	0	ACA; OTC
MARINOL ORAL CAPSULE	3	PA; *
meclizine oral tablet	1	
mesalamine oral capsule (with del rel tablets)	1	
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	
mesalamine oral tablet,delayed release (dr/ec)	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine with cleansing wipe rectal enema kit	1	
metoclopramide hcl injection solution	1	
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia oral suspension	0	ACA; OTC
MOVANTIK ORAL TABLET	2	QL
natura-lax oral powder	0	ACA; OTC
nitroglycerin rectal ointment	1	
OCALIVA ORAL TABLET	4	PA; LA; QL
OMVOH INTRAVENOUS SOLUTION	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; FF; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; FF; QL
ondansetron hcl (pf) injection solution	1	
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous solution	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL
onelax magnesium citrate oral solution	0	ACA; OTC
oral saline laxative oral liquid	0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
peg 3350-electrolytes oral recon soln	0	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet	0	ACA
peg-electrolyte soln oral recon soln	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
phosphate laxative oral liquid	0	ACA; OTC
polyethylene glycol 3350 oral powder	0	ACA; OTC
powderlax oral powder	0	ACA; OTC
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	No
prochlorperazine edisylate injection solution 5 mg/ml	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	ST; *
procto-med hc topical cream with perineal applicator	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
proctosol hc topical cream with perineal applicator	1	
proctozone-hc topical cream with perineal applicator	1	
prucalopride oral tablet	1	QL
purelax oral powder	0	ACA; OTC
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*
RELISTOR ORAL TABLET	3	ST; FF
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
scopolamine base transdermal patch 3 day	1	
SFROWASA RECTAL ENEMA	3	*
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI INTRAVENOUS SOLUTION	4	PA; LA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
smoothlax oral powder	0	ACA; OTC
sodium,potassium,mag sulfates oral recon soln	0	ACA
SUCRAID ORAL SOLUTION	4	PA
sulfasalazine oral tablet	1	
sulfasalazine oral tablet,delayed release (dr/ec)	1	
SYMPROIC ORAL TABLET	2	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	
trimethobenzamide oral capsule	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	*
URSO FORTE ORAL TABLET	3	*
ursodiol oral capsule	1	
ursodiol oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VARUBI ORAL TABLET	2	QL
VELSIPITY ORAL TABLET	4	PA; LA; QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	4	
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)	0	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack	1	QL
bismuth subcit k-metronidz-tcn oral capsule	1	
cimetidine hcl oral solution	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET	3	*
dexlansoprazole oral capsule,biphase delayed releas 30 mg	1	ST; QL
dexlansoprazole oral capsule,biphase delayed releas 60 mg	1	ST
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 5 mg	1	ST; QL
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
esomeprazole sodium intravenous recon soln	1	
famotidine (pf) intravenous solution	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
famotidine intravenous solution	1	
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	ST
misoprostol oral tablet	1	
nizatidine oral capsule	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	
omeprazole oral tablet,disintegrat, delay rel	1	OTC
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST; QL
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST
pantoprazole intravenous recon soln	1	
pantoprazole oral granules dr for susp in packet	1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PEPCID ORAL TABLET 40 MG	3	*
rabeprazole oral tablet,delayed release (dr/ec)	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	
VOQUEZNA ORAL TABLET	3	ST
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; FF; LA; QL
LEUKINE INJECTION RECON SOLN	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	*; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
plerixafor subcutaneous solution	4	LA
PROCRIT INJECTION SOLUTION	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
XOLREMDI ORAL CAPSULE	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; FF; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	2	
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
ATGAM INTRAVENOUS SOLUTION	2	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	2	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	2	
BABYBIG INTRAVENOUS RECON SOLN	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	3	
CAPVAXIVE INTRAMUSCULAR SYRINGE	0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; FF; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE	0	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; LA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; FF; LA
GAMUNEX-C INJECTION SOLUTION	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPAGAM B INJECTION SOLUTION	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYPERTET (PF) INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; LA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL INJECTION SUSPENSION	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	0	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
OCTAGAM INTRAVENOUS SOLUTION	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; LA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA
ROTATEQ VACCINE ORAL SOLUTION	0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
TDVAX INTRAMUSCULAR SUSPENSION	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE	0	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet	1	
allopurinol sodium intravenous recon soln	1	
aloprim intravenous recon soln	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
febuxostat oral tablet	1	ST
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LA
MITIGARE ORAL CAPSULE	3	ST; *
probenecid oral tablet	1	
probenecid-colchicine oral tablet	1	
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; *; QL
alendronate oral solution	1	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; *; FF; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; *; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
ibandronate intravenous solution	4	PA; LA
ibandronate intravenous syringe	4	PA; LA
ibandronate oral tablet	1	QL
raloxifene oral tablet	0	ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	QL
risedronate oral tablet,delayed release (dr/ec)	1	QL
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; LA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; FF; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; QL
ARAVA ORAL TABLET	3	*; QL
AURANOFIN ORAL CAPSULE	2	
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
leflunomide oral tablet	1	QL
OTEZLA ORAL TABLET 20 MG	4	PA; FF; LA; QL
OTEZLA ORAL TABLET 30 MG	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	4	PA; FF; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
penicillamine oral capsule	1	PA
penicillamine oral tablet	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	4	PA; FF; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; LA; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	4	PA; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; LA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
TYENNE INTRAVENOUS SOLUTION	4	PA; LA
TYENNE SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	*
ANGELIQ ORAL TABLET	3	
camila oral tablet	0	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
covaryx h.s. oral tablet	1	
covaryx oral tablet	1	
CRINONE VAGINAL GEL 8 %	4	FF; LA
deblitane oral tablet	0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
dotti transdermal patch semiweekly	1	QL
DUAVEE ORAL TABLET	2	
eemt hs oral tablet	1	
eemt oral tablet	1	
emzahh oral tablet	0	ACA
ENDOMETRIN VAGINAL INSERT	4	PA; FF; LA
errin oral tablet	0	ACA
ESTRACE ORAL TABLET	3	*
estradiol oral tablet	1	
estradiol transdermal gel in metered-dose pump	1	QL
estradiol transdermal gel in packet	1	QL
estradiol transdermal patch semiweekly	1	QL
estradiol transdermal patch weekly	1	QL
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
ESTRATEST F.S. ORAL TABLET	3	*
ESTRATEST H.S. ORAL TABLET	3	*
estrogens-methyltestosterone oral tablet	1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL	3	QL
fyavolv oral tablet	1	
gallifrey oral tablet	1	
heather oral tablet	0	ACA
incassia oral tablet	0	ACA
jencycla oral tablet	0	ACA
jinteli oral tablet	1	
lyleq oral tablet	0	ACA
lyllana transdermal patch semiweekly	1	QL
lyza oral tablet	0	ACA
medroxyprogesterone intramuscular suspension	0	ACA
medroxyprogesterone intramuscular syringe	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
medroxyprogesterone oral tablet	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
mimvey oral tablet	1	
nora-be oral tablet	0	ACA
norethindrone (contraceptive) oral tablet	0	ACA
norethindrone acetate oral tablet	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET	0	ACA; OTC
PREMARIN INJECTION RECON SOLN	2	
PREMARIN VAGINAL CREAM	2	
progesterone intramuscular oil	4	LA
progesterone micronized oral capsule	1	
PROMETRIUM ORAL CAPSULE	3	*
PROVERA ORAL TABLET	3	*
sharobel oral tablet	0	ACA
tulana oral tablet	0	ACA
yuvafem vaginal tablet	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin phosphate vaginal cream	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
eluryng vaginal ring	0	ACA
enilloring vaginal ring	0	ACA
etonogestrel-ethinyl estradiol vaginal ring	0	ACA
fem ph vaginal gel	1	
GYNAZOLE-1 VAGINAL CREAM	3	
haloette vaginal ring	0	ACA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
miconazole-3 vaginal suppository	1	
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet 200 mg	1	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA
norelgestromin-ethin.estradiol transdermal patch weekly	0	ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
OSPHENA ORAL TABLET	3	
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	*
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
tranexamic acid oral tablet	1	
TRIMO-SAN JELLY VAGINAL GEL	2	
vandazole vaginal gel	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC
VEOZAH ORAL TABLET	3	
XACIATO VAGINAL GEL	2	
xulane transdermal patch weekly	0	ACA
zafemy transdermal patch weekly	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet	0	ACA
after pill oral tablet	0	ACA; OTC
AFTERA ORAL TABLET	0	*; ACA; OTC
altavera (28) oral tablet	0	ACA
alyacen 1/35 (28) oral tablet	0	ACA
alyacen 7/7/7 (28) oral tablet	0	ACA
amethia oral tablets,dose pack,3 month	0	ACA
amethyst (28) oral tablet	0	ACA
apri oral tablet	0	ACA
aranelle (28) oral tablet	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ashlyna oral tablets,dose pack,3 month	0	ACA
aubra eq oral tablet	0	ACA
aubra oral tablet	0	ACA
aurovela 1.5/30 (21) oral tablet	0	ACA
aurovela 1/20 (21) oral tablet	0	ACA
aurovela 24 fe oral tablet	0	ACA
aurovela fe 1.5/30 (28) oral tablet	0	ACA
aurovela fe 1-20 (28) oral tablet	0	ACA
aviane oral tablet	0	ACA
ayuna oral tablet	0	ACA
azurette (28) oral tablet	0	ACA
balziva (28) oral tablet	0	ACA
BEYAZ ORAL TABLET	0	*; ACA
blisovi 24 fe oral tablet	0	ACA
blisovi fe 1.5/30 (28) oral tablet	0	ACA
blisovi fe 1/20 (28) oral tablet	0	ACA
briellyn oral tablet	0	ACA
camrese lo oral tablets,dose pack,3 month	0	ACA
camrese oral tablets,dose pack,3 month	0	ACA
caziant (28) oral tablet	0	ACA
charlotte 24 fe oral tablet,chewable	0	ACA
chateal eq (28) oral tablet	0	ACA
cryselle (28) oral tablet	0	ACA
cyred eq oral tablet	0	ACA
cyred oral tablet	0	ACA
dasetta 1/35 (28) oral tablet	0	ACA
dasetta 7/7/7 (28) oral tablet	0	ACA
daysee oral tablets,dose pack,3 month	0	ACA
desog-e.estradiol/e.estradiol oral tablet	0	ACA
dolishale oral tablet	0	ACA
drospirenone-e.estradiol-lm.fa oral tablet	0	ACA
drospirenone-ethinyl estradiol oral tablet	0	ACA
econtra ez oral tablet	0	ACA; OTC
econtra one-step oral tablet	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
elinest oral tablet	0	ACA
ELLA ORAL TABLET	0	ACA
enpresse oral tablet	0	ACA
enskyce oral tablet	0	ACA
estarylla oral tablet	0	ACA
ethynodiol diac-eth estradiol oral tablet	0	ACA
falmina (28) oral tablet	0	ACA
feirza oral tablet	0	ACA
finzala oral tablet,chewable	0	ACA
gemmily oral capsule	0	ACA
hailey 24 fe oral tablet	0	ACA
hailey fe 1.5/30 (28) oral tablet	0	ACA
hailey fe 1/20 (28) oral tablet	0	ACA
hailey oral tablet	0	ACA
her style oral tablet	0	ACA; OTC
iclevia oral tablets,dose pack,3 month	0	ACA
isibloom oral tablet	0	ACA
jaimiess oral tablets,dose pack,3 month	0	ACA
jasmiel (28) oral tablet	0	ACA
jolessa oral tablets,dose pack,3 month	0	ACA
joyeaux oral tablet	0	ACA
juleber oral tablet	0	ACA
junel 1.5/30 (21) oral tablet	0	ACA
junel 1/20 (21) oral tablet	0	ACA
junel fe 1.5/30 (28) oral tablet	0	ACA
junel fe 1/20 (28) oral tablet	0	ACA
junel fe 24 oral tablet	0	ACA
kaitlib fe oral tablet,chewable	0	ACA
kalliga oral tablet	0	ACA
kariva (28) oral tablet	0	ACA
kelnor 1/35 (28) oral tablet	0	ACA
kelnor 1/50 (28) oral tablet	0	ACA
kurvelo (28) oral tablet	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month	0	ACA
larin 1.5/30 (21) oral tablet	0	ACA
larin 1/20 (21) oral tablet	0	ACA
larin 24 fe oral tablet	0	ACA
larin fe 1.5/30 (28) oral tablet	0	ACA
larin fe 1/20 (28) oral tablet	0	ACA
layolis fe oral tablet,chewable	0	ACA
leena 28 oral tablet	0	ACA
lessina oral tablet	0	ACA
levonest (28) oral tablet	0	ACA
levonorgest-eth.estradiol-iron oral tablet	0	ACA
levonorgestrel oral tablet	0	ACA; OTC
levonorgestrel-ethinyl estrad oral tablet	0	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	0	ACA
levonorg-eth estrad triphasic oral tablet	0	ACA
levora-28 oral tablet	0	ACA
lojaimiess oral tablets,dose pack,3 month	0	ACA
loryna (28) oral tablet	0	ACA
low-ogestrel (28) oral tablet	0	ACA
lo-zumandimine (28) oral tablet	0	ACA
lutera (28) oral tablet	0	ACA
marlissa (28) oral tablet	0	ACA
merzee oral capsule	0	ACA
mibelas 24 fe oral tablet,chewable	0	ACA
microgestin 1.5/30 (21) oral tablet	0	ACA
microgestin 1/20 (21) oral tablet	0	ACA
microgestin fe 1.5/30 (28) oral tablet	0	ACA
microgestin fe 1/20 (28) oral tablet	0	ACA
mili oral tablet	0	ACA
minzoya oral tablet	0	ACA
mono-linyah oral tablet	0	ACA
my choice oral tablet	0	ACA; OTC
my way oral tablet	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
necon 0.5/35 (28) oral tablet	0	ACA
new day oral tablet	0	ACA; OTC
nikki (28) oral tablet	0	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	0	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	0	ACA
norethindrone-e.estradiol-iron oral capsule	0	ACA
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	ACA
norethindrone-e.estradiol-iron oral tablet,chewable	0	ACA
norgestimate-ethinyl estradiol oral tablet	0	ACA
nortrel 0.5/35 (28) oral tablet	0	ACA
nortrel 1/35 (21) oral tablet	0	ACA
nortrel 1/35 (28) oral tablet	0	ACA
nortrel 7/7/7 (28) oral tablet	0	ACA
nylia 1/35 (28) oral tablet	0	ACA
nylia 7/7/7 (28) oral tablet	0	ACA
ocella oral tablet	0	ACA
opcicon one-step oral tablet	0	ACA; OTC
option-2 oral tablet	0	ACA; OTC
philith oral tablet	0	ACA
pimtrea (28) oral tablet	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	*; ACA; OTC
portia 28 oral tablet	0	ACA
reclipsen (28) oral tablet	0	ACA
rivelsa oral tablets,dose pack,3 month	0	ACA
setlakin oral tablets,dose pack,3 month	0	ACA
simliya (28) oral tablet	0	ACA
simpesse oral tablets,dose pack,3 month	0	ACA
sprintec (28) oral tablet	0	ACA
sronyx oral tablet	0	ACA
syeda oral tablet	0	ACA
TAKE ACTION ORAL TABLET	0	*; ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
tarina 24 fe oral tablet	0	ACA
tarina fe 1/20 (28) oral tablet	0	ACA
tilia fe oral tablet	0	ACA
tri-estarylla oral tablet	0	ACA
tri-legest fe oral tablet	0	ACA
tri-linyah oral tablet	0	ACA
tri-lo-estarylla oral tablet	0	ACA
tri-lo-marzia oral tablet	0	ACA
tri-lo-mili oral tablet	0	ACA
tri-lo-sprintec oral tablet	0	ACA
tri-mili oral tablet	0	ACA
tri-sprintec (28) oral tablet	0	ACA
trivora (28) oral tablet	0	ACA
tri-vylibra lo oral tablet	0	ACA
tri-vylibra oral tablet	0	ACA
turqoz (28) oral tablet	0	ACA
valtya oral tablet	0	ACA
velivet triphasic regimen (28) oral tablet	0	ACA
vestura (28) oral tablet	0	ACA
vienva oral tablet	0	ACA
viorele (28) oral tablet	0	ACA
volnea (28) oral tablet	0	ACA
vyfemla (28) oral tablet	0	ACA
vylibra oral tablet	0	ACA
wera (28) oral tablet	0	ACA
wymzya fe oral tablet,chewable	0	ACA
xarah fe oral tablet	0	ACA
xelria fe oral tablet,chewable	0	ACA
YAZ (28) ORAL TABLET	0	*; ACA
zarah oral tablet	0	ACA
zovia 1-35 (28) oral tablet	0	ACA
zumandimine (28) oral tablet	0	ACA
OXYTOCICS		
methylergonovine oral tablet	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
oxytocin injection solution	1	
PITOCIN INJECTION SOLUTION	3	*
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	2	
bacitracin ophthalmic (eye) ointment	1	
bacitracin-polymyxin b ophthalmic (eye) ointment	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
ciprofloxacin hcl ophthalmic (eye) drops	1	
erythromycin ophthalmic (eye) ointment	1	
gatifloxacin ophthalmic (eye) drops	1	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1	
neo-polycin ophthalmic (eye) ointment	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	*
ofloxacin ophthalmic (eye) drops	1	
polycin ophthalmic (eye) ointment	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1	
povidone-iodine ophthalmic (eye) solution	1	
tobramycin ophthalmic (eye) drops	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS 1.5-5 %	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	*
ANTIVIRALS		
trifluridine ophthalmic (eye) drops	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
carteolol ophthalmic (eye) drops	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette	1	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) drops, once daily	1	
timolol maleate ophthalmic (eye) gel forming solution	1	
timolol ophthalmic (eye) drops	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	*
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	*
tropicamide ophthalmic (eye) drops	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
altacaine ophthalmic (eye) drops	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	*
azelastine ophthalmic (eye) drops	1	
bepotastine besilate ophthalmic (eye) drops	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
cromolyn ophthalmic (eye) drops	1	
cyclosporine ophthalmic (eye) dropperette	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
epinastine ophthalmic (eye) drops	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
fluorescein-proparacaine ophthalmic (eye) drops	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL	3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	PA; QL
olopatadine ophthalmic (eye) drops	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
proparacaine ophthalmic (eye) drops	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; *; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
tetracaine hcl ophthalmic (eye) drops	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; QL
XDEMVY OPHTHALMIC (EYE) DROPS	4	QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; *
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; *
bromfenac ophthalmic (eye) drops	1	
diclofenac sodium ophthalmic (eye) drops	1	
flurbiprofen sodium ophthalmic (eye) drops	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
ketorolac ophthalmic (eye) drops	1	
PROLENSA OPHTHALMIC (EYE) DROPS	3	ST; *; FF
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	1	
acetazolamide oral tablet	1	
acetazolamide sodium injection recon soln	1	
methazolamide oral tablet	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops	1	ST
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
brimonidine-timolol ophthalmic (eye) drops	1	
brinzolamide ophthalmic (eye) drops,suspension	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
dorzolamide ophthalmic (eye) drops	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
dorzolamide-timolol ophthalmic (eye) drops	1	
latanoprost ophthalmic (eye) drops	1	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST; FF
miostat intraocular solution	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
tafluprost (pf) ophthalmic (eye) dropperette	1	ST
travoprost ophthalmic (eye) drops	1	ST
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST; FF
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1	
neo-polycin hc ophthalmic (eye) ointment	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops	1	
difluprednate ophthalmic (eye) drops	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA; QL
fluorometholone ophthalmic (eye) drops,suspension	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
loteprednol etabonate ophthalmic (eye) drops,gel	1	ST; FF
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	ST; FF
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
prednisolone acetate ophthalmic (eye) drops,suspension	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
prednisolone sodium phosphate ophthalmic (eye) drops	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfacetamide sodium ophthalmic (eye) ointment	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	*
apraclonidine ophthalmic (eye) drops	1	
brimonidine ophthalmic (eye) drops	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
phenylephrine hcl ophthalmic (eye) drops	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	2	QL
carbinoxamine maleate oral liquid	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	3	FF
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
CLARINEX ORAL TABLET	3	*; QL
clemastine oral syrup	1	
clemastine oral tablet	1	
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	
desloratadine oral tablet	1	QL
desloratadine oral tablet,disintegrating	1	QL
dexchlorpheniramine maleate oral solution	1	
DIPHEN ORAL ELIXIR	3	*
diphenhydramine hcl injection solution 50 mg/ml	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
diphenhydramine hcl injection syringe	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL
EPIPEN INJECTION AUTO-INJECTOR	3	ST; *; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	ST; *; QL
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST; FF
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML)	2	
NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML)	2	QL
PHENERGAN INJECTION SOLUTION	3	*
promethazine injection solution	1	
promethazine oral syrup	1	
promethazine oral tablet	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository	1	
QUZYTTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	*
RYVENT ORAL TABLET	3	ST
COUGH & COLD THERAPY		
benzonatate oral capsule	1	
BROMFED DM ORAL SYRUP	3	*
brompheniramine-pseudoeph-dm oral syrup	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
codeine-guaifenesin oral liquid	1	FF; QL
CODITUSSIN AC ORAL LIQUID	3	FF; QL
CODITUSSIN DAC ORAL LIQUID	3	FF; QL
g tussin ac oral liquid	1	FF; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HISTEX-AC ORAL SYRUP	3	FF; QL
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION	3	*; FF; QL
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*; FF; QL
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1	FF; QL
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	FF; QL
hydrocodone-homatropine oral tablet	1	FF; QL
hydromet oral solution	1	FF; QL
MAR-COF CG ORAL LIQUID	3	FF; QL
maxi-tuss ac oral liquid	1	FF; QL
MAXI-TUSS CD ORAL LIQUID	3	FF; QL
NINJACOF-XG ORAL LIQUID	3	FF; QL
POLY-TUSSIN AC ORAL LIQUID	3	FF; QL
promethazine-codeine oral syrup	1	FF; QL
promethazine-dm oral syrup	1	
promethazine-phenylephrine oral syrup	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	FF; QL
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	*
acetylcysteine solution	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	PA; *; FF; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	PA; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	2	
albuterol sulfate inhalation hfa aerosol inhaler	1	QL
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral syrup	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
albuterol sulfate oral tablet	1	
albuterol sulfate oral tablet extended release 12 hr	1	
ALYFTREK ORAL TABLET	4	PA; FF; LA; QL
alyq oral tablet	4	PA; QL
ambrisentan oral tablet	4	PA; LA; QL
aminophylline intravenous solution 250 mg/10 ml	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
arformoterol inhalation solution for nebulization	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
azelastine-fluticasone nasal spray,non-aerosol	1	ST; QL
bosentan oral tablet	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	PA; QL
breyna inhalation hfa aerosol inhaler	1	PA; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*; QL
budesonide inhalation suspension for nebulization	1	QL
budesonide-formoterol inhalation hfa aerosol inhaler	1	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
cromolyn inhalation solution for nebulization	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER	2	PA; QL
DYMISTA NASAL SPRAY,NON-AEROSOL	3	ST; *; FF; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; FF; LA; QL
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA; QL
flunisolide nasal spray,non-aerosol	1	ST; QL
fluticasone propion-salmeterol inhalation blister with device	1	PA; QL
formoterol fumarate inhalation solution for nebulization	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
icatibant subcutaneous syringe	4	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ipratropium bromide inhalation solution	1	
ipratropium-albuterol inhalation solution for nebulization	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET	4	PA; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
levalbuterol hcl inhalation solution for nebulization	1	
mometasone nasal spray,non-aerosol	1	ST; QL
montelukast oral granules in packet	1	
montelukast oral tablet	1	
montelukast oral tablet,chewable	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL
OPSYNVI ORAL TABLET	4	PA; FF; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; QL
pirfenidone oral capsule	4	PA; LA; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LA; QL
pulmosal inhalation solution for nebulization	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA
REVATIO ORAL TABLET	4	PA; *; LA; QL
roflumilast oral tablet 250 mcg	1	ST; QL
roflumilast oral tablet 500 mcg	1	ST
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
RYALTRIS NASAL SPRAY,NON-AEROSOL	3	ST; QL
sajazir subcutaneous syringe	4	PA; LA; QL
sildenafil (pulm.hypertension) intravenous solution	4	LA
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; LA; QL
sildenafil (pulm.hypertension) oral tablet	4	PA; LA; QL
sodium chloride inhalation solution for nebulization	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	*; QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER	3	PA; *; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
tadalafil (pulm. hypertension) oral tablet	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
terbutaline oral tablet	1	
terbutaline subcutaneous solution	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide inhalation capsule, w/inhalation device	1	
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
WINREVAIR SUBCUTANEOUS KIT	4	PA; LA
wixela inhub inhalation blister with device	1	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	2	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; LA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
zafirlukast oral tablet	1	
zileuton oral tablet, er multiphase 12 hr	1	ST
ZYFLO ORAL TABLET	3	ST
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
darifenacin oral tablet extended release 24 hr	1	
fesoterodine oral tablet extended release 24 hr	1	
flavoxate oral tablet	1	
GEMTESA ORAL TABLET	3	
mirabegron oral tablet extended release 24 hr	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
solifenacin oral tablet	1	
tolterodine oral capsule,extended release 24hr	1	
tolterodine oral tablet	1	
trospium oral capsule,extended release 24hr	1	
trospium oral tablet	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr	1	
dutasteride oral capsule	1	ST
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1	ST
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE	3	ST; *
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
PROSCAR ORAL TABLET	3	ST; *
silodosin oral capsule	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL
tamsulosin oral capsule	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet	1	
MISCELLANEOUS UROLOGICALS		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
alprostadil injection solution	1	
CYSTAGON ORAL CAPSULE	4	
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
mb caps oral capsule	1	
methen-sod phos-meth blue-hyos oral tablet	1	
ORACIT ORAL SOLUTION	3	
potassium citrate oral tablet extended release	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	1	
URELLE ORAL TABLET	3	
uretron d-s oral tablet	1	
URIBEL TABS ORAL TABLET	3	*
urimar-t oral tablet	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	*
urogesic-blue oral tablet	1	
uro-mp oral capsule	1	
UROQID-ACID NO.2 ORAL TABLET	3	
uro-sp oral capsule	1	
uryl oral tablet	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET	3	
calcium acetate(phosphat bind) oral capsule	1	QL
calcium acetate(phosphat bind) oral tablet	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
GALZIN ORAL CAPSULE	4	FF
klor-con 10 oral tablet extended release	1	
klor-con 8 oral tablet extended release	1	
klor-con m10 oral tablet,er particles/crystals	1	
klor-con m15 oral tablet,er particles/crystals	1	
klor-con m20 oral tablet,er particles/crystals	1	
klor-con oral packet	1	
klor-con/ef oral tablet, effervescent	1	
lanthanum oral tablet,chewable	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL
lugols oral solution	1	
magnesium sulfate in water intravenous piggyback 4 gram/50 ml (8 %)	1	
magnesium sulfate injection syringe	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
potassium chloride oral tablet,er particles/crystals	1	
RENVELA ORAL POWDER IN PACKET	3	*; QL
RENVELA ORAL TABLET	3	*; QL
sevelamer carbonate oral powder in packet	1	QL
sevelamer carbonate oral tablet	1	QL
sevelamer hcl oral tablet	1	QL
sodium chloride 0.45 % intravenous parenteral solution	1	
sodium chloride 3 % hypertonic intravenous parenteral solution	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
sodium chloride 5 % hypertonic intravenous parenteral solution	1	
sodium chloride intravenous solution	1	
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol) oral suspension	1	
sps (with sorbitol) rectal enema	1	
strong iodine oral solution	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	QL
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	
ASCOR INTRAVENOUS SOLUTION	3	
ascorbic acid (vitamin c) injection solution	1	
b complex 1 (with folic acid) oral tablet	0	ACA; OTC
b complex 100 injection solution	1	
b complex-vitamin c-folic acid oral tablet	0	ACA; OTC
balanced b-100 oral tablet	0	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR	3	
bal-care dha oral combo pack,tablet and cap,dr	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	0	ACA; OTC
classic prenatal oral tablet	0	ACA; OTC
c-nate dha oral capsule	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
complete natal dha oral combo pack	1	
CONCEPT DHA ORAL CAPSULE	3	*
CONCEPT OB ORAL CAPSULE	3	*
cyanocobalamin (vitamin b-12) injection solution	1	
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol	1	ST; QL
dialyvite 800 oral tablet	0	ACA; OTC
dodex injection solution	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FA-8 ORAL CAPSULE	3	OTC
flotrex oral tablet,chewable	0	ACA; OTC
fluoride (sodium) oral drops	0	ACA; OTC
fluoride (sodium) oral tablet,chewable	0	ACA; OTC
folic acid injection solution	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	0	ACA; OTC
folitab oral tablet extended release	0	ACA; OTC
folivane-ob oral capsule	1	
foltabs 800 oral tablet	0	ACA; OTC
full spectrum b-vitamin c oral tablet	0	ACA; OTC
hydroxocobalamin intramuscular solution	1	
INFED INJECTION SOLUTION	2	PA
INJECTAFER INTRAVENOUS SOLUTION	3	PA
kobee oral tablet	0	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
ludent fluoride oral tablet,chewable	0	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
m-natal plus oral tablet	1	
multi-vitamin with fluoride oral drops	0	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable	0	ACA; OTC
mvc-fluoride oral tablet,chewable	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
mynatal oral capsule	1	
mynatal plus oral tablet	1	
mynatal-z oral tablet	1	
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	ST; *; QL
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
neo-vital rx oral tablet	1	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
newgen oral tablet	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK	3	OTC
one daily prenatal oral combo pack	0	ACA; OTC
pnv-dha oral capsule	1	
pnv-omega oral capsule	1	
pnv-select oral tablet	1	
pr natal 400 ec oral combo pack,tablet and cap,dr	1	
pr natal 400 oral combo pack	1	
pr natal 430 ec oral combo pack,tablet and cap,dr	1	
pr natal 430 oral combo pack	1	
PRENATA ORAL TABLET,CHEWABLE	3	
prenatabs fa oral tablet	1	
prenatabs rx oral tablet	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
prenatal complete oral tablet	0	ACA; OTC
prenatal multi-dha (algal oil) oral capsule	0	ACA; OTC
prenatal multivitamins oral tablet	0	ACA; OTC
prenatal one daily oral tablet	0	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
prenatal plus (calcium carb) oral tablet	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
prenatal plus oral tablet	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
prenatal vit no.179-iron-folic oral tablet	0	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	0	ACA; OTC
prenatal vitamin with minerals oral tablet	0	ACA; OTC
prenatal-u oral capsule	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
rena-vite oral tablet	0	ACA; OTC
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
se-natal 19 chewable oral tablet,chewable	1	
se-natal 19 oral tablet	1	
soluvita a,c,d with fluoride oral drops	0	ACA; OTC
soluvita oral drops	0	ACA; OTC
stress formula with iron oral tablet	0	ACA; OTC
stress formula with iron(sulf) oral tablet	0	ACA; OTC
super b-50 complex oral capsule	0	ACA; OTC
super quints oral tablet	0	ACA; OTC
taron-c dha oral capsule	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
tricon oral capsule	0	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
trinatal rx 1 oral tablet	1	
trinate oral tablet	1	
TRISTART DHA ORAL CAPSULE	3	
tri-vitamin with fluoride oral drops	0	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	PA
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX ORAL CAPSULE	3	
vitamin b complex-folic acid oral tablet	0	ACA; OTC
vitamins a,c,d and fluoride oral drops	0	ACA; OTC
wescap-c dha oral capsule	1	
wescap-pn dha oral capsule	1	
wesnatal dha complete oral combo pack	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
wesnate dha oral capsule	1	
westab plus oral tablet	1	
westgel dha oral capsule	1	
zatean-pn dha oral capsule	1	
zatean-pn plus oral capsule	1	
zingiber oral tablet	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Index

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

B

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

P

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.