



## GenRx Drug List

### Generic Only Drug List

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Individual CORE 5000

Tonik

RightPlan (with Generic Prescription Drug Coverage)

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](https://anthem.com/ca) and choose Prescription Benefits.  
Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at [anthem.com/ca](https://anthem.com/ca).
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com/ca](https://anthem.com/ca) and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

## GenRx Prescription Drug List

### Table of Contents

INFORMATIONAL SECTION .....	3
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC - DRUGS FOR PAIN AND FEVER .....	10
ANESTHETICS - DRUGS FOR PAIN AND FEVER.....	15
ANORECTAL PREPARATIONS - RECTAL PREPARATIONS .....	16
ANTIDOTES AND OTHER REVERSAL AGENTS - DRUGS FOR OVERDOSE OR POISONING .....	16
ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS .....	16
ANTINEOPLASTICS - DRUGS FOR CANCER .....	24
ANTISEPTICS AND DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS .....	26
CARDIOVASCULAR THERAPY AGENTS - DRUGS FOR THE HEART .....	27
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM .....	36
CHEMICAL DEPENDENCY, AGENTS TO TREAT - DRUGS FOR ADDICTION .....	51
CHEMICALS-PHARMACEUTICAL ADJUVANTS .....	52
COGNITIVE DISORDER THERAPY - DRUGS FOR THE NERVOUS SYSTEM .....	52
CONTRACEPTIVES - DRUGS FOR WOMEN .....	52
DERMATOLOGICAL - DRUGS FOR THE SKIN .....	55
DIAGNOSTIC AGENTS .....	62
DRUGS TO TREAT ERECTILE DYSFUNCTION - DRUGS FOR THE URINARY SYSTEM .....	63
EATING DISORDER THERAPY - DRUGS FOR EATING DISORDERS .....	63
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS - DRUGS FOR NUTRITION .....	63
ENDOCRINE - HORMONES .....	67
GASTROINTESTINAL THERAPY AGENTS - DRUGS FOR THE STOMACH .....	72
GENITOURINARY THERAPY - DRUGS FOR THE URINARY SYSTEM .....	77
GOUT AND HYPERURICEMIA THERAPY - DRUGS FOR PAIN AND FEVER .....	80
HEMATOLOGICAL AGENTS - DRUGS FOR THE BLOOD .....	80
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR ORGAN TRANSPLANTS .....	81
LOCOMOTOR SYSTEM - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES .....	82
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME) - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT .....	83
MEDICAL SUPPLY, FDB SUPERSET .....	87
METABOLIC MODIFIERS - DRUGS THAT ALTER METABOLISM .....	91
MOUTH-THROAT-DENTAL - PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT .....	91
OPHTHALMIC AGENTS - DRUGS FOR THE EYE .....	92
OTIC (EAR) - DRUGS FOR THE EAR .....	96
RESPIRATORY THERAPY AGENTS - DRUGS FOR THE LUNGS .....	96
VAGINAL PRODUCTS - DRUGS FOR WOMEN .....	100

## GenRx Drug List – Informational Section

### Definitions

**“\$0”** next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

**“BRAND name drug”** means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all **CAPITAL** letters.

**“Coinsurance”** means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

**“Copayment”** means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

**“Deductible”** means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

**“Dose Optimization (DO)”** means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

**“Drug Tier”** means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

**“Exception request”** means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

**“Exigent circumstances”** means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

**“Formulary”** or **“prescription drug list”** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

**“Generic drug”** means a drug that is the same as its BRAND name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in *italicized lowercase letters*.

**“Limited Distribution (LD)”** means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

**“Medically Necessary”** means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

**“Non-formulary drug”** means a prescription drug that is not listed on this formulary.

**“Oral Chemotherapy (OC)”** Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

**“Out-of-pocket costs”** means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

**"Prescribing provider"** means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

**"Prescription"** means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

**"Prescription drug"** means a drug that by law requires a prescription.

**"Prior Authorization (PA)"** means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

**"Quantity limit (QL)"** means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

**"Specialty Drugs (SP)"** means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

**"Step therapy (ST)"** means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

## Frequently Asked Questions

### How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

### How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the **BRAND** name or *generic* name of the drug in the alphabetical index; and

(B) If a generic equivalent for a **BRAND** name drug is not available on the market or is not covered, the drug will not be separately listed by its *generic* name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

### How are drugs shown on the list?

- A drug is listed alphabetically by its **BRAND** name and generic names in the therapeutic category and class to which it belongs;
- The *generic* name for a **BRAND** name drug is included after the **BRAND** name in parentheses and all *lowercase italicized letters*;

#### ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS

ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)

- If a *generic* equivalent for a **BRAND** name drug is both available and covered, the *generic* drug will be listed separately from the **BRAND** name drug in all *lowercase italicized letters*; and

*codeine sulfate oral tablet 15 mg, 30 mg*

- If a *generic* drug is marketed under a proprietary, trademark-protected **BRAND** name, the **BRAND** name will be listed after the *generic* name in parentheses and regular typeface with the first letter of each word capitalized.

*levonorgestrel-ethinyl estrad (Portia Oral Tablet 0.15-0.03 Mg)*

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

*Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.*

### What are my options for getting my prescriptions?

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at [anthem.com/ca](http://anthem.com/ca) and choose Prescription Benefits or call 833-236-6196. For more details about your coverage, you can call the phone number on your member ID card.

### **What if my drug isn't on the list?**

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermy meds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose **Pharmacy**.
  - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
  - o Choose the correct medication strength and form.
  - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
  - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

### **Who decides what drugs are on the list?**

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

### **What is a specialty drug and how do I get them?**

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

### **Does the drug list change, and how will I know if it does?**

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at anthem.com/ca.

### **What kind of drugs can I find on the formulary?**

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

### **How will I know if my drug is covered and how much will it cost?**

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.

*Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.*

### **How does Anthem promote safety?**

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.<sup>1</sup>

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

### **How does my doctor start the Prior Authorization process?**

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](http://anthem.com/ca) and choose Pharmacy.
  - Go to Pharmacy Resources and Search Your Drug List for your medication.
  - Choose the correct medication strength and form.
  - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
  - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

### **What is Step Therapy? How does it work?**

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.<sup>1</sup>

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

<sup>1</sup> If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

## **KEY**

Here are some terms and notes you'll find on the drug list.

**Brand name drugs are in UPPER CASE, bold type.**

**Generic drugs are in lower case, plain type.**

**\$0** = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

**AL** = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.

**BE** = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents.

**DO** = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

**Formulary** = drug covered by your health insurance policy under the prescription drug benefit of the policy.

**LD** = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

**OC** = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

**PA** = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

**QL** = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

**SP** = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

**ST** = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC - DRUGS FOR PAIN AND FEVER</b>		
<b>ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS</b>		
codeine sulfate oral tablet 15 mg, 30 mg	Formulary	QL (6 tablets per 1 day)
codeine sulfate oral tablet 60 mg	Formulary	QL (6 tablet per 1 day)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Formulary	PA; QL (4 lozenge per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Formulary	PA; QL (15 patches per 30 days)
hydromorphone oral liquid 1 mg/ml	Formulary	QL (24 mL per 1 day)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Formulary	QL (6 tablets per 1 day)
hydromorphone rectal suppository 3 mg	Formulary	QL (4 suppositories per 1 day)
levorphanol tartrate oral tablet 2 mg	Formulary	PA; QL (6 tablets per 1 day)
meperidine oral solution 50 mg/5 ml	Formulary	QL (7 days per 1 fill)
meperidine oral tablet 100 mg	Formulary	QL (6 tablets per 1 day)
meperidine oral tablet 50 mg	Formulary	QL (12 tablet per 1 day)
<b>METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone hcl)</b>	Formulary	PA; QL (6 mL per 1 day)
methadone oral concentrate 10 mg/ml	Formulary	PA; QL (6 mL per 1 day)
methadone oral solution 10 mg/5 ml	Formulary	PA; QL (30 mL per 1 day)
methadone oral solution 5 mg/5 ml	Formulary	PA; QL (60 mL per 1 day)
methadone oral tablet 10 mg	Formulary	PA; QL (6 tablet per 1 day)
methadone oral tablet 5 mg	Formulary	PA; QL (12 tablet per 1 day)
methadone oral tablet,soluble 40 mg	Formulary	PA; QL (1 tablet per 1 day)
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)</b>	Formulary	PA; QL (6 mL per 1 day)
<b>METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone hcl)</b>	Formulary	PA; QL (1 tablet per 1 day)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Formulary	QL (6 mL per 1 day)
morphine oral capsule, er multiphase 24 hr 120 mg, 90 mg	Formulary	PA; QL (2 capsules per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg	Formulary	PA; QL (1 capsule per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Formulary	QL (30 mL per 1 day)
morphine oral tablet 15 mg, 30 mg	Formulary	QL (6 tablets per 1 day)

**BRAND**=Brand drug   **generic**=generic drug   **Formulary**=Covered drug   **\$0**=Preventive Drug   **DO**=Dose Optimization   **LD**=Limited Distribution   **OC**=Oral Chemotherapy   **PA**=Prior Authorization   **QL**=Quantity Limit   **SP**=Specialty Pharmacy   **ST**=Step Therapy

Effective 06012022

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Formulary	PA; QL (3 tablet per 1 day)
<i>morphine oral tablet extended release 200 mg</i>	Formulary	PA; QL (2 tablets per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Formulary	QL (6 suppositories per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Formulary	QL (7 days per 1 fill)
<i>oxycodone oral concentrate 20 mg/ml</i>	Formulary	QL (6 mL per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	Formulary	QL (30 mL per 1 day)
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i>	Formulary	QL (6 tablets per 1 day)
<i>tramadol oral tablet 50 mg</i>	Formulary	QL (8 tablet per 1 day)
<b>ANALGESIC OPIOID CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Formulary	QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Formulary	QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Formulary	QL (6 tablet per 1 day)
<b>ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG</b> (codeine phosphate/butalbital/aspirin/caffeine)	Formulary	QL (6 capsule per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Formulary	QL (6 capsule per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Formulary	QL (6 capsule per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution</i>	Formulary	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cherry</i>	Formulary	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Formulary	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Formulary	QL (5 tablets per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution</i>	Formulary	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cherry</i>	Formulary	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Formulary	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Formulary	QL (5 tablets per 1 day)

**BRAND**=Brand drug   **generic**=generic drug   **Formulary**=Covered drug   **\$0**=Preventive Drug   **DO**=Dose Optimization   **LD**=Limited Distribution   **OC**=Oral Chemotherapy   **PA**=Prior Authorization   **QL**=Quantity Limit   **SP**=Specialty Pharmacy   **ST**=Step Therapy

Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<b>ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG (oxycodone hcl/acetaminophen)</b>	Formulary	QL (6 tablets per 1 day)
<b>ENDOCET ORAL TABLET 5-325 MG (oxycodone hcl/acetaminophen)</b>	Formulary	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	Formulary	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Formulary	QL (6 tablet per 1 day)
<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<b>ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG (oxycodone hcl/acetaminophen)</b>	Formulary	QL (6 tablets per 1 day)
<b>ENDOCET ORAL TABLET 5-325 MG (oxycodone hcl/acetaminophen)</b>	Formulary	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	Formulary	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Formulary	QL (6 tablet per 1 day)
<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	Formulary	QL (2 bottles per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Formulary	QL (12 tablet per 1 day)
<b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Formulary	QL (8 tablet per 1 day)
<b>ANALGESIC OPIOID TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Formulary	QL (8 tablet per 1 day)
<b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Formulary	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Formulary	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Formulary	
<b>DMARD - ANTIMALARIALS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydroxychloroquine oral tablet 200 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DMARD - ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS</b>		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Formulary; OC	OC
<b>DMARD - IMMUNOSUPPRESSIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>azathioprine oral tablet 50 mg</i>	Formulary	
<b>CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)</b>	Formulary	
<b>CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)</b>	Formulary	
<b>CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)</b>	Formulary	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Formulary	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Formulary	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Formulary	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)</b>	Formulary	
<b>GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine, modified)</b>	Formulary	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Formulary	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Formulary	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Formulary	
<b>NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)</b>	Formulary	
<b>NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)</b>	Formulary	
<b>SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)</b>	Formulary	
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)</b>	Formulary	
<b>DMARD - OTHER - ARTHRITIS AND PAIN DRUGS</b>		
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Formulary	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Formulary	
<i>sulfasalazine oral tablet 500 mg</i>	Formulary	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Formulary	QL (8 tablet per 1 day)
<b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS - ARTHRITIS AND PAIN DRUGS</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i>	Formulary	ST; QL (4 tablet per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i>	Formulary	ST; QL (2 tablets per 1 day)
<b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS - ARTHRITIS AND PAIN DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg</i>	Formulary	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Formulary	ST; QL (1 capsule per 1 day)
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Formulary	
<i>mefenamic acid oral capsule 250 mg</i>	Formulary	QL (29 capsule per 1 fill)
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER - ARTHRITIS AND PAIN DRUGS</b>		
<i>ketorolac oral tablet 10 mg</i>	Formulary	QL (20 tablets per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Formulary	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Formulary	
<i>tolmetin oral capsule 400 mg</i>	Formulary	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Formulary	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Formulary	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Formulary	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Formulary	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Formulary	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>fenoprofen oral tablet 600 mg</i>	Formulary	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurbiprofen oral tablet 100 mg</i>	Formulary	
<b>IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)</b>	Formulary	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Formulary	OTC; QL (4 mL per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Formulary	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Formulary	QL (1 capsule per 1 day)
<i>naproxen oral suspension 125 mg/5 ml</i>	Formulary	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Formulary	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	Formulary	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Formulary	
<i>oxaprozin oral tablet 600 mg</i>	Formulary	
<b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Formulary	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Formulary	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Formulary	
<i>indomethacin oral capsule 25 mg</i>	Formulary	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Formulary	QL (4 capsule per 1 day)
<i>indomethacin oral capsule, extended release 75 mg</i>	Formulary	QL (2 capsules per 1 day)
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Formulary	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Formulary	
<b>SALICYLATE ANALGESIC COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Formulary	
<b>SALICYLATE ANALGESICS - ARTHRITIS AND PAIN DRUGS</b>		
<i>diflunisal oral tablet 500 mg</i>	Formulary	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Formulary	
<b>ANESTHETICS - DRUGS FOR PAIN AND FEVER</b>		
<b>GENERAL ANESTHETIC - INHALANT VOLATILE - DRUGS FOR SEDATION</b>		
<i>desflurane inhalation liquid 100 %</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANORECTAL PREPARATIONS - RECTAL PREPARATIONS</b>		
<b>ANORECTAL - GLUCOCORTICOIDS - RECTAL PREPARATIONS</b>		
<b>ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)</b>	Formulary	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Formulary	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Formulary	
<b>PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 % (hydrocortisone)</b>	Formulary	
<b>PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)</b>	Formulary	
<b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB - RECTAL PREPARATIONS</b>		
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	Formulary	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Formulary	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>ANTIDOTE - ACETAMINOPHEN POISONING - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Formulary	
<b>CHELATING AGENTS - COPPER - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>trientine oral capsule 250 mg</i>	Formulary	PA
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>naltrexone oral tablet 50 mg</i>	Formulary	
<b>ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS</b>		
<b>AMEBICIDES - DRUGS FOR PARASITES</b>		
<i>paromomycin oral capsule 250 mg</i>	Formulary	
<b>AMINOGLYCOSIDE ANTIBIOTIC - ANTIBIOTICS</b>		
<i>neomycin oral tablet 500 mg</i>	Formulary	
<b>AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Formulary	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Formulary	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Formulary	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Formulary	
<b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Formulary	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Formulary	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Formulary	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Formulary	
<b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES - DRUGS FOR PARASITES</b>		
<i>albendazole oral tablet 200 mg</i>	Formulary	PA; QL (4 tablets per 1 day)
<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES - DRUGS FOR PARASITES</b>		
<i>ivermectin oral tablet 3 mg</i>	Formulary	
<b>ANTHELMINTIC AGENTS OTHER - DRUGS FOR PARASITES</b>		
<i>ivermectin oral tablet 3 mg</i>	Formulary	
<i>praziquantel oral tablet 600 mg</i>	Formulary	
<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Formulary	
<b>SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)</b>	Formulary	
<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS - ANTIBIOTICS</b>		
<i>trimethoprim oral tablet 100 mg</i>	Formulary	
<b>ANTIBACTERIAL NITROFURAN DERIVATIVES - ANTIBIOTICS</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Formulary	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Formulary	

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<b>ANTIFUNGAL - ALLYLAMINES - DRUGS FOR FUNGUS</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Formulary	QL (1 tablet per 1 day)
<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR FUNGUS</b>		
<i>nystatin oral tablet 500,000 unit</i>	Formulary	
<b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS - DRUGS FOR FUNGUS</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Formulary	PA
<b>ANTIFUNGAL - IMIDAZOLES - DRUGS FOR FUNGUS</b>		
<i>ketoconazole oral tablet 200 mg</i>	Formulary	QL (2 tablets per 1 day)
<b>ANTIFUNGAL - TRIAZOLES - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Formulary	QL (40 mL per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	Formulary	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Formulary	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Formulary	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Formulary	QL (8 tablet per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Formulary	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	Formulary	PA; QL (20 mL per 1 day)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Formulary	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	Formulary	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	Formulary	PA; QL (4 tablet per 1 day)
<b>ANTIFUNGAL OTHER - DRUGS FOR FUNGUS</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Formulary	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Formulary	
<i>griseofulvin microsize oral tablet 500 mg</i>	Formulary	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Formulary	
<b>ANTILEPROTIC - SULFONE AGENTS - ANTIBIOTICS</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Formulary	
<b>ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Formulary	
<b>ANTIMALARIALS - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate oral tablet 250 mg</i>	Formulary	
<i>chloroquine phosphate oral tablet 500 mg</i>	Formulary	

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hydroxychloroquine oral tablet 200 mg	Formulary	
mefloquine oral tablet 250 mg	Formulary	
<b>ANTIPROTOZOAL AGENTS - OTHER - DRUGS FOR PARASITES</b>		
atovaquone oral suspension 750 mg/5 ml	Formulary	
<b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE - DRUGS FOR INFECTIONS</b>		
metronidazole oral capsule 375 mg	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI) - DRUGS FOR VIRAL INFECTIONS</b>		
efavirenz oral capsule 200 mg, 50 mg	Formulary	
efavirenz oral tablet 600 mg	Formulary	
nevirapine oral suspension 50 mg/5 ml	Formulary	
nevirapine oral tablet 200 mg	Formulary	
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) - DRUGS FOR VIRAL INFECTIONS</b>		
abacavir oral solution 20 mg/ml	Formulary	
abacavir oral tablet 300 mg	Formulary	
didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg	Formulary	
lamivudine oral solution 10 mg/ml	Formulary	
lamivudine oral tablet 150 mg, 300 mg	Formulary	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Formulary	
zidovudine oral capsule 100 mg	Formulary	
zidovudine oral syrup 10 mg/ml	Formulary	
zidovudine oral tablet 300 mg	Formulary	
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
tenofovir disoproxil fumarate oral tablet 300 mg	Formulary	
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Formulary	

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<b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Formulary	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Formulary	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES - ANTIBIOTICS</b>		
<i>isoniazid oral solution 50 mg/5 ml</i>	Formulary	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Formulary	
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES - ANTIBIOTICS</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Formulary	
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES - ANTIBIOTICS</b>		
<i>rifabutin oral capsule 150 mg</i>	Formulary	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Formulary	
<b>ANTITUBERCULAR AGENTS OTHER - ANTIBIOTICS</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Formulary	
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION - ANTIBIOTICS</b>		
<i>cefadroxil oral capsule 500 mg</i>	Formulary	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Formulary	
<i>cefadroxil oral tablet 1 gram</i>	Formulary	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Formulary	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Formulary	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Formulary	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION - ANTIBIOTICS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Formulary	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Formulary	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Formulary	
<i>ceftazidime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Formulary	
<i>ceftazidime oral tablet 250 mg, 500 mg</i>	Formulary	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Formulary	

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<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION - ANTIBIOTICS</b>		
<i>cefdinir oral capsule 300 mg</i>	Formulary	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml</i>	Formulary	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Formulary	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Formulary	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Formulary	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Formulary	
<b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>valganciclovir oral tablet 450 mg</i>	Formulary	
<b>FLUOROQUINOLONE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Formulary	QL (28 tablets per 30 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Formulary	QL (3 bottle per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	Formulary	QL (480 mL per 30 days)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Formulary	QL (14 tablets per 30 days)
<i>moxifloxacin oral tablet 400 mg</i>	Formulary	QL (21 tablets per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Formulary	QL (28 tablet per 30 days)
<b>GLYCOPEPTIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Formulary	PA
<b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS</b>		
<i>lamivudine oral tablet 100 mg</i>	Formulary	
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir oral tablet 10 mg</i>	Formulary	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Formulary	
<b>HEPATITIS C - NUCLEOSIDE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin oral capsule 200 mg</i>	Formulary	
<i>ribavirin oral tablet 200 mg</i>	Formulary	
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	Formulary	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Formulary	

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Effective 06012022

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
acyclovir oral tablet 400 mg, 800 mg	Formulary	
valacyclovir oral tablet 1 gram, 500 mg	Formulary	
<b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Formulary	
<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
oseltamivir oral capsule 75 mg	Formulary	QL (10 capsule per 90 days)
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)</b>	Formulary	QL (1 package per 90 days)
<b>TAMIFLU ORAL CAPSULE 75 MG (oseltamivir phosphate)</b>	Formulary	QL (10 capsule per 90 days)
<b>INFLUENZA-A ANTIVIRAL AGENTS - DRUGS FOR VIRAL INFECTIONS</b>		
rimantadine oral tablet 100 mg	Formulary	
<b>LINCOSAMIDE ANTIBIOTICS - ANTIBIOTICS</b>		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Formulary	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Formulary	
<b>MACROLIDE ANTIBIOTICS - ANTIBIOTICS</b>		
azithromycin oral packet 1 gram	Formulary	QL (2 packets per 30 days)
azithromycin oral suspension for reconstitution 100 mg/5 ml	Formulary	QL (15 ML per 30 days)
azithromycin oral suspension for reconstitution 200 mg/5 ml	Formulary	QL (15 mL per 30 days)
azithromycin oral tablet 250 mg	Formulary	QL (6 tablets per 30 days)
azithromycin oral tablet 500 mg	Formulary	QL (3 tablets per 30 days)
azithromycin oral tablet 600 mg	Formulary	QL (8 tablet per 28 days)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Formulary	
clarithromycin oral tablet 250 mg, 500 mg	Formulary	
clarithromycin oral tablet extended release 24 hr 500 mg	Formulary	
<b>E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)</b>	Formulary	
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG (erythromycin base)</b>	Formulary	
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)</b>	Formulary	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	Formulary	
erythromycin ethylsuccinate oral tablet 400 mg	Formulary	

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Effective 06012022

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Formulary	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Formulary	
<b>MISC ANTI-INFECTIVE - DRUGS FOR INFECTIONS</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Formulary	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Formulary	
<b>MISC ANTI-INFECTIVE COMBINATIONS - DRUGS FOR INFECTIONS</b>		
<b>URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG</b> <i>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)</i>	Formulary	
<b>URIN DS ORAL TABLET 81.6-10.8-40.8 MG</b> <i>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)</i>	Formulary	
<b>OXAZOLIDINONE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Formulary	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet 600 mg</i>	Formulary	PA; QL (28 tablet per 30 days)
<b>PENICILLIN ANTIBIOTIC - NATURAL - ANTIBIOTICS</b>		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Formulary	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Formulary	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT - ANTIBIOTICS</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Formulary	
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL - DRUGS FOR VIRAL INFECTIONS</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Formulary	
<i>fosamprenavir oral tablet 700 mg</i>	Formulary	
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) ANTIVIRAL AGENTS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin inhalation recon soln 6 gram</i>	Formulary	
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>rifabutin oral capsule 150 mg</i>	Formulary	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Formulary	
<b>SULFONAMIDE ANTIBIOTIC - ANTIBIOTICS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>TETRACYCLINE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Formulary	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Formulary	
<i>doxycycline hyclate oral tablet 100 mg</i>	Formulary	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Formulary	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Formulary	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Formulary	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Formulary	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Formulary	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Formulary	
<b>ANTINEOPLASTICS - DRUGS FOR CANCER</b>		
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS - DRUGS FOR CANCER</b>		
<i>melphalan oral tablet 2 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES - DRUGS FOR CANCER</b>		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Formulary; OC	PA; QL (2 capsules per 1 day); OC
<i>temozolomide oral capsule 20 mg</i>	Formulary; OC	PA; QL (4 capsule per 1 day); OC
<i>temozolomide oral capsule 5 mg</i>	Formulary; OC	PA; QL (3 capsule per 1 day); OC
<b>ANTINEOPLASTIC - ANTIANDROGENS - DRUGS FOR CANCER</b>		
<i>bicalutamide oral tablet 50 mg</i>	Formulary; OC	OC
<i>flutamide oral capsule 125 mg</i>	Formulary; OC	OC
<i>nilutamide oral tablet 150 mg</i>	Formulary; OC	QL (1 tablet per 1 day); OC
<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS - DRUGS FOR CANCER</b>		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Formulary; OC	OC

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS - DRUGS FOR CANCER</b>		
<i>mercaptopurine oral tablet 50 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS - DRUGS FOR CANCER</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Formulary; OC	PA; OC
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES - DRUGS FOR CANCER</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS - DRUGS FOR CANCER</b>		
<i>anastrozole oral tablet 1 mg</i>	Formulary; OC	QL (1 tablet per 1 day); OC
<i>exemestane oral tablet 25 mg</i>	Formulary; OC	QL (2 tablets per 1 day); OC
<i>letrozole oral tablet 2.5 mg</i>	Formulary; OC	QL (1 tablet per 1 day); OC
<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS - DRUGS FOR CANCER</b>		
<i>etoposide oral capsule 50 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR CANCER</b>		
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Formulary	PA
<b>ANTINEOPLASTIC - MAST CELL STABILIZERS - DRUGS FOR CANCER</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Formulary	
<b>ANTINEOPLASTIC - PROGESTINS - DRUGS FOR CANCER</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS - DRUGS FOR CANCER</b>		
<i>imatinib oral tablet 100 mg</i>	Formulary; OC	PA; QL (8 tablet per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imatinib oral tablet 400 mg</i>	Formulary; OC	PA; QL (2 tablets per 1 day); OC
<b>ANTINEOPLASTIC - RETINOIDS - DRUGS FOR CANCER</b>		
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	Formulary; OC	OC
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR CANCER</b>		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Formulary; OC; \$0	OC
<i>toremifene oral tablet 60 mg</i>	Formulary; OC	QL (1 tablet per 1 day); OC
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER</b>		
<i>bexarotene oral capsule 75 mg</i>	Formulary; OC	PA; QL (10 capsules per 1 day); OC
<b>METHOTREXATE RESCUE AGENTS - DRUGS FOR CANCER</b>		
<b>LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG (leucovorin calcium)</b>	Formulary	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Formulary	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE - DRUGS FOR CANCER</b>		
<b>LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG (leucovorin calcium)</b>	Formulary	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Formulary	
<b>ANTISEPTICS AND DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS</b>		
<b>ANTISEPTIC - IODINE/IODOPHORES - ANTISEPTICS AND DISINFECTANTS</b>		
<b>LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)</b>	Formulary	OTC

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CARDIOVASCULAR THERAPY AGENTS - DRUGS FOR THE HEART</b>		
<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Formulary	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Formulary	DO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i>	Formulary	QL (1 tablet per 1 day)
<b>ACE INHIBITOR AND DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Formulary	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Formulary	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Formulary	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Formulary	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Formulary	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Formulary	
<b>ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Formulary	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Formulary	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Formulary	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Formulary	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Formulary	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Formulary	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Formulary	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Formulary	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Formulary	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Formulary	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Formulary	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Formulary	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Formulary	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	Formulary	QL (2 tablets per 1 day)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg	Formulary	QL (1 tablet per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	Formulary	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	Formulary	
losartan-hydrochlorothiazide oral tablet 100-25 mg	Formulary	QL (1 tablet per 1 day)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	Formulary	DO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg	Formulary	DO
olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	Formulary	QL (1 tablet per 1 day)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	Formulary	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	Formulary	QL (2 tablets per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Formulary	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg	Formulary	QL (1 tablet per 1 day)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS) - DRUGS FOR HIGH BLOOD PRESSURE</b>		
candesartan oral tablet 16 mg, 4 mg, 8 mg	Formulary	QL (2 tablets per 1 day)
candesartan oral tablet 32 mg	Formulary	QL (1 tablet per 1 day)
eprosartan oral tablet 600 mg	Formulary	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	Formulary	DO
irbesartan oral tablet 300 mg	Formulary	QL (1 tablet per 1 day)
losartan oral tablet 100 mg	Formulary	QL (1 tablet per 1 day)
losartan oral tablet 25 mg, 50 mg	Formulary	QL (2 tablets per 1 day)
olmesartan oral tablet 20 mg	Formulary	DO
olmesartan oral tablet 40 mg	Formulary	QL (1 tablet per 1 day)
olmesartan oral tablet 5 mg	Formulary	QL (2 tablets per 1 day)
telmisartan oral tablet 20 mg, 40 mg	Formulary	DO
telmisartan oral tablet 80 mg	Formulary	QL (2 tablets per 1 day)
valsartan oral tablet 160 mg	Formulary	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	Formulary	QL (1 tablet per 1 day)

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan oral tablet 40 mg, 80 mg</i>	Formulary	QL (3 tablet per 1 day)
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES) - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Formulary	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Formulary	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Formulary	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Formulary	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)</b>	Formulary	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	Formulary	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Formulary	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Formulary	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Formulary	
<b>NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)</b>	Formulary	
<b>ANTIARRHYTHMIC - CLASS IA - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Formulary	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Formulary	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Formulary	
<b>ANTIARRHYTHMIC - CLASS IB - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Formulary	
<b>ANTIARRHYTHMIC - CLASS IC - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Formulary	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Formulary	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Formulary	
<b>ANTIARRHYTHMIC - CLASS II - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<b>SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol hcl)</b>	Formulary	
<b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)</b>	Formulary	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIARRHYTHMIC - CLASS III - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Formulary	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Formulary	
<b>PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone hcl)</b>	Formulary	
<b>ANTIARRHYTHMIC - CLASS IV - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
verapamil oral tablet 120 mg, 80 mg	Formulary	QL (4 tablet per 1 day)
verapamil oral tablet 40 mg	Formulary	QL (3 tablet per 1 day)
<b>ANTIHYPOLIPIDEMIC - BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL</b>		
cholestyramine (with sugar) oral powder 4 gram	Formulary	QL (24 gm per 1 day)
cholestyramine (with sugar) oral powder in packet 4 gram	Formulary	QL (6 packets per 1 day)
<b>CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine/aspartame)</b>	Formulary	
colesevelam oral tablet 625 mg	Formulary	
colestipol oral granules 5 gram	Formulary	
colestipol oral packet 5 gram	Formulary	
colestipol oral tablet 1 gram	Formulary	
<b>PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine/aspartame)</b>	Formulary	
<b>ANTIHYPOLIPIDEMIC - FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL</b>		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Formulary	QL (1 capsule per 1 day)
gemfibrozil oral tablet 600 mg	Formulary	
<b>ANTIHYPOLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS) - DRUGS FOR CHOLESTEROL</b>		
atorvastatin oral tablet 10 mg, 20 mg	Formulary; \$0	DO
atorvastatin oral tablet 40 mg	Formulary	DO
atorvastatin oral tablet 80 mg	Formulary	QL (1 tablet per 1 day)
fluvastatin oral capsule 20 mg, 40 mg	Formulary; \$0	DO
fluvastatin oral tablet extended release 24 hr 80 mg	Formulary; \$0	
lovastatin oral tablet 10 mg, 20 mg	Formulary; \$0	DO
lovastatin oral tablet 40 mg	Formulary; \$0	QL (2 tablets per 1 day)
pravastatin oral tablet 10 mg, 20 mg	Formulary; \$0	DO
pravastatin oral tablet 40 mg	Formulary; \$0	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pravastatin oral tablet 80 mg</i>	Formulary; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Formulary; \$0	DO
<i>rosuvastatin oral tablet 20 mg</i>	Formulary	DO
<i>rosuvastatin oral tablet 40 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Formulary; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	Formulary	PA; QL (1 tablet per 1 day)
<b>ANTIHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL</b>		
<i>niacin oral tablet 500 mg</i>	Formulary	OTC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	Formulary	PA; QL (2 tablets per 1 day)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	Formulary	PA; QL (1 tablet per 1 day)
<b>NIACOR ORAL TABLET 500 MG (niacin)</b>	Formulary	PA; QL (12 tablets per 1 day)
<b>NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 750 MG (niacin)</b>	Formulary	PA; QL (2 tablets per 1 day)
<b>NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 500 MG (niacin)</b>	Formulary	PA; QL (1 tablet per 1 day)
<b>ANTIHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	Formulary	ST; QL (1 tablet per 1 day)
<b>ANTIHYPERLIPIDEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER - DRUGS FOR CHOLESTEROL</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 5-10 mg, 5-20 mg, 5-40 mg</i>	Formulary	DO
<b>BETA BLOCKERS CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Formulary	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Formulary	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Formulary	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Formulary	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Formulary	
<i>metoprolol tartrate oral tablet 25 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY - DRUGS FOR HIGH BLOOD PRESSURE</b>		
acebutolol oral capsule 200 mg, 400 mg	Formulary	
<b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY - DRUGS FOR HIGH BLOOD PRESSURE</b>		
pindolol oral tablet 10 mg, 5 mg	Formulary	
<b>BETA BLOCKERS NON-CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Formulary	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Formulary	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Formulary	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Formulary	
<b>SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol hcl)</b>	Formulary	
<b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)</b>	Formulary	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Formulary	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Formulary	
<b>CALCIUM CHANNEL BLOCKERS - BENZOTIAZEPINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<b>CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG (diltiazem hcl)</b>	Formulary	DO
<b>CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG, 300 MG (diltiazem hcl)</b>	Formulary	QL (1 capsule per 1 day)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	Formulary	DO
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	Formulary	QL (1 capsule per 1 day)
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Formulary	QL (2 capsules per 1 day)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg	Formulary	DO
diltiazem hcl oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	Formulary	QL (1 capsule per 1 day)
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	Formulary	DO

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	Formulary	QL (1 capsule per 1 day)
diltiazem hcl oral tablet 120 mg	Formulary	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Formulary	QL (4 tablet per 1 day)
diltiazem hcl oral tablet extended release 24 hr 180 mg	Formulary	DO
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	Formulary	QL (1 tablet per 1 day)
<b>TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG (diltiazem hcl)</b>	Formulary	DO
<b>TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG (diltiazem hcl)</b>	Formulary	QL (1 capsule per 1 day)
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC - DRUGS FOR HIGH BLOOD PRESSURE</b>		
nimodipine oral capsule 30 mg	Formulary	QL (12 capsule per 1 day)
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
amlodipine oral tablet 10 mg	Formulary	QL (1 tablet per 1 day)
amlodipine oral tablet 2.5 mg, 5 mg	Formulary	DO
felodipine oral tablet extended release 24 hr 10 mg	Formulary	QL (1 tablet per 1 day)
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	Formulary	DO
isradipine oral capsule 2.5 mg	Formulary	QL (2 capsules per 1 day)
isradipine oral capsule 5 mg	Formulary	QL (4 capsule per 1 day)
nicardipine oral capsule 20 mg	Formulary	QL (6 capsule per 1 day)
nicardipine oral capsule 30 mg	Formulary	QL (4 capsule per 1 day)
nifedipine oral capsule 10 mg, 20 mg	Formulary	QL (4 capsule per 1 day)
nifedipine oral tablet extended release 24hr 30 mg	Formulary	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	Formulary	QL (1 tablet per 1 day)
nifedipine oral tablet extended release 30 mg	Formulary	DO
nifedipine oral tablet extended release 60 mg, 90 mg	Formulary	QL (1 tablet per 1 day)
nisoldipine oral tablet extended release 24 hr 20 mg	Formulary	DO
nisoldipine oral tablet extended release 24 hr 30 mg, 40 mg	Formulary	QL (1 tablet per 1 day)
<b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
verapamil oral capsule, 24 hr er pellet ct 100 mg	Formulary	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	Formulary	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	Formulary	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	Formulary	QL (2 capsules per 1 day)
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	Formulary	QL (1 capsule per 1 day)
verapamil oral tablet 120 mg, 80 mg	Formulary	QL (4 tablet per 1 day)
verapamil oral tablet 40 mg	Formulary	QL (3 tablet per 1 day)
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Formulary	QL (2 tablets per 1 day)
<b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Formulary	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Formulary	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Formulary	
<b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
epinephrine injection auto-injector 0.3 mg/0.3 ml	Formulary	QL (2 pens per 1 fill)
<b>CARDIOVASCULAR SYMPATHOMIMETICS - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Formulary	
<b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Formulary	
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Formulary	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Formulary	
guanfacine oral tablet 1 mg, 2 mg	Formulary	
methyldopa oral tablet 250 mg, 500 mg	Formulary	
<b>DIGITALIS GLYCOSIDES - DRUGS FOR THE HEART</b>		
<b>DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)</b>	Formulary	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Formulary	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)</b>	Formulary	
<b>DIRECT ACTING VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Formulary	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Formulary	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Formulary	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Formulary	
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Formulary	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Formulary	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Formulary	
<b>DIURETIC - LOOP - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>ethacrynic acid oral tablet 25 mg</i>	Formulary	
<i>furosemide oral solution 10 mg/ml</i>	Formulary	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Formulary	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Formulary	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Formulary	
<b>DIURETIC - POTASSIUM SPARING - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride oral tablet 5 mg</i>	Formulary	
<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Formulary	
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	Formulary	
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	Formulary	
<i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DIURETIC - THIAZIDES AND RELATED - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorothiazide oral tablet 500 mg</i>	Formulary	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Formulary	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Formulary	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Formulary	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Formulary	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Formulary	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Formulary	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Formulary	
<b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Formulary	
<i>phenoxybenzamine oral capsule 10 mg</i>	Formulary	PA; QL (12 capsules per 1 day)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Formulary	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Formulary	
<b>PERIPHERAL VASODILATORS, SINGLE AGENTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Formulary	
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS- SELECTIVE CGMP-PDE5 INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>tadalafil oral tablet 20 mg</i>	Formulary	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>ANTIANXIETY AGENT - ANTIHISTAMINE TYPE - DRUGS FOR ANXIETY</b>		
<i>hydroxyzine 10 mg/5 ml soln</i>	Formulary	
<i>hydroxyzine 10 mg/5 ml syrup</i>	Formulary	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Formulary	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIANXIETY AGENT - BENZODIAZEPINES - DRUGS FOR ANXIETY</b>		
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)</b>	Formulary	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Formulary	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Formulary	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Formulary	
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)</b>	Formulary	
<i>diazepam oral concentrate 5 mg/ml</i>	Formulary	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Formulary	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Formulary	
<i>lorazepam oral concentrate 2 mg/ml</i>	Formulary	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Formulary	
<b>ANTIANXIETY AGENT - DICARBAMATE TYPE - DRUGS FOR ANXIETY</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Formulary	
<b>ANTIANXIETY AGENT - NON-BENZODIAZEPINE - DRUGS FOR ANXIETY</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Formulary	
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<b>MY SOLINE ORAL TABLET 250 MG, 50 MG (primidone)</b>	Formulary	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Formulary	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Formulary	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Formulary	
<i>primidone oral tablet 250 mg, 50 mg</i>	Formulary	

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<b>ANTICONVULSANT - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Formulary	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Formulary	
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Formulary	QL (5 kits per 25 days)
diazepam rectal kit 2.5 mg	Formulary	QL (5 kits per 25 days)
<b>ANTICONVULSANT - CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
felbamate oral suspension 600 mg/5 ml	Formulary	
felbamate oral tablet 400 mg, 600 mg	Formulary	
FELBATOL ORAL SUSPENSION 600 MG/5 ML (felbamate)	Formulary	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	Formulary	
<b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Formulary	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Formulary	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Formulary	
divalproex oral capsule, delayed rel sprinkle 125 mg	Formulary	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Formulary	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Formulary	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Formulary	
valproic acid oral capsule 250 mg	Formulary	
<b>ANTICONVULSANT - GABA ANALOGS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Formulary	
gabapentin oral solution 250 mg/5 ml	Formulary	
gabapentin oral tablet 600 mg, 800 mg	Formulary	

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<b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG <i>(tiagabine hcl)</i>	Formulary	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Formulary	
<b>ANTICONVULSANT - HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG <i>(phenytoin)</i>	Formulary	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML <i>(phenytoin)</i>	Formulary	
PEGANONE ORAL TABLET 250 MG <i>(ethotoin)</i>	Formulary	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG <i>(phenytoin sodium extended)</i>	Formulary	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Formulary	
<i>phenytoin oral tablet,chewable 50 mg</i>	Formulary	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Formulary	
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Formulary	
<i>carbamazepine oral tablet 200 mg</i>	Formulary	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Formulary	
<i>carbamazepine oral tablet,chewable 100 mg</i>	Formulary	
<b>CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG <i>(carbamazepine)</i></b>	Formulary	
<b>EPITOL ORAL TABLET 200 MG <i>(carbamazepine)</i></b>	Formulary	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Formulary	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Formulary	
<b>TEGRETOL ORAL SUSPENSION 100 MG/5 ML <i>(carbamazepine)</i></b>	Formulary	
<b>TEGRETOL ORAL TABLET 200 MG <i>(carbamazepine)</i></b>	Formulary	
<b>TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG <i>(carbamazepine)</i></b>	Formulary	
<b>TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) <i>(oxcarbazepine)</i></b>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Formulary	
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Formulary	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Formulary	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Formulary	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Formulary	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Formulary	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Formulary	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Formulary	
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Formulary	
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG (levetiracetam)	Formulary	
<i>levetiracetam oral solution 100 mg/ml</i>	Formulary	
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	Formulary	
<b>ANTICONVULSANT - SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Formulary	
<i>ethosuximide oral capsule 250 mg</i>	Formulary	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Formulary	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Formulary	
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Formulary	
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Formulary	

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Effective 06012022

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA) - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Formulary	
<i>mirtazapine oral tablet 7.5 mg</i>	Formulary	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Formulary	
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B - DRUGS FOR DEPRESSION</b>		
<i>phenelzine oral tablet 15 mg</i>	Formulary	
<i>tranylcypromine oral tablet 10 mg</i>	Formulary	
<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Formulary	QL (20 mL per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	Formulary	DO
<i>citalopram oral tablet 40 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Formulary	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Formulary	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	Formulary	DO
<i>fluoxetine oral capsule 40 mg</i>	Formulary	QL (2 capsules per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	Formulary	QL (4 capsules per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Formulary	QL (20 mL per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	Formulary	DO
<i>fluoxetine oral tablet 20 mg</i>	Formulary	
<i>fluvoxamine oral tablet 100 mg</i>	Formulary	QL (3 tablet per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	Formulary	DO
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Formulary	DO
<i>paroxetine hcl oral tablet 30 mg</i>	Formulary	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Formulary	QL (1.5 tablet per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	Formulary	DO
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	Formulary	QL (2 tablets per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Formulary	QL (10 mL per 1 day)
<i>sertraline oral tablet 100 mg</i>	Formulary	QL (2 tablets per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	Formulary	DO

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS) - DRUGS FOR DEPRESSION</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Formulary	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Formulary	
<b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION</b>		
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	Formulary	QL (1 capsule per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	Formulary	DO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Formulary	QL (3 tablet per 1 day)
<b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB - DRUGS FOR DEPRESSION</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Formulary	
<b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Formulary	
<b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH,DOPAMINE,SEROTONIN ANTAGON - DRUGS FOR DEPRESSION</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Formulary	
<b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS) - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl oral tablet 100 mg</i>	Formulary	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Formulary	DO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	Formulary	DO
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	Formulary	DO
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	Formulary	
<b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS) - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Formulary	

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<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Formulary	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>doxepin oral concentrate 10 mg/ml</i>	Formulary	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Formulary	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Formulary	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Formulary	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Formulary	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Formulary	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 37.5-150-200 mg</i>	Formulary	
<b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Formulary	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Formulary	
<b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>tolcapone oral tablet 100 mg</i>	Formulary	PA; QL (6 tablet per 1 day)
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>entacapone oral tablet 200 mg</i>	Formulary	QL (8 tablet per 1 day)
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>carbidopa oral tablet 25 mg</i>	Formulary	

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Effective 06012022

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<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS - DRUGS FOR PARKINSON</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Formulary	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Formulary	
<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR PARKINSON</b>		
<i>bromocriptine oral capsule 5 mg</i>	Formulary	
<i>bromocriptine oral tablet 2.5 mg</i>	Formulary	
<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B) - DRUGS FOR PARKINSON</b>		
<i>selegiline hcl oral capsule 5 mg</i>	Formulary	
<i>selegiline hcl oral tablet 5 mg</i>	Formulary	
<b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Formulary	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Formulary	
<i>amantadine hcl oral tablet 100 mg</i>	Formulary	QL (4 tablet per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Formulary	QL (3 tablet per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOTHIAZOLONES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOXAZOLE DERIV - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>risperidone oral solution 1 mg/ml</i>	Formulary	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Formulary	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i>	Formulary	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	Formulary	
<b>CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)</b>	Formulary	

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Effective 06012022

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<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Formulary	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - DIHYDROINDOLONES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Formulary	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Formulary	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Formulary	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Formulary	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Formulary	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTIPSYCHOTIC - THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Formulary	
<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>	Formulary	

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<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBIENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Formulary	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Formulary	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Formulary	
<b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ariPIPrazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Formulary	
<b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Formulary	PA
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)</b>		
<i>methamphetamine oral tablet 5 mg</i>	Formulary	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	Formulary	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	Formulary	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Formulary	PA
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Formulary	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Formulary	PA
<b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Formulary	PA

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Effective 06012022

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<b>BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)</b>	Formulary	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Formulary	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Formulary	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Formulary	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Formulary	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Formulary	
<b>DIASTAT RECTAL KIT 2.5 MG (diazepam)</b>	Formulary	QL (5 kits per 25 days)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)</b>		
<i>diazepam oral concentrate 5 mg/ml</i>	Formulary	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Formulary	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Formulary	
<i>diazepam rectal kit 2.5 mg</i>	Formulary	QL (5 kits per 25 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	Formulary	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Formulary	
<i>lorazepam oral concentrate 2 mg/ml</i>	Formulary	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>midazolam oral syrup 2 mg/ml</i>	Formulary	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Formulary	
<i>quazepam oral tablet 15 mg</i>	Formulary	
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	Formulary	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Formulary	
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Formulary	
<i>carbamazepine oral tablet 200 mg</i>	Formulary	
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral tablet, chewable 100 mg	Formulary	
<b>CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)</b>	Formulary	
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)</b>	Formulary	
<b>DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)</b>	Formulary	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)</b>	Formulary	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Formulary	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Formulary	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Formulary	
<b>EPITOL ORAL TABLET 200 MG (carbamazepine)</b>	Formulary	
<b>TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)</b>	Formulary	
<b>TEGRETOL ORAL TABLET 200 MG (carbamazepine)</b>	Formulary	
<b>TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (carbamazepine)</b>	Formulary	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Formulary	
<i>valproic acid oral capsule 250 mg</i>	Formulary	
<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Formulary	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Formulary	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Formulary	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Formulary	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>	Formulary	
<i>risperidone oral solution 1 mg/ml</i>	Formulary	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Formulary	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Formulary	
<b>BIPOLAR THERAPY AGENTS - LITHIUM - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lithium carbonate oral capsule 300 mg</i>	Formulary	
<i>lithium carbonate oral tablet 300 mg</i>	Formulary	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Formulary	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Formulary	
<b>LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)</b>	Formulary	
<b>CANNABIS AND CANNABINOID RECEPTOR AGONISTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Formulary	
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Formulary	PA
<b>CNS STIMULANT - AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Formulary	PA
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Formulary	PA
<i>methamphetamine oral tablet 5 mg</i>	Formulary	PA
<b>CNS STIMULANT - ANALEPTICS - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Formulary	
<b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Formulary	
<b>MIGRAINE THERAPY - ANALGESIC-VASOCONSTRICTOR-SEDATIVE COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	Formulary	
<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES</b>		
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)</b>	Formulary	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES</b>		
dihydroergotamine injection solution 1 mg/ml	Formulary	PA
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Formulary	QL (8 EA per 30 days)
<b>MIGRAINE THERAPY - ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES</b>		
ergotamine-caffeine oral tablet 1-100 mg	Formulary	
<b>MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)</b>	Formulary	
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES</b>		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Formulary	QL (9 tablets per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Formulary	QL (9 tablets per 30 days)
frovatriptan oral tablet 2.5 mg	Formulary	ST; QL (9 tablets per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Formulary	QL (9 tablets per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Formulary	QL (9 tablets per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Formulary	QL (9 tablets per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Formulary	QL (6 nasal inhalers per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Formulary	QL (9 tablets per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Formulary	QL (2 mL per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Formulary	QL (4 cartridge (2ml) per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Formulary	QL (5 vial per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Formulary	QL (9 tablets per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Formulary	QL (9 tablets per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC - DRUGS FOR SLEEP DISORDER</b>		
modafinil oral tablet 100 mg	Formulary	PA; DO
modafinil oral tablet 200 mg	Formulary	PA; QL (1 tablet per 1 day)
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE - DRUGS FOR SLEEP DISORDER</b>		
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Formulary	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE,SYMPATHOMIMETIC,AMPHETAMINES - DRUGS FOR SLEEP DISORDER</b>		
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	Formulary	PA
dextroamphetamine oral tablet 10 mg, 5 mg	Formulary	PA
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Formulary	PA
<b>SEDATIVE-HYPNOTIC - ANTIHISTAMINES - DRUGS FOR INSOMNIA</b>		
diphenhydramine 50 mg capsule (otc)	Formulary	OTC
<b>SEDATIVE-HYPNOTIC - BARBITURATES - DRUGS FOR INSOMNIA</b>		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Formulary	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Formulary	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Formulary	
<b>SECONAL SODIUM ORAL CAPSULE 100 MG</b> (secobarbital sodium)	Formulary	
<b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES - DRUGS FOR INSOMNIA</b>		
estazolam oral tablet 1 mg, 2 mg	Formulary	
flurazepam oral capsule 15 mg, 30 mg	Formulary	
midazolam oral syrup 2 mg/ml	Formulary	
quazepam oral tablet 15 mg	Formulary	
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	Formulary	
triazolam oral tablet 0.125 mg, 0.25 mg	Formulary	
<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA</b>		
zaleplon oral capsule 10 mg, 5 mg	Formulary	ST; QL (1 capsule per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Formulary	QL (1 tablet per 1 day)
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT - DRUGS FOR ADDICTION</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE - DRUGS FOR OPIOID ADDICTION</b>		
buprenorphine hcl sublingual tablet 2 mg	Formulary	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet 8 mg	Formulary	QL (3 tablets per 90 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	Formulary	QL (12 tablets per 1 day)

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	Formulary	QL (3 tablets per 1 day)
<b>ALCOHOL DETERRENTS - DRUGS FOR ALCOHOL ADDICTION</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Formulary	
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE - DRUGS FOR SMOKING ADDICTION</b>		
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	Formulary	
<b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>		
<b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>		
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	Formulary	
<b>COGNITIVE DISORDER THERAPY - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	Formulary	
<i>galantamine oral solution 4 mg/ml</i>	Formulary	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Formulary	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Formulary	
<b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine oral tablet 10 mg, 5 mg</i>	Formulary	
<b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>ergoloid oral tablet 1 mg</i>	Formulary	
<b>CONTRACEPTIVES - DRUGS FOR WOMEN</b>		
<b>CONTRACEPTIVE ORAL - BIPHASIC - BIRTH CONTROL PILLS</b>		
<i>desog-e.estradiol/e.estriadiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Formulary; \$0	
<b>KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b> <i>(desogestrel-ethinyl estradiol/ethinyl estradiol)</i>	Formulary; \$0	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CONTRACEPTIVE ORAL - MONOPHASIC - BIRTH CONTROL PILLS</b>		
<b>APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)</b>	Formulary; \$0	
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<b>CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)</b>	Formulary; \$0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Formulary; \$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Formulary; \$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Formulary; \$0	
<b>JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acetate-ethinyl estradiol)</b>	Formulary; \$0	
<b>JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acetate-ethinyl estradiol)</b>	Formulary; \$0	
<b>JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)</b>	Formulary; \$0	
<b>JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)</b>	Formulary; \$0	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Formulary; \$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Formulary; \$0	
<b>LEVORA-28 ORAL TABLET 0.15-0.03 MG (levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<b>LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)</b>	Formulary; \$0	
<b>MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acetate-ethinyl estradiol)</b>	Formulary; \$0	
<b>MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acetate-ethinyl estradiol)</b>	Formulary; \$0	
<b>MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)</b>	Formulary; \$0	
<b>MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)</b>	Formulary; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone-ethinyl estradiol)</b>	Formulary; \$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Formulary; \$0	
<i>norethindrone-e.estradol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Formulary; \$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Formulary; \$0	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (norethindrone-ethinyl estradiol)</b>	Formulary; \$0	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)</b>	Formulary; \$0	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethinyl estradiol)</b>	Formulary; \$0	
<b>OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG (norgestrel-ethinyl estradiol)</b>	Formulary; \$0	
<b>PORTIA 28 ORAL TABLET 0.15-0.03 MG (/levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<b>PREVIFEM ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)</b>	Formulary; \$0	
<b>SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)</b>	Formulary; \$0	
<b>ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diacetate-ethinyl estradiol)</b>	Formulary; \$0	
<b>CONTRACEPTIVE ORAL - PROGESTIN - BIRTH CONTROL PILLS</b>		
<b>CAMILA ORAL TABLET 0.35 MG (norethindrone)</b>	Formulary; \$0	
<b>ERRIN ORAL TABLET 0.35 MG (norethindrone)</b>	Formulary; \$0	
<b>NORA-BE ORAL TABLET 0.35 MG (norethindrone)</b>	Formulary; \$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Formulary; \$0	
<b>CONTRACEPTIVE ORAL - TRIPHASIC - BIRTH CONTROL PILLS</b>		
<b>ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (/levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Formulary; \$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	Formulary; \$0	
<b>NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone-ethinyl estradiol)</b>	Formulary; \$0	
<b>TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)</b>	Formulary; \$0	

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Effective 06012022

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<b>TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)</b>	Formulary; \$0	
<b>TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorgestrel/ethinyl estradiol)</b>	Formulary; \$0	
<b>VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG (desogestrel-ethinyl estradiol)</b>	Formulary; \$0	
<b>EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Formulary	OTC
<b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	Formulary	OTC
<b>DERMATOLOGICAL - DRUGS FOR THE SKIN</b>		
<b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES - DRUGS FOR THE SKIN</b>		
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)</b>	Formulary	PA
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)</b>	Formulary	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Formulary	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE - DRUGS FOR THE SKIN</b>		
<i>azelaic acid topical gel 15 %</i>	Formulary	
<i>clindamycin phosphate topical gel 1 %</i>	Formulary	
<i>clindamycin phosphate topical lotion 1 %</i>	Formulary	
<i>clindamycin phosphate topical solution 1 %</i>	Formulary	
<i>clindamycin phosphate topical swab 1 %</i>	Formulary	
<b>ERYGEL TOPICAL GEL 2 % (erythromycin base in ethanol)</b>	Formulary	
<i>erythromycin with ethanol topical gel 2 %</i>	Formulary	
<i>erythromycin with ethanol topical solution 2 %</i>	Formulary	
<i>metronidazole topical cream 0.75 %</i>	Formulary	
<i>metronidazole topical lotion 0.75 %</i>	Formulary	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Formulary	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS - DRUGS FOR THE SKIN</b>		
<b>AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)</b>	Formulary	PA

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<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Formulary	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Formulary	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Formulary	PA
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Formulary	
<b>ACNE THERAPY TOPICAL - KERATOLYTIC - DRUGS FOR THE SKIN</b>		
<i>benzoyl peroxide topical foam 5.3 %, 9.8 %</i>	Formulary	PA; OTC
<b>BPO TOPICAL GEL 4 %, 8 % (benzoyl peroxide)</b>	Formulary	PA; OTC
<b>BPO TOPICAL TOWELETTE 6 % (benzoyl peroxide)</b>	Formulary	OTC
<b>ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>adapalene topical cream 0.1 %</i>	Formulary	PA
<i>adapalene topical gel 0.1 %</i>	Formulary	PA
<i>adapalene topical solution 0.1 %</i>	Formulary	PA
<b>AVITA TOPICAL CREAM 0.025 % (tretinoin)</b>	Formulary	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Formulary	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Formulary	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Formulary	PA
<b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES - DRUGS FOR THE SKIN</b>		
<i>gentamicin topical cream 0.1 %</i>	Formulary	
<i>gentamicin topical ointment 0.1 %</i>	Formulary	
<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER - DRUGS FOR THE SKIN</b>		
<i>mupirocin calcium topical cream 2 %</i>	Formulary	
<i>mupirocin topical ointment 2 %</i>	Formulary	
<i>silver nitrate topical solution 0.5 %</i>	Formulary	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Formulary	
<b>DERMATOLOGICAL - ANTIBACTERIAL SULFONAMIDES - DRUGS FOR THE SKIN</b>		
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Formulary	
<b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES - DRUGS FOR THE SKIN</b>		
<i>naftifine topical cream 1 %</i>	Formulary	ST
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR THE SKIN</b>		
<i>nystatin topical cream 100,000 unit/gram</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin topical ointment 100,000 unit/gram</i>	Formulary	
<i>nystatin topical powder 100,000 unit/gram</i>	Formulary	
<b>NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)</b>	Formulary	
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE - DRUGS FOR THE SKIN</b>		
<i>ciclopirox topical cream 0.77 %</i>	Formulary	
<i>ciclopirox topical gel 0.77 %</i>	Formulary	
<i>ciclopirox topical shampoo 1 %</i>	Formulary	
<i>ciclopirox topical solution 8 %</i>	Formulary	
<i>ciclopirox topical suspension 0.77 %</i>	Formulary	
<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS - DRUGS FOR THE SKIN</b>		
<i>clotrimazole topical cream 1 %</i>	Formulary	OTC
<i>clotrimazole topical solution 1 %</i>	Formulary	OTC
<i>econazole topical cream 1 %</i>	Formulary	
<i>ketoconazole topical cream 2 %</i>	Formulary	
<i>ketoconazole topical shampoo 2 %</i>	Formulary	
<i>oxiconazole topical cream 1 %</i>	Formulary	ST
<b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Formulary	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Formulary	
<b>DERMAZENE TOPICAL CREAM 1-1 %</b> <i>(hydrocortisone/iodoquinol)</i>	Formulary	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Formulary	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Formulary	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Formulary	
<b>DERMATOLOGICAL - ANTOINEOPLASTIC ANTIMETABOLITES - DRUGS FOR THE SKIN</b>		
<i>fluorouracil topical cream 5 %</i>	Formulary	QL (40 gm per 365 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	Formulary	QL (10 mL per 365 days)
<b>DERMATOLOGICAL - ANTOINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium topical gel 3 %</i>	Formulary	PA; QL (300 gm per 365 days)

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Effective 06012022

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<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTOSENSITIZING - DRUGS FOR THE SKIN</b>		
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	Formulary; OC	OC
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Formulary	
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL - DRUGS FOR THE SKIN</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Formulary	
<i>calcipotriene topical cream 0.005 %</i>	Formulary	
<i>calcipotriene topical ointment 0.005 %</i>	Formulary	
<b>DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)</b>	Formulary	
<i>tazarotene topical cream 0.1 %</i>	Formulary	
<b>DERMATOLOGICAL - ANTIVIRAL, HERPES - DRUGS FOR THE SKIN</b>		
<i>acyclovir topical ointment 5 %</i>	Formulary	QL (30 gm per 30 days)
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE - DRUGS FOR THE SKIN</b>		
<i>mafenide acetate topical packet 50 gram</i>	Formulary	
<i>silver sulfadiazine topical cream 1 %</i>	Formulary	
<b>SSD TOPICAL CREAM 1 % (silver sulfadiazine)</b>	Formulary	
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS - DRUGS FOR THE SKIN</b>		
<i>pimecrolimus topical cream 1 %</i>	Formulary	ST
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Formulary	ST
<b>DERMATOLOGICAL - DEPIGMENTING AGENTS - DRUGS FOR THE SKIN</b>		
<i>hydroquinone microspheres topical cream,extended release 4 %</i>	Formulary	
<b>DERMATOLOGICAL - EMOLLIENTS - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate topical cream 12 %</i>	Formulary	OTC
<i>ammonium lactate topical lotion 12 %</i>	Formulary	OTC

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Effective 06012022

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<b>DERMATOLOGICAL - GLUCOCORTICOID - DRUGS FOR THE SKIN</b>		
<b>ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)</b>	Formulary	
<i>alclometasone topical cream 0.05 %</i>	Formulary	
<i>alclometasone topical ointment 0.05 %</i>	Formulary	
<i>amcinonide topical cream 0.1 %</i>	Formulary	ST
<i>amcinonide topical lotion 0.1 %</i>	Formulary	ST
<i>amcinonide topical ointment 0.1 %</i>	Formulary	ST
<b>APEXICON E TOPICAL CREAM 0.05 % (diflorasone diacetate/emollient base)</b>	Formulary	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	Formulary	ST
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Formulary	ST
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Formulary	ST
<i>betamethasone valerate topical cream 0.1 %</i>	Formulary	ST
<i>betamethasone valerate topical foam 0.12 %</i>	Formulary	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	Formulary	ST
<i>betamethasone valerate topical ointment 0.1 %</i>	Formulary	ST
<i>betamethasone, augmented topical cream 0.05 %</i>	Formulary	
<i>betamethasone, augmented topical gel 0.05 %</i>	Formulary	ST
<i>betamethasone, augmented topical lotion 0.05 %</i>	Formulary	ST
<i>betamethasone, augmented topical ointment 0.05 %</i>	Formulary	
<i>clobetasol scalp solution 0.05 %</i>	Formulary	
<i>clobetasol topical cream 0.05 %</i>	Formulary	
<i>clobetasol topical foam 0.05 %</i>	Formulary	
<i>clobetasol topical gel 0.05 %</i>	Formulary	
<i>clobetasol topical lotion 0.05 %</i>	Formulary	
<i>clobetasol topical ointment 0.05 %</i>	Formulary	
<i>clobetasol topical shampoo 0.05 %</i>	Formulary	
<i>clobetasol-emollient topical cream 0.05 %</i>	Formulary	
<i>desonide topical cream 0.05 %</i>	Formulary	ST
<i>desonide topical lotion 0.05 %</i>	Formulary	ST
<i>desonide topical ointment 0.05 %</i>	Formulary	ST
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Formulary	ST
<i>desoximetasone topical gel 0.05 %</i>	Formulary	ST
<i>desoximetasone topical ointment 0.25 %</i>	Formulary	ST
<i>diflorasone topical cream 0.05 %</i>	Formulary	ST

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Effective 06012022

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<i>diflorasone topical ointment 0.05 %</i>	Formulary	ST
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Formulary	ST
<i>fluocinolone topical oil 0.01 %</i>	Formulary	ST
<i>fluocinolone topical ointment 0.025 %</i>	Formulary	ST
<i>fluocinolone topical solution 0.01 %</i>	Formulary	ST
<i>fluocinonide topical cream 0.05 %</i>	Formulary	
<i>fluocinonide topical gel 0.05 %</i>	Formulary	ST
<i>fluocinonide topical ointment 0.05 %</i>	Formulary	
<i>fluocinonide topical solution 0.05 %</i>	Formulary	
<b>FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide/emollient base)</b>	Formulary	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Formulary	
<i>flurandrenolide topical cream 0.05 %</i>	Formulary	ST
<i>flurandrenolide topical lotion 0.05 %</i>	Formulary	ST
<i>flurandrenolide topical ointment 0.05 %</i>	Formulary	ST
<i>fluticasone propionate topical cream 0.05 %</i>	Formulary	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	Formulary	ST
<i>halobetasol propionate topical cream 0.05 %</i>	Formulary	
<i>halobetasol propionate topical ointment 0.05 %</i>	Formulary	
<i>hydrocortisone 1% cream (rx)</i>	Formulary	OTC
<i>hydrocortisone 1% cream carton (rx)</i>	Formulary	OTC
<i>hydrocortisone 1% ointment (rx)</i>	Formulary	OTC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Formulary	ST
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Formulary	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Formulary	ST
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Formulary	ST
<i>hydrocortisone topical cream 2.5 %</i>	Formulary	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Formulary	
<i>hydrocortisone topical lotion 2.5 %</i>	Formulary	
<i>hydrocortisone topical ointment 2.5 %</i>	Formulary	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Formulary	ST
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Formulary	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Formulary	
<i>mometasone topical cream 0.1 %</i>	Formulary	
<i>mometasone topical ointment 0.1 %</i>	Formulary	
<i>prednicarbate topical cream 0.1 %</i>	Formulary	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednicarbate topical ointment 0.1 %</i>	Formulary	ST
<b>PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 % (hydrocortisone)</b>	Formulary	
<b>PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)</b>	Formulary	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Formulary	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Formulary	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Formulary	
<b>TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)</b>	Formulary	
<b>DERMATOLOGICAL - GLUCOCORTICOID-EMOLlient COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	Formulary	
<b>DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Formulary	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Formulary	
<b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES - DRUGS FOR THE SKIN</b>		
<i>imiquimod topical cream in packet 5 %</i>	Formulary	QL (48 packet per 365 days)
<b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS - DRUGS FOR THE SKIN</b>		
<i>podofilox topical solution 0.5 %</i>	Formulary	
<i>salicylic acid topical cream,extended release 6 %</i>	Formulary	
<i>salicylic acid topical gel 6 %</i>	Formulary	
<b>TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)</b>	Formulary	
<i>urea 40% lotion</i>	Formulary	
<i>urea topical cream 40 %, 50 %</i>	Formulary	
<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Formulary	QL (1 gram per 1 day)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Formulary	
<b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC - DRUGS FOR THE SKIN</b>		
<i>tazarotene topical cream 0.1 %</i>	Formulary	

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<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL - DRUGS FOR THE SKIN</b>		
<i>azelaic acid topical gel 15 %</i>	Formulary	
<i>metronidazole topical cream 0.75 %</i>	Formulary	
<i>metronidazole topical gel 0.75 %</i>	Formulary	
<i>metronidazole topical lotion 0.75 %</i>	Formulary	
<b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES - DRUGS FOR THE SKIN</b>		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Formulary	
<i>lidocaine hcl topical cream 3 %</i>	Formulary	OTC
<i>lidocaine hcl topical lotion 3 %</i>	Formulary	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Formulary	QL (3 patches per 1 day)
<b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES - DRUGS FOR THE SKIN</b>		
<i>doxepin topical cream 5 %</i>	Formulary	
<b>PRUDOXIN TOPICAL CREAM 5 % (doxepin hcl)</b>	Formulary	
<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS - DRUGS FOR THE SKIN</b>		
<i>lindane topical shampoo 1 %</i>	Formulary	
<i>malathion topical lotion 0.5 %</i>	Formulary	
<i>permethrin topical cream 5 %</i>	Formulary	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC - MULTIPLE URINE TESTS</b>		
<b>CHEK-STIX CONTROL STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 10 MD STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 10/SG STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 2 GP STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 50B STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 7 STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>CHEMSTRIP 9 STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>COMBISTIX REAGENT STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>HEMA-COMBISTIX STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>LABSTIX REAGENT STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>MULTISTIX 10 SG STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>MULTISTIX 7 STRIP (urine multiple test strips)</b>	Formulary	OTC
<b>MULTISTIX 9 SG STRIP (urine multiple test strips)</b>	Formulary	OTC

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Effective 06012022

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MULTISTIX 9 STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
MULTISTIX STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
URISTIX 4 STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
URISTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>DRUGS TO TREAT ERECTILE DYSFUNCTION - DRUGS FOR THE URINARY SYSTEM</b>		
<b>ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB - DRUGS FOR ERECTILE DYSFUNCTION</b>		
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Formulary	PA
tadalafil oral tablet 10 mg, 20 mg	Formulary	PA
tadalafil oral tablet 5 mg	Formulary	PA; QL (30 tablets per 30 days)
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Formulary	PA
<b>EATING DISORDER THERAPY - DRUGS FOR EATING DISORDERS</b>		
<b>APPETITE STIMULANTS - CANNABINOIDS - DRUGS FOR EATING DISORDERS</b>		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Formulary	
<b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE - DRUGS FOR EATING DISORDERS</b>		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Formulary; OC	OC
<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS - DRUGS FOR NUTRITION</b>		
<b>AMINO ACID - CARNITINE DERIVATIVES - DRUGS FOR NUTRITION</b>		
levocarnitine oral tablet 330 mg	Formulary	OTC
<b>DIETARY PRODUCT - INFANT FORMULAS - DRUGS FOR NUTRITION</b>		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM ( <i>infant formula for pku, iron, no.2</i> )	Formulary	
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN - DRUGS FOR NUTRITION</b>		
sodium polystyrene sulfonate oral powder	Formulary	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML ( <i>sodium polystyrene sulfonate/sorbitol solution</i> )	Formulary	

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<b>SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)</b>	Formulary	
<b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT - DRUGS FOR NUTRITION</b>		
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Formulary	
<b>MINERALS AND ELECTROLYTES - IODINE - DRUGS FOR NUTRITION</b>		
<b>LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)</b>	Formulary	
<b>STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)</b>	Formulary	
<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL - DRUGS FOR NUTRITION</b>		
<b>EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)</b>	Formulary	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)</b>	Formulary	
<b>KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)</b>	Formulary	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Formulary	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Formulary	
<i>potassium chloride oral packet 20 meq</i>	Formulary	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	Formulary	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Formulary	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)</b>	Formulary	

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Effective 06012022

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<b>NUTRITIONAL PRODUCT - PHENYLKETONURIA (PKU) SPECIFIC FORMULATION - DRUGS FOR NUTRITION</b>		
<b>PERIFLEX INFANT ORAL POWDER 13 GRAM-421 KCAL/100 GRAM</b> ( <i>infant formula for pku with iron combination no.4</i> )	Formulary	
<b>PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM</b> ( <i>infant formula for pku, iron, no.2</i> )	Formulary	
<b>PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G</b> ( <i>nutritional therapy for phenylketonuria (pku) with iron no.1</i> )	Formulary	
<b>PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM</b> ( <i>nutritional therapy for phenylketonuria(pku) with iron no.27</i> )	Formulary	
<b>PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G</b> ( <i>nutritional therapy for phenylketonuria (pku) no.31</i> )	Formulary	
<b>PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM</b> ( <i>nutritional therapy for phenylketonuria (pku) no.31</i> )	Formulary	
<b>PHENYL-FREE 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G</b> ( <i>nutritional therapy for phenylketonuria(pku) with iron no.10</i> )	Formulary	
<b>PHLEXY-10 DRINK MIX POWDER ORAL POWDER IN PACKET 8.33 GRAM-69 69 KCAL/20 GRAM</b> ( <i>nutritional therapy for phenylketonuria (pku) no.8</i> )	Formulary	
<b>PRENATAL VITAMINS AND MINERALS - DRUGS FOR NUTRITION</b>		
<b>MYNATAL ADVANCE ORAL TABLET 90-1-50 MG</b> ( <i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i> )	Formulary	
<b>MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG</b> ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	Formulary	
<b>MYNATAL ORAL TABLET 90-1-50 MG</b> ( <i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i> )	Formulary	
<b>MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG</b> ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	Formulary	
<b>MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG</b> ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	Formulary	
<b>MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG</b> ( <i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i> )	Formulary	
<b>PRENATABS FA ORAL TABLET 29-1 MG</b> ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	Formulary	
<b>PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG</b> ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	Formulary	

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<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b> ( <i>multivitamin combination no.51/ferrous fumarate/folic acid</i> )	Formulary	
<b>VINATE II ORAL TABLET 29 MG IRON- 1 MG</b> ( <i>prenatal vitamins with calcium/iron fum,b-g/folic acid</i> )	Formulary	
<b>VINATE M ORAL TABLET 27 MG IRON-1 MG</b> ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	Formulary	
<b>VITAFOL-OB ORAL TABLET 65-1 MG</b> ( <i>prenatal vits with calcium no.10/ferrous fumarate/folic acid</i> )	Formulary	
<b>VITAMINS - B-3, NIACIN AND DERIVATIVES - DRUGS FOR NUTRITION</b>		
<b>ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG</b> ( <i>niacin</i> )	Formulary	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Formulary	
<i>niacin oral tablet 100 mg, 50 mg</i>	Formulary	
<i>niacin oral tablet 250 mg</i>	Formulary	
<i>niacin oral tablet 500 mg</i>	Formulary	OTC
<i>niacin oral tablet extended release 250 mg</i>	Formulary	
<b>SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG</b> ( <i>niacin</i> )	Formulary	
<b>VITAMINS - D DERIVATIVES - DRUGS FOR NUTRITION</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Formulary	PA
<i>calcitriol oral solution 1 mcg/ml</i>	Formulary	PA
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Formulary	
<b>VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)</b> <i>(ergocalciferol (vitamin d2))</i>	Formulary	
<b>VITAMINS - FOLIC ACID AND DERIVATIVES - DRUGS FOR NUTRITION</b>		
<i>folic acid 1 mg tablet (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet 10x10, u-d, inner (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet 10x10, u-d, outer (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet inner,u-d,robot-rdy (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet outer,u-d,robot-rdy (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet u-d,inner,10x10 (rx)</i>	Formulary	OTC
<i>folic acid 1 mg tablet u-d,outer,10x10 (rx)</i>	Formulary	OTC
<b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES - DRUGS FOR NUTRITION</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ENDOCRINE - HORMONES</b>		
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS) - DRUGS FOR DIABETES</b>		
<b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (glucagon,human recombinant)</b>	Formulary	
<b>ANABOLIC STEROID - SINGLE AGENTS - DRUGS FOR MEN</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Formulary	PA
<b>ANDROGEN - SINGLE AGENTS - DRUGS FOR MEN</b>		
<i>methyltestosterone oral capsule 10 mg</i>	Formulary	
<i>testosterone 1% (50 mg/5 g) pk inner 1 % (50 mg/5 gram)</i>	Formulary	PA; QL (1 packet per 1 day)
<i>testosterone 1% (50 mg/5 g) pk outer 1 % (50 mg/5 gram)</i>	Formulary	PA; QL (1 packet per 1 day)
<i>testosterone 12.5 mg/1.25 gram 12.5 mg/ 1.25 gram (1 %)</i>	Formulary	PA; QL (1 bottle per 30 days)
<i>testosterone 12.5 mg/1.25 gram inner 12.5 mg/ 1.25 gram (1 %)</i>	Formulary	PA; QL (1 bottle per 30 days)
<i>testosterone 12.5 mg/1.25 gram outer 12.5 mg/ 1.25 gram (1 %)</i>	Formulary	PA; QL (1 bottle per 30 days)
<i>testosterone 50 mg/5 gram pkt 1 % (50 mg/5 gram)</i>	Formulary	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Formulary	PA; QL (2 packet per 1 day)
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES - HORMONES</b>		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Formulary	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Formulary	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Formulary	
<b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Formulary	
<i> miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Formulary	
<b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS - DRUGS FOR DIABETES</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Formulary	
<i> repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Formulary	
<b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES</b>		
<i> glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Formulary	ST
<i> glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Formulary	ST

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<b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES - DRUGS FOR DIABETES</b>		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Formulary	ST
glipizide oral tablet 10 mg, 5 mg	Formulary	ST
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Formulary	ST
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Formulary	ST
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Formulary	ST
<b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES - DRUGS FOR THYROID</b>		
methimazole oral tablet 10 mg, 5 mg	Formulary	
<b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES - DRUGS FOR THYROID</b>		
propylthiouracil oral tablet 50 mg	Formulary	
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
alendronate oral solution 70 mg/75 ml	Formulary	
alendronate oral tablet 10 mg, 5 mg	Formulary	QL (1 tablet per 1 day)
alendronate oral tablet 35 mg, 70 mg	Formulary	QL (4 tablets per 28 days)
etidronate disodium oral tablet 200 mg	Formulary	
risedronate oral tablet 30 mg, 5 mg	Formulary	QL (1 tablet per 1 day)
risedronate oral tablet 35 mg	Formulary	QL (4 tablets per 28 days)
<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
cinacalcet oral tablet 30 mg, 60 mg	Formulary	PA; QL (2 tablets per 1 day)
cinacalcet oral tablet 90 mg	Formulary	PA
<b>CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Formulary	QL (1 bottle per 30 days)
<b>ESTROGEN-ANDROGEN - DRUGS FOR WOMEN</b>		
estogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Formulary	
<b>ESTROGEN-PROGESTIN - DRUGS FOR WOMEN</b>		
estradiol-norethindrone acet oral tablet 1-0.5 mg	Formulary	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ESTROGENS - DRUGS FOR WOMEN</b>		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Formulary	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Formulary	QL (8 patch per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Formulary	
<b>FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON-FSH) - DRUGS FOR WOMEN</b>		
clomiphene citrate oral tablet 50 mg	Formulary	PA
<b>SEROPHENE ORAL TABLET 50 MG (clomiphene citrate)</b>	Formulary	PA
<b>GLUCOCORTICOIDS - DRUGS FOR INFLAMMATION</b>		
cortisone oral tablet 25 mg	Formulary	
<b>DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG (dexamethasone)</b>	Formulary	
<b>DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)</b>	Formulary	
dexamethasone oral elixir 0.5 mg/5 ml	Formulary	
dexamethasone oral solution 0.5 mg/5 ml	Formulary	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Formulary	
dexamethasone oral tablet 1 mg, 2 mg	Formulary	
dexamethasone oral tablets,dose pack 1.5 mg (51 tabs)	Formulary	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Formulary	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Formulary	
methylprednisolone oral tablets,dose pack 4 mg	Formulary	
prednisolone oral solution 15 mg/5 ml	Formulary	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Formulary	
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)</b>	Formulary	
prednisone oral solution 5 mg/5 ml	Formulary	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Formulary	
prednisone oral tablets,dose pack 10 mg, 5 mg	Formulary	
<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN</b>		
danazol oral capsule 100 mg, 200 mg, 50 mg	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HUMAN INSULINS - FIXED COMBINATIONS - DRUGS FOR DIABETES</b>		
<b>HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)</b>	Formulary	OTC
<b>NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)</b>	Formulary	ST; OTC
<b>HUMAN INSULINS - INTERMEDIATE ACTING - DRUGS FOR DIABETES</b>		
<b>HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)</b>	Formulary	OTC
<b>NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)</b>	Formulary	ST; OTC
<b>HUMAN INSULINS - SHORT ACTING - DRUGS FOR DIABETES</b>		
<b>HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)</b>	Formulary	OTC
<b>HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)</b>	Formulary	
<b>NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)</b>	Formulary	ST; OTC
<b>INSULIN ANALOGS - FIXED COMBINATIONS - DRUGS FOR DIABETES</b>		
<b>HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)</b>	Formulary	
<b>NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (<i>insulin aspart protamine human/insulin aspart</i>)</b>	Formulary	ST
<b>NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin aspart protamine human/insulin aspart</i>)</b>	Formulary	ST
<b>INSULIN ANALOGS - LONG ACTING - DRUGS FOR DIABETES</b>		
<b>LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine, human recombinant analog</i>)</b>	Formulary	
<b>INSULIN ANALOGS - RAPID ACTING - DRUGS FOR DIABETES</b>		
<b>HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)</b>	Formulary	

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Effective 06012022

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<b>HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)</b>	Formulary	
<b>NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart)</b>	Formulary	ST
<b>NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart)</b>	Formulary	ST
<b>NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart)</b>	Formulary	ST
<b>INSULIN RESPONSE ENHancers - BIGUANIDES - DRUGS FOR DIABETES</b>		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Formulary	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Formulary	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Formulary	ST
<b>INSULIN RESPONSE ENHancers - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS) - DRUGS FOR DIABETES</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Formulary	ST; QL (1 tablet per 1 day)
<b>MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Formulary	
<b>OXYTOCIC - ERGOT ALKALOIDS - DRUGS FOR WOMEN</b>		
<b>METHERGINE ORAL TABLET 0.2 MG (methylergonovine maleate)</b>	Formulary	
<i>methylergonovine oral tablet 0.2 mg</i>	Formulary	
<b>PROGESTINS - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Formulary	QL (1 tablet per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Formulary	
<i>progesterone micronized oral capsule 100 mg</i>	Formulary	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Formulary	QL (1 capsule per 1 day)
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Formulary	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene oral tablet 60 mg</i>	Formulary; \$0	

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<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE) - DRUGS FOR THYROID</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid,pork</i> )	Formulary	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE) - DRUGS FOR THYROID</b>		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Formulary	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE) - DRUGS FOR THYROID</b>		
LEVO-T ORAL TABLET 125 MCG ( <i>levothyroxine sodium</i> )	Formulary	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Formulary	
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 ( <i>levothyroxine sodium</i> )	Formulary	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	Formulary	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	Formulary	
<b>GASTROINTESTINAL THERAPY AGENTS - DRUGS FOR THE STOMACH</b>		
<b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA</b>		
<i>loperamide oral capsule 2 mg</i>	Formulary	OTC
PAREGORIC ORAL LIQUID 2 MG/5 ML ( <i>paregoric</i> )	Formulary	
<b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR DIARRHEA</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Formulary	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Formulary	
<b>ANTIDIARRHEAL OPIOID AGENTS - DRUGS FOR DIARRHEA</b>		
PAREGORIC ORAL LIQUID 2 MG/5 ML ( <i>paregoric</i> )	Formulary	
<b>ANTIEMETIC - ANTICHOLINERGICS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Formulary	

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<b>ANTIEMETIC - CANNABINOID TYPE - DRUGS FOR VOMITING AND NAUSEA</b>		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Formulary	
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
trimethobenzamide oral capsule 300 mg	Formulary	
<b>ANTIEMETIC - PHENOTHIAZINES - DRUGS FOR VOMITING AND NAUSEA</b>		
COMPRO RECTAL SUPPOSITORY 25 MG ( <i>prochlorperazine</i> )	Formulary	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG ( <i>promethazine hcl</i> )	Formulary	
<i>prochlorperazine maleate</i> oral tablet 10 mg, 5 mg	Formulary	
<i>prochlorperazine rectal suppository</i> 25 mg	Formulary	
<i>promethazine</i> oral syrup 6.25 mg/5 ml	Formulary	
<i>promethazine</i> oral tablet 12.5 mg, 25 mg, 50 mg	Formulary	
<i>promethazine</i> rectal suppository 12.5 mg, 25 mg, 50 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG ( <i>promethazine hcl</i> )	Formulary	
<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>gransetron hcl</i> oral tablet 1 mg	Formulary	QL (10 tablets per 30 days)
<i>ondansetron hcl</i> oral solution 4 mg/5 ml	Formulary	QL (8 mL per 1 day)
<i>ondansetron hcl</i> oral tablet 24 mg	Formulary	QL (8 tablet per 30 days)
<i>ondansetron hcl</i> oral tablet 4 mg	Formulary	QL (48 tablets per 30 days)
<i>ondansetron hcl</i> oral tablet 8 mg	Formulary	QL (24 tablets per 30 days)
<i>ondansetron</i> oral tablet,disintegrating 4 mg	Formulary	QL (48 tablets per 30 days)
<i>ondansetron</i> oral tablet,disintegrating 8 mg	Formulary	QL (24 tablets per 30 days)
<b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>aprepitant</i> oral capsule 125 mg	Formulary	QL (5 capsules per 25 days)
<i>aprepitant</i> oral capsule 80 mg	Formulary	QL (10 capsules per 25 days)
<i>aprepitant</i> oral capsule,dose pack 125 mg (1)- 80 mg (2)	Formulary	QL (15 capsules per 25 days)
<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR) - DRUGS FOR THE STOMACH</b>		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML ( <i>lactulose</i> )	Formulary	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML ( <i>lactulose</i> )	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS - DRUGS FOR THE STOMACH</b>		
ursodiol oral capsule 300 mg	Formulary	
ursodiol oral tablet 250 mg	Formulary	
<b>GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
cimetidine 200 mg tablet (rx)	Formulary	OTC
cimetidine 200 mg tablet f/c (rx)	Formulary	OTC
cimetidine hcl oral solution 300 mg/5 ml	Formulary	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Formulary	
famotidine 20 mg tablet (rx)	Formulary	OTC
famotidine 20 mg tablet 12's (rx)	Formulary	OTC
famotidine 20 mg tablet f/c (rx)	Formulary	OTC
famotidine 20 mg tablet u-d,10x10,inner (rx)	Formulary	OTC
famotidine 20 mg tablet u-d,10x10,outer (rx)	Formulary	OTC
famotidine 20 mg tablet u-d,robot ready,innr (rx)	Formulary	OTC
famotidine 20 mg tablet u-d,robot ready,outr (rx)	Formulary	OTC
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Formulary	
famotidine oral tablet 40 mg	Formulary	
nizatidine oral capsule 150 mg, 300 mg	Formulary	
ranitidine 150 mg tablet (rx)	Formulary	OTC
ranitidine 150 mg tablet f/c (rx)	Formulary	OTC
ranitidine 150 mg tablet f/c, inner (rx)	Formulary	OTC
ranitidine 150 mg tablet f/c, outer (rx)	Formulary	OTC
ranitidine 150 mg tablet f/c, u-d, 10x10 (rx)	Formulary	OTC
ranitidine 150 mg tablet u-d,10x10,inner (rx)	Formulary	OTC
ranitidine 150 mg tablet u-d,10x10,outer (rx)	Formulary	OTC
ranitidine hcl oral capsule 150 mg, 300 mg	Formulary	
ranitidine hcl oral syrup 15 mg/ml	Formulary	
ranitidine hcl oral tablet 300 mg	Formulary	
<b>GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIs) - DRUGS FOR ULCERS AND STOMACH ACID</b>		
esomeprazole mag dr 20 mg cap (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole mag dr 20 mg cap inner (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)
esomeprazole mag dr 20 mg cap outer (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Formulary	ST; QL (1 capsule per 1 day)
lansoprazole dr 15 mg capsule (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)
lansoprazole dr 15 mg capsule inner (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)
lansoprazole dr 15 mg capsule outer (rx)	Formulary	ST; OTC; QL (1 capsule per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	Formulary	ST; QL (1 capsule per 1 day)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Formulary	ST; QL (1 tablet per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Formulary	QL (1 capsule per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Formulary	QL (1 tablet per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Formulary	ST; QL (1 tablet per 1 day)
<b>GASTRIC ACID SECRETION REDUCING-PROTON PUMP INHIBITOR AND ANTACID COMB - DRUGS FOR ULCERS AND STOMACH ACID</b>		
omeprazole-bicarb 20-1,100 cap (rx) 20-1.1 mg-gram	Formulary	ST; OTC; QL (1 capsule per 1 day)
<b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
misoprostol oral tablet 100 mcg, 200 mcg	Formulary	
<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS - DRUGS FOR THE STOMACH</b>		
metoclopramide hcl oral solution 5 mg/5 ml	Formulary	
metoclopramide hcl oral tablet 10 mg, 5 mg	Formulary	
<b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS</b>		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Formulary	
hyoscyamine sulfate oral drops 0.125 mg/ml	Formulary	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Formulary	
hyoscyamine sulfate oral tablet 0.125 mg	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Formulary	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Formulary	
hyoscyamine sulfate sublingual tablet 0.125 mg	Formulary	
<b>HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)</b>	Formulary	
<b>HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)</b>	Formulary	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Formulary	
<b>SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)</b>	Formulary	
<b>SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)</b>	Formulary	
<b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS - DRUGS FOR STOMACH CRAMPS</b>		
glycopyrrolate oral tablet 1 mg, 2 mg	Formulary	
propantheline oral tablet 15 mg	Formulary	
<b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES - DRUGS FOR STOMACH CRAMPS</b>		
dicyclomine oral capsule 10 mg	Formulary	
dicyclomine oral tablet 20 mg	Formulary	
<b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS - DRUGS FOR STOMACH CRAMPS</b>		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Formulary	
<b>GI ANTISPASMODIC AND OPIOID COMBINATIONS - DRUGS FOR STOMACH CRAMPS</b>		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Formulary	
<b>GI ANTISPASMODIC COMBINATIONS OTHER - DRUGS FOR STOMACH CRAMPS</b>		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Formulary	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Formulary	
phenobarb-hyosc-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	Formulary	
phenobarb-hyosc-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	Formulary	
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
alosetron oral tablet 0.5 mg, 1 mg	Formulary	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
balsalazide oral capsule 750 mg	Formulary	QL (9 capsule per 1 day)
mesalamine rectal enema 4 gram/60 ml	Formulary	QL (60 mL per 1 day)
sulfasalazine oral tablet 500 mg	Formulary	QL (8 tablet per 1 day)
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Formulary	QL (8 tablet per 1 day)
<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
budesonide oral capsule,delayed,extend.release 3 mg	Formulary	QL (3 capsule per 1 day)
<b>COLOCORT RECTAL ENEMA 100 MG/60 ML (hydrocortisone)</b>	Formulary	
hydrocortisone rectal enema 100 mg/60 ml	Formulary	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
alosetron oral tablet 0.5 mg, 1 mg	Formulary	PA; QL (2 tablets per 1 day)
<b>LAXATIVE - SALINE AND OSMOTIC - DRUGS TO PREVENT CONSTIPATION</b>		
lactulose oral packet 10 gram	Formulary	
polyethylene glycol 3350 oral powder 17 gram/dose	Formulary	OTC
polyethylene glycol 3350 oral powder in packet 17 gram	Formulary	OTC
<b>LAXATIVE - SALINE/OSMOTIC MIXTURES - DRUGS TO PREVENT CONSTIPATION</b>		
peg-electrolyte soln oral recon soln 420 gram	Formulary; \$0	
<b>TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM (sodium chloride/sodium bicarbonate/potassium chloride/peg)</b>	Formulary; \$0	
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<b>CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)</b>	Formulary	
sucralfate oral tablet 1 gram	Formulary	
<b>GENITOURINARY THERAPY - DRUGS FOR THE URINARY SYSTEM</b>		
<b>PHOSPHATE BINDERS - CALCIUM-BASED - DRUGS FOR THE URINARY SYSTEM</b>		
calcium acetate(phosphat bind) oral tablet 667 mg	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PHOSPHATE BINDERS - DRUGS FOR THE URINARY SYSTEM</b>		
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Formulary	
<b>PROSTATIC HYPERSTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Formulary	
<i>tamsulosin oral capsule 0.4 mg</i>	Formulary	
<b>PROSTATIC HYPERSTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE</b>		
<i>finasteride oral tablet 5 mg</i>	Formulary	
<b>PROSTATIC HYPERSTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR - DRUGS FOR THE PROSTATE</b>		
<i>tadalafil oral tablet 5 mg</i>	Formulary	PA; QL (30 tablets per 30 days)
<b>PROSTATIC HYPERSTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Formulary	
<b>URINARY ALKALINIZER - CITRATES - DRUGS FOR INFECTIONS</b>		
<i>CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG (potassium citrate/citric acid)</i>	Formulary	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	Formulary	
<b>URINARY ANALGESICS - DRUGS FOR INFECTIONS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Formulary	
<b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS - DRUGS FOR INFECTIONS</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Formulary	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Formulary	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES - DRUGS FOR INFECTIONS</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Formulary	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS - DRUGS FOR INFECTIONS</b>		
<b>URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG</b> (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Formulary	
<b>URIN DS ORAL TABLET 81.6-10.8-40.8 MG</b> (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Formulary	
<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE - DRUGS FOR THE BLADDER</b>		
<b>ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG</b> (hyoscyamine sulfate)	Formulary	
hyoscyamine sulfate oral drops 0.125 mg/ml	Formulary	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Formulary	
hyoscyamine sulfate oral tablet 0.125 mg	Formulary	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Formulary	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Formulary	
hyoscyamine sulfate sublingual tablet 0.125 mg	Formulary	
<b>HYOSYNE ORAL DROPS 0.125 MG/ML</b> (hyoscyamine sulfate)	Formulary	
<b>HYOSYNE ORAL ELIXIR 0.125 MG/5 ML</b> (hyoscyamine sulfate)	Formulary	
<b>SYMAX-SL SUBLINGUAL TABLET 0.125 MG</b> (hyoscyamine sulfate)	Formulary	
<b>SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG</b> (hyoscyamine sulfate)	Formulary	
<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS - DRUGS FOR THE BLADDER</b>		
flavoxate oral tablet 100 mg	Formulary	
oxybutynin chloride oral syrup 5 mg/5 ml	Formulary	
oxybutynin chloride oral tablet 5 mg	Formulary	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Formulary	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Formulary	
tolterodine oral tablet 1 mg, 2 mg	Formulary	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS - DRUGS FOR THE BLADDER</b>		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>GOUT AND HYPERURICEMIA THERAPY - DRUGS FOR PAIN AND FEVER</b>		
<b>GOUT AND HYPERURICEMIA - ANTIMIMITOTIC-URICOSURIC COMBINATIONS - GOUT DRUGS</b>		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Formulary	
<b>HYPURICEMIA THERAPY - URICOSURICS - GOUT DRUGS</b>		
<i>probenecid oral tablet 500 mg</i>	Formulary	
<b>HYPURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS - GOUT DRUGS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Formulary	
<b>HEMATOLOGICAL AGENTS - DRUGS FOR THE BLOOD</b>		
<b>ANTICOAGULANTS - COUMARIN - DRUGS TO PREVENT BLOOD CLOTS</b>		
<b>COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin sodium)</b>	Formulary	
<b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin sodium)</b>	Formulary	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Formulary	
<b>HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Formulary	
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS - DRUGS TO PREVENT BLEEDING</b>		
<i>aminocaproic acid oral tablet 500 mg</i>	Formulary	
<b>INDIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Formulary	QL (1 syringe per 1 day)
<b>LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Formulary	QL (28 syringes per 28 days)
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Formulary	QL (2 capsules per 1 day)

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Formulary	
<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Formulary	
<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel oral tablet 75 mg</i>	Formulary	QL (1 tablet per 1 day)
<b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Formulary	
<b>IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Formulary	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Formulary	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Formulary	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)</b>	Formulary	
<b>GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine, modified)</b>	Formulary	
<b>NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)</b>	Formulary	
<b>NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)</b>	Formulary	
<b>PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)</b>	Formulary	
<b>SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)</b>	Formulary	
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)</b>	Formulary	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Formulary	
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<b>CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)</b>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (<i>mycophenolate mofetil</i>)</b>	Formulary	
<b>CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)</b>	Formulary	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Formulary	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Formulary	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Formulary	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Formulary	
<b>MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (<i>mycophenolate sodium</i>)</b>	Formulary	
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<b>RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)</b>	Formulary	
<b>RAPAMUNE ORAL TABLET 1 MG, 2 MG (<i>sirolimus</i>)</b>	Formulary	
<i>sirolimus oral tablet 1 mg, 2 mg</i>	Formulary	
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>azathioprine oral tablet 50 mg</i>	Formulary	
<b>LOCOMOTOR SYSTEM - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>ALS AGENTS - BENZATHIAZOLES - DRUGS FOR NERVES AND MUSCLES</b>		
<i>riluzole oral tablet 50 mg</i>	Formulary	
<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS - DRUGS FOR NERVES AND MUSCLES</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Formulary	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Formulary	
<b>ANTIMYASTHENIC AGENTS OTHER - DRUGS FOR NERVES AND MUSCLES</b>		
<b>GUANIDINE ORAL TABLET 125 MG (<i>guanidine hcl</i>)</b>	Formulary	
<b>SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
baclofen oral tablet 10 mg, 20 mg	Formulary	
carisoprodol oral tablet 350 mg	Formulary	
chlorzoxazone oral tablet 250 mg, 500 mg	Formulary	
cyclobenzaprine oral tablet 10 mg, 5 mg	Formulary	
metaxalone oral tablet 400 mg, 800 mg	Formulary	ST
methocarbamol oral tablet 500 mg, 750 mg	Formulary	
orphenadrine citrate oral tablet extended release 100 mg	Formulary	
tizanidine oral tablet 2 mg, 4 mg	Formulary	
<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Formulary	
<b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Formulary	
<b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB. - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Formulary	
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME) - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Formulary	OTC
COMFORT LANCETS ( <i>lancets</i> )	Formulary	OTC
E-Z JECT LANCETS ( <i>lancets</i> )	Formulary	OTC
FINGERSTIX LANCETS ( <i>lancets</i> )	Formulary	OTC
FREESTYLE LANCETS 28 GAUGE ( <i>lancets</i> )	Formulary	OTC
FREESTYLE UNISTIK 2 ( <i>lancets</i> )	Formulary	OTC
<i>lancets</i>	Formulary	OTC
LANCETS, SUPER THIN ( <i>lancets</i> )	Formulary	OTC
LANCETS, THIN ( <i>lancets</i> )	Formulary	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MICROLET LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>ONETOUCH ULTRA CONTROL SOLUTION</b> ( <i>blood glucose calibration control solution, normal</i> )	Formulary	OTC
<b>SINGLE-LET</b> ( <i>lancets</i> )	Formulary	OTC
<b>SOFT TOUCH LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ULTILET CLASSIC LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ULTRA THIN LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ULTRA TLC LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET COMFORTOUCH LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET EXCELITE II LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET EXCELITE LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET GP LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML</b> ( <i>syringe without needle, insulin disposable, 1 ml</i> )	Formulary	OTC
<b>BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, insulin, 0.3 ml</i> )	Formulary	ST; OTC
<b>EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle, insulin, 0.5 ml</i> )	Formulary	ST; OTC
<b>EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	ST; OTC
<b>INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle, insulin, 0.5 ml</i> )	Formulary	OTC
<i>insulin syringe needleless syringe 1 ml</i>	Formulary	OTC

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i>	Formulary	ST; OTC
<b>LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 7/16"</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>LITE TOUCH INSULIN SYRINGE SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin disposable</i> )	Formulary	ST; OTC
<b>MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16"</b> ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16"</i>	Formulary	ST; OTC
<b>SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	ST; OTC
<b>TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle, insulin, 0.5 ml</i> )	Formulary	ST; OTC
<b>TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 ml)</b>	Formulary	ST; OTC
<b>ULTILET INSULIN SYRINGE SYRINGE 1/2 ML 29</b> ( <i>syringe with needle, insulin, 0.5 ml</i> )	Formulary	ST; OTC
<b>ULTILET PEN NEEDLE NEEDLE 29 GAUGE</b> ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle, insulin, 0.3 ml</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE</b> ( <i>syringe with needle, insulin, 0.5 ml</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	ST; OTC
<b>UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2"</b> ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC
<b>VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	ST; OTC
<b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>ACE AEROSOL CLOUD ENHANCER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROCHAMBER MV SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROCHAMBER WITH FLOWSIGNAL SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROTRACH PLUS SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>EASIVENT MASK LARGE DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	
<b>EASIVENT MASK MEDIUM DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>EASIVENT MASK SMALL DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	
<b>MICROCHAMBER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>MICROSPACER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>POCKET CHAMBER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>VORTEX HOLDING CHAMBER TODDLER SPACER</b> ( <i>inhaler, assist device with small mask</i> )	Formulary	
<b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>DIASTIX STRIP</b> ( <i>urine glucose test strip</i> )	Formulary	OTC
<b>MEDICAL SUPPLIES AND DME - URINE GLUCOSE-ACETONE COMBINATION TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>KETO-DIASTIX STRIP</b> ( <i>urine glucose-acet test strip</i> )	Formulary	OTC
<b>MEDICAL SUPPLIES AND DME - URINE KETONE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>CHEK-STIX CONTROL STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>KETONE URINE TEST STRIP</b> ( <i>urine acetone test, strips</i> )	Formulary	OTC
<b>KETOSTIX STRIP</b> ( <i>urine acetone test, strips</i> )	Formulary	OTC
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>ACCU-CHEK SOFTCLIX LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ACE AEROSOL CLOUD ENHANCER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROCHAMBER MV SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROCHAMBER WITH FLOWSIGNAL SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>AEROTRACH PLUS SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML</b> ( <i>syringe without needle, insulin disposable, 1 ml</i> )	Formulary	OTC
<b>BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC
<b>BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CHEK-STIX CONTROL STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 10 MD STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 10/SG STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 2 GP STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 50B STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 7 STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>CHEMSTRIP 9 STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>COMBISTIX REAGENT STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>COMFORT LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>DIASTIX STRIP</b> ( <i>urine glucose test strip</i> )	Formulary	OTC
<b>EASIVENT MASK LARGE DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	
<b>EASIVENT MASK MEDIUM DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	
<b>EASIVENT MASK SMALL DEVICE</b> ( <i>inhaler, assist devices, accessories</i> )	Formulary	
<b>EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>E-Z JECT LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>FINGERSTIX LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>FREESTYLE LANCETS 28 GAUGE</b> ( <i>lancets</i> )	Formulary	OTC
<b>FREESTYLE UNISTIK 2</b> ( <i>lancets</i> )	Formulary	OTC
<b>HEMA-COMBISTIX STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	OTC
<b>INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	OTC
<i>insulin syringe needleless syringe 1 ml</i>	Formulary	OTC
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i>	Formulary	ST; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETO-DIASTIX STRIP ( <i>urine glucose-acet test strip</i> )	Formulary	OTC
KETONE URINE TEST STRIP ( <i>urine acetone test,strips</i> )	Formulary	OTC
KETOSTIX STRIP ( <i>urine acetone test,strips</i> )	Formulary	OTC
LABSTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
<i>lancets</i>	Formulary	OTC
LANCETS, SUPER THIN ( <i>lancets</i> )	Formulary	OTC
LANCETS,THIN ( <i>lancets</i> )	Formulary	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 7/16" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
MICROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Formulary	
MICROLET LANCET ( <i>lancets</i> )	Formulary	OTC
MICROSPACER SPACER ( <i>inhaler, assist devices</i> )	Formulary	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" ( <i>syringe with needle,insulin disposable</i> )	Formulary	ST; OTC
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
MULTISTIX 10 SG STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
MULTISTIX 7 STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
MULTISTIX 9 SG STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
MULTISTIX 9 STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
MULTISTIX STRIP ( <i>urine multiple test strips</i> )	Formulary	OTC
ONETOUCH ULTRA CONTROL SOLUTION ( <i>blood glucose calibration control solution, normal</i> )	Formulary	OTC
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16" ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16"	Formulary	ST; OTC
<b>POCKET CHAMBER SPACER</b> ( <i>inhaler, assist devices</i> )	Formulary	
<b>SINGLE-LET</b> ( <i>lancets</i> )	Formulary	OTC
<b>SOFT TOUCH LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>ULTILET CLASSIC LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ULTILET INSULIN SYRINGE SYRINGE 1/2 ML 29</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>ULTILET PEN NEEDLE NEEDLE 29 GAUGE</b> ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16"</b> ( <i>syringe with needle,insulin,0.3 ml</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE</b> ( <i>syringe with needle,insulin,0.5 ml</i> )	Formulary	ST; OTC
<b>ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16"</b> ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Formulary	ST; OTC
<b>ULTRA THIN LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>ULTRA TLC LANCETS</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2"</b> ( <i>pen needle, diabetic</i> )	Formulary	ST; OTC

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>UNILET COMFORTOUCH LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET EXCELITE II LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET EXCELITE LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>UNILET GP LANCET</b> ( <i>lancets</i> )	Formulary	OTC
<b>URISTIX 4 STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>URISTIX REAGENT STRIP</b> ( <i>urine multiple test strips</i> )	Formulary	OTC
<b>VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"</b> ( <i>syringe with needle, disposable, insulin 1 ml</i> )	Formulary	ST; OTC
<b>VORTEX HOLDING CHAMBER TODDLER SPACER</b> ( <i>inhaler, assist device with small mask</i> )	Formulary	
<b>METABOLIC MODIFIERS - DRUGS THAT ALTER METABOLISM</b>		
<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE - DRUGS THAT ALTER METABOLISM</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Formulary	PA
<i>calcitriol oral solution 1 mcg/ml</i>	Formulary	PA
<i>doxercalciferol oral capsule 2.5 mcg</i>	Formulary	PA
<b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>levocarnitine oral tablet 330 mg</i>	Formulary	OTC
<b>METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX - DRUGS THAT ALTER METABOLISM</b>		
<i>miglustat oral capsule 100 mg</i>	Formulary	PA
<b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Formulary	PA; QL (25 GM per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Formulary	PA; QL (40 tablets per 1 day)
<b>MOUTH-THROAT-DENTAL - PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))</b>	Formulary	
<b>DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))</b>	Formulary	
<b>SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))</b>	Formulary	
<b>SF DENTAL GEL 1.1 % (fluoride (sodium))</b>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MOUTH AND THROAT - ANTIFUNGALS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Formulary	QL (5 tablet per 1 day)
<i>nystatin oral suspension 100,000 unit/ml</i>	Formulary	
<b>MOUTH AND THROAT - ANTISEPTICS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)</b>	Formulary	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)</b>	Formulary	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Formulary	
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Formulary	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Formulary	QL (10 mL per 1 day)
<b>LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)</b>	Formulary	QL (10 mL per 1 day)
<b>MOUTH AND THROAT - SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline oral capsule 30 mg</i>	Formulary	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Formulary	
<b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>doxycycline hydiate oral tablet 20 mg</i>	Formulary	
<b>OPHTHALMIC AGENTS - DRUGS FOR THE EYE</b>		
<b>MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Formulary	
<b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Formulary	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Formulary	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Formulary	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Formulary	
<b>OPHTHALMIC - ANTICHOLINERGICS - DRUGS FOR THE EYE</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	Formulary	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Formulary	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Formulary	
<b>HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)</b>	Formulary	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Formulary	
<b>OPHTHALMIC - ANTIHISTAMINES - DRUGS FOR ITCHY EYE</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Formulary	QL (1 bottle per 24 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Formulary	QL (1 bottle per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Formulary	ST; QL (1 bottle per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Formulary	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Formulary	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Formulary	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Formulary	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Formulary	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Formulary	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Formulary	
<b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Formulary	
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>OPHTHALMIC - DECONGESTANTS - DRUGS FOR ITCHY EYE</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Formulary	
<b>OPHTHALMIC - DIAGNOSTIC AGENTS - DRUGS FOR THE EYE</b>		
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Formulary	
<b>FUL-GLO OPHTHALMIC (EYE) STRIP 1 MG (fluorescein sodium)</b>	Formulary	
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS - DRUGS FOR GLAUCOMA</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Formulary	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Formulary	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Formulary	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Formulary	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Formulary	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Formulary	
<b>OPHTHALMIC - IRRIGATION SOLUTIONS - DRUGS FOR THE EYE</b>		
<b>BALANCED SALT INTRAOCULAR SOLUTION (balanced salt irrig soln no.2)</b>	Formulary	
<b>BSS INTRAOCULAR SOLUTION (balanced salt irrig soln no.2)</b>	Formulary	
<b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS - DRUGS FOR THE EYE</b>		
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Formulary	
<b>TETRACAIN HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl/pf)</b>	Formulary	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Formulary	
<b>OPHTHALMIC - MAST CELL STABILIZERS - DRUGS FOR ITCHY EYE</b>		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Formulary	QL (1 bottle per 30 days)
<b>OPHTHALMIC ANTIBACTERIAL MIXTURES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<b>AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin/polymyxin b sulfate)</b>	Formulary	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Formulary	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	Formulary	
<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<b>GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) (gentamicin sulfate)</b>	Formulary	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Formulary	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	Formulary	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Formulary	
<b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Formulary	
<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Formulary	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Formulary	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Formulary	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Formulary	
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Formulary	
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Formulary	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Formulary	
<b>OPHTHALMIC ANTVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Formulary	
<b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Formulary	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Formulary	

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<b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Formulary	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Formulary	
<b>OTIC (EAR) - DRUGS FOR THE EAR</b>		
<b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Formulary	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Formulary	
<b>OTIC (EAR) - ANTI-INFECTIVES OTHER - ANTIBIOTICS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Formulary	
<b>OTIC (EAR) - FLUOROQUINOLONES - ANTIBIOTICS</b>		
<i>ofloxacin otic (ear) drops 0.3 %</i>	Formulary	
<b>OTIC (EAR) - GLUCOCORTICOIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Formulary	
<b>RESPIRATORY THERAPY AGENTS - DRUGS FOR THE LUNGS</b>		
<b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (phenylephrine hcl/promethazine hcl)</i>	Formulary	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Formulary	
<b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Formulary	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Formulary	
<i>clemastine oral tablet 2.68 mg</i>	Formulary	
<i>diphenhydramine 50 mg capsule (otc)</i>	Formulary	OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Formulary	OTC
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES - DRUGS FOR ALLERGIES</b>		
<i>PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG (promethazine hcl)</i>	Formulary	

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<i>promethazine oral syrup 6.25 mg/5 ml</i>	Formulary	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Formulary	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Formulary	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine hcl)</b>	Formulary	
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Formulary	
<i>cyproheptadine oral tablet 4 mg</i>	Formulary	
<b>ANTIHISTAMINES - 1ST GENERATION - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Formulary	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Formulary	
<i>clemastine oral tablet 2.68 mg</i>	Formulary	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Formulary	
<i>cyproheptadine oral tablet 4 mg</i>	Formulary	
<i>diphenhydramine 50 mg capsule (otc)</i>	Formulary	OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Formulary	OTC
<b>PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG (promethazine hcl)</b>	Formulary	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Formulary	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Formulary	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Formulary	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine hcl)</b>	Formulary	
<b>ANTIHISTAMINES - 2ND GENERATION - DRUGS FOR ALLERGIES</b>		
<i>cetirizine hcl 1 mg/ml soln (rx)</i>	Formulary	OTC
<i>cetirizine hcl 1 mg/ml syrup (rx)</i>	Formulary	OTC
<i>cetirizine hcl 1 mg/ml syrup grape (rx)</i>	Formulary	OTC
<i>desloratadine oral tablet 5 mg</i>	Formulary	
<i>desloratadine oral tablet,disintegrating 5 mg</i>	Formulary	
<i>levocetirizine oral tablet 5 mg</i>	Formulary	OTC
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES - DRUGS FOR ALLERGIES</b>		
<i>cetirizine hcl 1 mg/ml soln (rx)</i>	Formulary	OTC
<i>cetirizine hcl 1 mg/ml syrup (rx)</i>	Formulary	OTC

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
cetirizine hcl 1 mg/ml syrup grape (rx)	Formulary	OTC
levocetirizine oral tablet 5 mg	Formulary	OTC
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES</b>		
desloratadine oral tablet 5 mg	Formulary	
desloratadine oral tablet,disintegrating 5 mg	Formulary	
<b>ANTITUSSIVES - NON-OPIOID - DRUGS FOR ALLERGIES</b>		
benzonatate oral capsule 100 mg, 200 mg	Formulary	
<b>ASTHMA THERAPY - ALPHA/BETA ADRENERGIC AGENTS - DRUGS FOR ASTHMA/COPD</b>		
epinephrine injection syringe 0.1 mg/ml	Formulary	
<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS) - DRUGS FOR ASTHMA/COPD</b>		
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Formulary	QL (120 ML per 30 days)
<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD</b>		
montelukast oral granules in packet 4 mg	Formulary	QL (1 packet per 1 day)
montelukast oral tablet 10 mg	Formulary	QL (1 tablet per 1 day)
montelukast oral tablet,chewable 4 mg, 5 mg	Formulary	QL (1 tablet per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	Formulary	
<b>ASTHMA THERAPY - MAST CELL STABILIZERS - DRUGS FOR ASTHMA/COPD</b>		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Formulary	
<b>ASTHMA THERAPY - XANTHINES - DRUGS FOR ASTHMA/COPD</b>		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML ( <i>theophylline anhydrous</i> )	Formulary	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline anhydrous</i> )	Formulary	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG ( <i>theophylline anhydrous</i> )	Formulary	
theophylline oral elixir 80 mg/15 ml	Formulary	
theophylline oral solution 80 mg/15 ml	Formulary	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Formulary	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Formulary	

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Effective 06012022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Formulary	QL (378 ML per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Formulary	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	Formulary	
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)</b>	Formulary	QL (2 inhalers per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Formulary	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Formulary	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Formulary	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Formulary	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Formulary	
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Formulary	
<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES - DRUGS FOR CYSTIC FIBROSIS</b>		
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Formulary	
<b>MUCOLYTICS - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Formulary	
<b>NASAL ANTICHOLINERGICS - ALLERGY</b>		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Formulary	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Formulary	QL (1 mL per 1 day)
<b>NASAL ANTIHISTAMINES - ALLERGY</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Formulary	QL (1 package per 25 days)
<b>NASAL CORTICOSTEROIDS - ALLERGY</b>		
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	Formulary	OTC

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Formulary	ST; QL (1 bottle per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Formulary	ST; OTC; QL (1 bottle per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Formulary	ST; QL (1 bottle per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Formulary	OTC
<b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Formulary	
<b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Formulary	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Formulary	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Formulary	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB. - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Formulary	
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Formulary	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Formulary	
<b>HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone bitartrate/homatropine methylbromide)</b>	Formulary	
<b>VAGINAL PRODUCTS - DRUGS FOR WOMEN</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES - DRUGS FOR INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Formulary	
<b>VAGINAL ANTIFUNGAL - IMIDAZOLES - DRUGS FOR INFECTIONS</b>		
<b>MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)</b>	Formulary	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>VAGINAL ANTIFUNGAL - TRIAZOLES - DRUGS FOR INFECTIONS</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Formulary	
<i>terconazole vaginal suppository 80 mg</i>	Formulary	
<b>VAGINAL ANTIprotozoal-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES - DRUGS FOR INFECTIONS</b>		
<i>metronidazole vaginal gel 0.75 %</i>	Formulary	
<b>VAGINAL ANTISEPTIC MIXTURES - DRUGS FOR INFECTIONS</b>		
<b>FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)</b>	Formulary	
<b>VAGINAL ESTROGENS - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Formulary	

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Effective 06012022

## Index

abacavir.....	19	APEXICON E.....	59	brompheniramine-pseudoeph-	
abacavir-lamivudine-zidovudine	20	apraclonidine.....	95	dm.....	100
acarbose.....	67	aprepitant.....	73	<b>BSS</b> .....	94
<b>ACCU-CHEK SOFTCLIX</b>		<b>APRI</b> .....	53	budesonide.....	77, 98, 99
<b>LANCETS</b> .....	83, 87	ariPIPRAZOLE.....	46, 48	bumetanide.....	35
<b>ACE AEROSOL CLOUD</b>		<b>ARMOUR THYROID</b> .....	72	buprenorphine hcl.....	51
<b>ENHANCER</b> .....	86, 87	<b>ASCOMP WITH CODEINE</b> .....	11	buprenorphine-naloxone.....	51, 52
acebutolol.....	32	aspirin-dipyridamole.....	80	bupropion hcl.....	42, 52
acetaminophen-codeine.....	11	atazanavir.....	23	buspirone.....	37
acetazolamide.....	35	atenolol.....	31	butalbital-acetaminop-caf-cod	11
acetic acid.....	96	atenolol-chlorthalidone.....	34	butalbital-acetaminophen.....	12
acylcysteine.....	16, 99	atomoxetine.....	46	butalbital-acetaminophen-caff	12
acitretin.....	58	atorvastatin.....	30	butalbital-aspirin-caffeine	15
acyclovir.....	21, 22, 58	atovaquone.....	19	butorphanol tartrate.....	12
adapalene.....	56	atovaquone-proguanil.....	18	cabergoline.....	71
adefovir.....	21	atropine.....	93	caffeine citrate.....	49
<b>AEROCHAMBER MV</b> .....	86, 87	<b>AVAR</b> .....	55	calcipotriene.....	58
<b>AEROCHAMBER WITH</b>		<b>AVIANE</b> .....	53	calcitonin (salmon).....	68
<b>FLOW SIGNAL</b> .....	86, 87	<b>AVITA</b> .....	56	calcitriol.....	66, 91
<b>AEROTRACH PLUS</b> .....	86, 87	azathioprine.....	13, 82	calcium acetate(phosphat bind)	
<b>AK-POLY-BAC</b> .....	94	azelaic acid.....	55, 62	.....	64, 77, 78
<b>ALA-CORT</b> .....	59	azelastine.....	93, 99	<b>CAMILA</b> .....	54
albendazole.....	17	azithromycin.....	22	candesartan.....	28
albuterol sulfate.....	99	bacitracin.....	95	candesartan-hydrochlorothiazid	28
alclometasone.....	59	bacitracin-polymyxin b.....	94	capecitabine.....	25
alendronate.....	68	baclofen.....	83	captopril.....	27
alfuzosin.....	78	<b>BALANCED SALT</b> .....	94	captopril-hydrochlorothiazide	27
allopurinol.....	80	balsalazide.....	77	<b>CARAFATE</b> .....	77
almotriptan malate.....	50	<b>BD INSULIN SYRINGE</b> .....	84, 87	carbamazepine.....	39, 47, 48
alosetron.....	76, 77	<b>BD INSULIN SYRINGE</b>		<b>CARBATROL</b> .....	39, 48
alprazolam.....	37, 47	<b>SAFETY-LOK</b> .....	84, 87	carbidopa.....	43
<b>ALPRAZOLAM INTENSOL</b> .....	37, 47	<b>BD INSULIN SYRINGE SLIP</b>		carbidopa-levodopa.....	43
amantadine hcl.....	44	<b>TIP</b> .....	84, 87	carbidopa-levodopa-	
amcinonide.....	59	<b>BD SAFETYGLIDE INSULIN</b>		entacapone.....	43
amiloride.....	35	<b>SYRINGE</b> .....	84, 87	carbinoxamine maleate.....	96, 97
amiloride-hydrochlorothiazide	35	belladonna alkaloids-opium.....	76	carisoprodol.....	83
aminocaproic acid.....	80	benazepril.....	27	carisoprodol-aspirin.....	82
amiodarone.....	30	benazepril-hydrochlorothiazide	27	carisoprodol-aspirin-codeine	83
amitriptyline.....	42	benzonataate.....	98	carteolol.....	94
amitriptyline-chlordiazepoxide		benzoyl peroxide.....	56	<b>CARTIA XT</b> .....	32
.....	42, 47	benztropine.....	44	carvedilol.....	28
amlodipine.....	33	betamethasone dipropionate	59	cefaclor.....	20
amlodipine-atorvastatin.....	31	betamethasone valerate.....	59	cefadroxil.....	20
amlodipine-benazepril.....	27	betamethasone, augmented	59	cefdinir.....	21
ammonium lactate.....	58	betaxolol.....	31, 94	cefditoren pivoxil.....	21
<b>AMNESTEEM</b> .....	55	bethanechol chloride.....	79	cefixime.....	21
amoxapine.....	43	bexarotene.....	26	cefodoxime.....	21
amoxicillin.....	16, 17	bicalutamide.....	24	ceprozil.....	20
amoxicillin-pot clavulanate	17	bimatoprost.....	96	cefuroxime axetil.....	20
ampicillin.....	17	bisoprolol fumarate.....	31	celecoxib.....	14
anagrelide.....	81	bisoprolol-hydrochlorothiazide	34	<b>CELLCEPT</b> .....	13, 81, 82
<b>ANASPAZ</b> .....	75, 79	<b>BPO</b> .....	56	<b>CELONTIN</b> .....	40
anastrozole.....	25	brimonidine.....	95	cephalexin.....	20
<b>ANUCORT-HC</b> .....	16	bromocriptine.....	44	cetirizine.....	97, 98

cevimeline	92	<b>COUMADIN</b>	80	diphenhydramine hcl	51, 96, 97
<b>CHEK-STIX CONTROL</b>	62, 87, 88	cromolyn	25, 94, 98	diphenoxylate-atropine	72
<b>CHEMSTRIP 10 MD</b>	62, 88	<b>CRYSELLE (28)</b>	53	dipyridamole	81
<b>CHEMSTRIP 10/SG</b>	62, 88	cyclobenzaprine	83	disopyramide phosphate	29
<b>CHEMSTRIP 2 GP</b>	62, 88	cyclopentolate	93	disulfiram	52
<b>CHEMSTRIP 50B</b>	62, 88	cyclosporine	13, 81	divalproex	38, 48, 49
<b>CHEMSTRIP 7</b>	62, 88	cyclosporine modified	13, 81	dofetilide	30
<b>CHEMSTRIP 9</b>	62, 88	cyproheptadine	97	donepezil	52
chlordiazepoxide hcl	37, 47	<b>CYTRA K CRYSTALS</b>	78	dorzolamide	93
chlordiazepoxide-clidinium	47, 76	danazol	69	dorzolamide-timolol	93
chloroquine phosphate	18	dantrolene	83	doxazosin	36
chlorothiazide	36	dapsone	18	doxepin	43, 62
chlorpromazine	45	<b>DECADRON</b>	69	doxercalciferol	91
chlorthalidone	36	demeclocycline	24	doxycycline hyclate	24, 92
chlorzoxazone	83	<b>DENTA 5000 PLUS</b>	91	doxycycline monohydrate	24
cholestyramine (with sugar)	30	<b>DENTAGEL</b>	91	<b>DRITHOCREME HP</b>	58
<b>CHOLESTYRAMINE LIGHT</b>	30	<b>DEPAKOTE</b>	38, 48	dronabinol	49, 63, 73
choline,magnesium salicylate	15	<b>DEPAKOTE ER</b>	38, 48, 49	drospirenone-ethinyl estradiol	53
ciclopirox	57	<b>DEPAKOTE SPRINKLES</b>	38, 48	dutasteride	78
cilostazol	81	<b>DERMAZENE</b>	57	<b>E.E.S. 400</b>	22
cimetidine	74	desflurane	15	<b>EASIVENT MASK LARGE</b>	86, 88
cimetidine hcl	74	desipramine	43	<b>EASIVENT MASK MEDIUM</b>	86, 88
cinacalcet	68	desloratadine	97, 98	<b>EASIVENT MASK SMALL</b>	87, 88
ciprofloxacin	21	desmopressin	67	econazole	57
ciprofloxacin hcl	21, 95	desog-e.estradiol/e.estradiol	52	efavirenz	19
citalopram	41	desogestrel-ethinyl estradiol	53	<b>EFFER-K</b>	64
<b>CLARAVIS</b>	55	desonide	59	elotriptan	50
clarithromycin	22	desoximetasone	59	<b>ELIXOPHYLLIN</b>	98
clemastine	96, 97	dexamethasone	69	enalapril maleate	27
clindamycin hcl	22	<b>DEXAMETHASONE</b>		enalapril-hydrochlorothiazide	27
clindamycin palmitate hcl	22	<b>INTENSOL</b>	69	<b>ENDOCET</b>	12
clindamycin phosphate	55, 100	dexamethasone sodium		<b>ENDUR-ACIN</b>	66
clindamycin-benzoyl peroxide	56	phosphate	93	enoxaparin	80
clobetasol	59	dexamethylphenidate	46	<b>ENPRESSE</b>	54
clobetasol-emollient	59	dextroamphetamine	46, 49, 51	entacapone	43
clomiphene citrate	69	dextroamphetamine-		<b>ENULOSE</b>	73
clomipramine	43	amphetamine	46, 49, 51	epinastine	93
clonazepam	37, 38, 47	<b>DASTAT</b>	38, 47	epinephrine	34, 98
clonidine	34	<b>DASTIX</b>	87, 88	<b>EPITOL</b>	39, 48
clonidine hcl	34	diazepam	37, 38, 47	eplerenone	27, 35
clopidogrel	81	<b>DIAZEPAM INTENSOL</b>	37, 47	eprosartan	28
clorazepate dipotassium	37, 47	diclofenac potassium	14	ergocalciferol (vitamin d2)	66
clotrimazole	57, 92	diclofenac sodium	14, 57, 93	ergoloid	52
clotrimazole-betamethasone	57	diclofenac-misoprostol	14	ergotamine-caffeine	50
clozapine	44	dicloxacillin	23	<b>ERRIN</b>	54
<b>CLOZARIL</b>	44	dicyclomine	76	<b>ERYGEL</b>	55
codeine sulfate	10	didanosine	19	<b>ERY-TAB</b>	22
codeine-butalbital-asa-caff	11	diflorasone	59, 60	<b>ERYTHROCIN (AS STEARATE)</b>	22
colesevelam	30	diflunisal	15	erythromycin	23, 95
colestipol	30	<b>DIGITEK</b>	34	erythromycin ethylsuccinate	22
<b>COLOCORT</b>	77	digoxin	34	erythromycin with ethanol	55
<b>COMBISTIX REAGENT</b>	62, 88	dihydroergotamine	50	erythromycin-benzoyl peroxide	56
<b>COMFORT LANCETS</b>	83, 88	<b>DILANTIN INFATABS</b>	39	escitalopram oxalate	41
<b>COMPRO</b>	73	<b>DILANTIN-125</b>	39	esomeprazole magnesium	74, 75
cortisone	69	diltiazem hcl	32, 33		

estazolam	47, 51	<b>FREESTYLE LANCETS</b>	83, 88	hydrocortisone-iodoquinol	57
estradiol	69, 101	<b>FREESTYLE UNISTIK 2</b>	83, 88	hydrocortisone-min oil-wht pet...	61
estradiol-norethindrone acet.	68	frovatriptan	50	hydrocortisone-pramoxine	
estrogens-methyltestosterone	68	<b>FUL-GLO</b>	94		16, 60, 61
ethacrynic acid	35	furosemide	35	<b>HYDROMET</b>	100
ethambutol	20	gabapentin	38	hydromorphone	10
ethosuximide	40	<b>GABITRIL</b>	39	hydroquinone microspheres	58
ethynodiol diac-eth estradiol	53	galantamine	52	hydroxychloroquine	12, 19
etidronate disodium	68	gemfibrozil	30	hydroxyurea	25
etodolac	15	<b>GENERLAC</b>	73	hydroxyzine hcl	36
etoposide	25	<b>GENGRAF</b>	13, 81	hydroxyzine pamoate	36
<b>EXEL INSULIN</b>	84, 88	<b>GENTAK</b>	95	hyoscyamine sulfate	75, 76, 79
exemestane	25	gentamicin	56, 95	<b>HYOSYNE</b>	76, 79
<b>E-Z JECT LANCETS</b>	83, 88	glimepiride	68	<b>IBU</b>	15
ezetimibe	31	glipizide	68	ibuprofen	15
famciclovir	22	glipizide-metformin	67	imatinib	25, 26
famotidine	74	<b>GLUCAGON EMERGENCY</b>		imipramine hcl	43
felbamate	38	<b>KIT (HUMAN)</b>	67	imipramine pamoate	43
<b>FELBATOL</b>	38	glyburide	68	imiquimod	61
felodipine	33	glyburide micronized	68	indapamide	36
<b>FEM PH</b>	101	glyburide-metformin	67	indomethacin	15
fenofibrate micronized	30	glycopyrrolate	76	<b>INSULIN SYRINGE</b>	
fenoprofen	14	gransetron hcl	73	<b>MICROFINE</b>	84, 88
fentanyl	10	griseofulvin microsize	18	insulin syringe needleless	84, 88
fentanyl citrate	10	griseofulvin ultramicrosize	18	insulin syringe-needle u-100	85, 88
finasteride	78	guanfacine	34	ipratropium bromide	99
<b>FINGERSTIX LANCETS</b>	83, 88	<b>GUANIDINE</b>	82	ipratropium-albuterol	99
flavoxate	79	halobetasol propionate	60	irbesartan	28
flecainide	29	haloperidol	45	irbesartan-hydrochlorothiazide	28
fluconazole	18	haloperidol lactate	45	isometh-dichloral-acetaminophn	49
flucytosine	18	<b>HEMA-COMBISTIX</b>	62, 88	isoniazid	20
fludrocortisone	71	<b>HOMATROPAIRE</b>	93	isosorbide dinitrate	29
flunisolide	100	<b>HUMALOG MIX 75-25(U-100)INSULN</b>	70	isosorbide mononitrate	29
fluocinolone	60	<b>HUMALOG U-100 INSULN</b>	70, 71	isotretinoin	55
fluocinonide	60	<b>HUMULIN 70/30 U-100</b>		isoxsuprine	36
<b>FLUOCINONIDE-E</b>	60	<b>INSULIN</b>	70	isradipine	33
fluocinonide-emollient	60	<b>HUMULIN N NPH U-100</b>		itraconazole	18
fluorescein-proparacaine	94	<b>INSULIN</b>	70	ivermectin	17
fluorometholone	93	<b>HUMULIN R REGULAR U-100</b>		<b>JANTOVEN</b>	80
fluorouracil	57	<b>INSULN</b>	70	<b>JUNEL 1.5/30 (21)</b>	53
fluoxetine	41	<b>HUMULIN R U-500 (CONC)</b>		<b>JUNEL 1/20 (21)</b>	53
fluphenazine hcl	45	<b>INSULIN</b>	70	<b>JUNEL FE 1.5/30 (28)</b>	53
flurandrenolide	60	hydralazine	35	<b>JUNEL FE 1/20 (28)</b>	53
flurazepam	47, 51	hydrochlorothiazide	36	<b>KARIVA (28)</b>	52
flurbiprofen	15	hydrocodone-acetaminophen	11	<b>KEPPRA</b>	40
flurbiprofen sodium	93	hydrocodone-chlorpheniramine	100	ketoconazole	18, 57
flutamide	24	hydrocodone-homatropine	100	<b>KETO-DIASTIX</b>	87, 89
fluticasone propionate	60, 100	hydrocodone-ibuprofen	11	<b>KETONE URINE TEST</b>	87, 89
fluvastatin	30	hydrocortisone	16, 60, 69, 77	ketoprofen	15
fluvoxamine	41	hydrocortisone acetate	16	ketorolac	14, 93
folic acid	66	hydrocortisone butyrate	60	<b>KETOSTIX</b>	87, 89
fondaparinux	80	hydrocortisone butyr-emollient	60	<b>KLOR-CON</b>	64
fosamprenavir	23	hydrocortisone valerate	60	<b>KLOR-CON 10</b>	64
fosinopril	27	hydrocortisone-acetic acid	96	<b>KLOR-CON 8</b>	64
fosinopril-hydrochlorothiazide	27			<b>KLOR-CON M10</b>	64

<b>KLOR-CON M15</b>	64	<i>lorazepam</i>	37, 47	<b>MICROGESTIN 1.5/30 (21)</b>	53
<b>KLOR-CON M20</b>	64	<i>losartan</i>	28	<b>MICROGESTIN 1/20 (21)</b>	53
<b>KLOR-CON/EF</b>	64	<i>losartan-hydrochlorothiazide</i>	28	<b>MICROGESTIN FE 1.5/30 (28)</b>	53
<i>labetalol</i>	28	<i>lovastatin</i>	30	<b>MICROGESTIN FE 1/20 (28)</b>	53
<b>LABSTIX REAGENT</b>	62, 89	<b>LOW-OGESTREL (28)</b>	53	<b>MICROLET LANCET</b>	84, 89
<i>lactulose</i>	77	<i>loxapine succinate</i>	45	<b>MICROSPACER</b>	87, 89
<b>LAMICTAL</b>	40	<b>LUGOLS</b>	26, 64	<i>midazolam</i>	47, 51
<i>lamivudine</i>	19, 21	<i>mafenide acetate</i>	58	<i>midodrine</i>	34
<i>lamivudine-zidovudine</i>	20	<i>malathion</i>	62	<b>MIGERGOT</b>	50
<i>lamotrigine</i>	40	<i>maprotiline</i>	43	<i> miglitol</i>	67
<i>lancets</i>	83, 89	<i>meclofenamate</i>	14	<i> miglustat</i>	91
<b>LANCETS, SUPER THIN</b>	83, 89	<i>medroxyprogesterone</i>	71	<i> minocycline</i>	13, 24
<b>LANCETS, THIN</b>	83, 89	<i>mefenamic acid</i>	14	<i> minoxidil</i>	35
<b>LANOXIN</b>	35	<i>mefloquine</i>	19	<i> mirtazapine</i>	41
<i>lansoprazole</i>	75	<i>megestrol</i>	25, 63	<i> misoprostol</i>	75
<b>LANTUS U-100 INSULIN</b>	70	<i>meloxicam</i>	14	<i> modafinil</i>	50
<i>latanoprost</i>	96	<i>melphalan</i>	24	<i> moexipril</i>	27
<i>leflunomide</i>	13	<i>memantine</i>	52	<i> molindone</i>	45
<b>LESSINA</b>	53	<i>meperidine</i>	10	<i> mometasone</i>	60, 100
<i>letrozole</i>	25	<i>meprobamate</i>	37	<b>MONOJECT INSULIN SAFETY</b>	
<b>LEUCOVORIN CALCIUM</b>	26	<i>mercaptopurine</i>	25	<b>SYRING</b>	85, 89
<i>leucovorin calcium</i>	26	<i>mesalamine</i>	77	<b>MONOJECT INSULIN</b>	
<i>leuprolide</i>	25	<b>METADATE ER</b>	46	<b>SYRINGE</b>	85, 89
<i>levalbuterol hcl</i>	99	<i>metaproterenol</i>	99	<b>MONOJECT ULTRA</b>	
<i>levetiracetam</i>	40	<i>metaxalone</i>	83	<b>COMFORT INSULIN</b>	85, 89
<i>levobunolol</i>	94	<i>metformin</i>	71	<i> montelukast</i>	98
<i>levocarnitine</i>	63, 91	<i>methadone</i>	10	<i> morphine</i>	10, 11
<i>levocetirizine</i>	97, 98	<b>METHADONE INTENSOL</b>	10	<i> morphine concentrate</i>	10
<i>levofloxacin</i>	21, 95	<b>METHADOSE</b>	10	<i> moxifloxacin</i>	21, 95
<i>levonorgestrel</i>	55	<i>methamphetamine</i>	46, 49	<b>MULTISTIX</b>	63, 89
<i>levonorgestrel-ethinyl estrad</i>	53	<i>methazolamide</i>	35	<b>MULTISTIX 10 SG</b>	62, 89
<i>levonorg-eth estrad triphasic</i>	54	<i>methenamine hippurate</i>	23, 78	<b>MULTISTIX 7</b>	62, 89
<b>LEVORA-28</b>	53	<i>methenamine mandelate</i>	23, 78	<b>MULTISTIX 9</b>	63, 89
<i>levorphanol tartrate</i>	10	<b>METHERGINE</b>	71	<b>MULTISTIX 9 SG</b>	62, 89
<b>LEVO-T</b>	72	<i>methimazole</i>	68	<i> mupirocin</i>	56
<i>levothyroxine</i>	72	<i>methocarbamol</i>	83	<i> mupirocin calcium</i>	56
<b>LEVOXYL</b>	72	<i>methotrexate sodium</i>	13, 24	<i> mycophenolate mofetil</i>	13, 82
<i>lidocaine</i>	62	<i>methoxsalen</i>	58	<i> mycophenolate sodium</i>	82
<i>lidocaine hcl</i>	62, 92	<i>methscopolamine</i>	76	<b>MYFORTIC</b>	82
<i>lidocaine hcl-hydrocortison ac</i>	16, 61	<i>methyldopa</i>	34	<b>MYNATAL</b>	65
<b>LIDOCAINE VISCOSUS</b>	92	<i>methyldopa-hydrochlorothiazide</i>	34	<b>MYNATAL ADVANCE</b>	65
<i>lidocaine-prilocaine</i>	61	<i>methylergonovine</i>	71	<b>MYNATAL PLUS</b>	65
<i>lindane</i>	62	<i>methylphenidate hcl</i>	46, 50	<b>MYNATAL-Z</b>	65
<i>linezolid</i>	23	<i>methylprednisolone</i>	69	<b>MYNATE 90 PLUS</b>	65
<i>liothyronine</i>	72	<i>methyltestosterone</i>	67	<b>mysoline</b>	37
<i>lisinopril</i>	27	<i>metipranolol</i>	94	<i> nabumetone</i>	14
<i>lisinopril-hydrochlorothiazide</i>	27	<i>metoclopramide hcl</i>	75	<i> nadolol</i>	32
<b>LITE TOUCH INSULIN SYRINGE</b>	85, 89	<i>metolazone</i>	36	<i> nadolol-bendroflumethiazide</i>	36
<i>lithium carbonate</i>	48, 49	<i>metoprolol succinate</i>	31	<i> naftifine</i>	56
<i>lithium citrate</i>	49	<i>metoprolol ta-hydrochlorothiaz...</i>	34	<i> naltrexone</i>	16
<b>LITHOBID</b>	49	<i>metoprolol tartrate</i>	31	<i> naproxen</i>	15
<i>loperamide</i>	72	<i>metronidazole</i>	19, 55, 62, 101	<i> naproxen sodium</i>	15
<i>lopinavir-ritonavir</i>	19	<i>mexiletine</i>	29	<i> naratriptan</i>	50
		<b>MICONAZOLE-3</b>	100	<i> nateglinide</i>	67
		<b>MICROCHAMBER</b>	87, 89	<b>NECON 0.5/35 (28)</b>	54

nefazodone	42
neomycin	16
neomycin-bacitracin-poly-hc	92
neomycin-bacitracin-polymyxin	95
neomycin-polymyxin b-	
dexameth	92
neomycin-polymyxin-hc	93, 96
<b>NEORAL</b>	13, 81
nevirapine	19
niacin	31, 66
<b>NIACOR</b>	31
<b>NIASPAN EXTENDED-RELEASE</b>	31
nicardipine	33
nifedipine	33
nilutamide	24
nimodipine	33
nisoldipine	33
<b>NITRO-BID</b>	29
nitrofurantoin	17, 78
nitrofurantoin macrocrystal	17, 78
nitroglycerin	29
<b>NITRO-TIME</b>	29
nizatidine	74
<b>NORA-BE</b>	54
norethindrone (contraceptive)	54
norethindrone acetate	71
norethindrone ac-eth estradiol	54, 68
norethindrone-e.estradol-iron	54
norgestimate-ethinyl estradiol	54
<b>NORTREL 0.5/35 (28)</b>	54
<b>NORTREL 1/35 (21)</b>	54
<b>NORTREL 1/35 (28)</b>	54
<b>NORTREL 7/7/7 (28)</b>	54
nortriptyline	43
<b>NOVOLIN 70/30 U-100</b>	
INSULIN	70
<b>NOVOLIN N NPH U-100</b>	
INSULIN	70
<b>NOVOLIN R REGULAR U-100</b>	
INSULN	70
<b>NOVOLOG FLEXPEN U-100</b>	
INSULIN	71
<b>NOVOLOG MIX 70-30 U-100</b>	
INSULN	70
<b>NOVOLOG MIX 70-30FLEXPEN U-100</b>	70
<b>NOVOLOG PENFILL U-100</b>	
INSULIN	71
<b>NOVOLOG U-100 INSULIN</b>	
<b>ASPART</b>	71
nystatin	18, 56, 57, 92
nystatin-triamcinolone	57
<b>NYSTOP</b>	57
ofloxacin	21, 95, 96
<b>OGESTREL (28)</b>	54
olanzapine	46, 48
olanzapine-fluoxetine	42, 46, 48
olmesartan	28
olmesartan-hydrochlorothiazide	28
olopatadine	93
omeprazole	75
omeprazole-sodium	
bicarbonate	75
ondansetron	73
ondansetron hcl	73
<b>ONETOUCH ULTRA CONTROL</b>	84, 89
<b>ORALONE</b>	92
orphenadrine citrate	83
oseltamivir	22
oxandrolone	67
oxaprozin	15
oxazepam	37, 47
oxcarbazepine	39
oxiconazole	57
oxybutynin chloride	79
oxycodone	11
oxycodone-acetaminophen	12
<b>PACERONE</b>	30
pantoprazole	75
<b>PAREGORIC</b>	72
paromomycin	16
paroxetine hcl	41
<b>PEGANONE</b>	39
peg-electrolyte soln	77
<b>PEN NEEDLE</b>	85, 89
pen needle, diabetic	85, 90
penicillin v potassium	23
pentazocine-naloxone	12
pentoxifylline	80
<b>PERIFLEX INFANT</b>	65
perindopril erbumine	27
<b>PERIOGARD</b>	92
permethrin	62
perphenazine	45
perphenazine-amitriptyline	42
<b>PHENADOZ</b>	73, 96, 97
phenazopyridine	78
phenelzine	41
<b>PHENEX-1</b>	63, 65
<b>PHENEX-2</b>	65
phenobarb-hyoscyl-atropine-scop	76
phenobarbital	37, 51
phenoxybenzamine	36
<b>PHENYLADE 40</b>	65
<b>PHENYLADE AMINO ACIDS</b>	65
<b>PHENYLADE MTE AMINO ACIDS</b>	65
phenylephrine hcl	94
<b>PHENYL-FREE 1</b>	65
<b>PHENYTEK</b>	39
phenytoin	39
phenytoin sodium extended	39
<b>PHLEXY-10 DRINK MIX POWDER</b>	65
phytonadione (vitamin k1)	66
pilocarpine hcl	92
pimecrolimus	58
pimozone	45
pindolol	32
pioglitazone	71
piroxicam	14
<b>POCKET CHAMBER</b>	87, 90
podofilox	61
polyethylene glycol 3350	77
polymyxin b sulf-trimethoprim	95
<b>PORTIA 28</b>	54
potassium chloride	64
potassium citrate	78
pramipexole	44
pravastatin	30, 31
praziquantel	17
prazosin	36
prednicarbate	60, 61
prednisolone	69
prednisolone acetate	93
prednisolone sodium phosphate	69, 93
prednisone	69
<b>PREDNISONE INTENSOL</b>	69
<b>PRENATABS FA</b>	65
<b>PRENATABS RX</b>	65
<b>PRENATAL-U</b>	64, 66
<b>PREVALITE</b>	30
<b>PREVIFEM</b>	54
primidone	37
probenecid	80
probenecid-colchicine	80
prochlorperazine	73
prochlorperazine maleate	45, 73
<b>PROCTO-PAK</b>	16, 61
<b>PROCTOZONE-HC</b>	16, 61
progesterone micronized	71
<b>PROGRAF</b>	81
promethazine	73, 97
<b>PROMETHAZINE VC</b>	96
promethazine-codeine	100
promethazine-dm	100
promethazine-phenyleph-codeine	100
promethazine-phenylephrine	96

<b>PROMETHEGAN</b>	73, 97	<b>SOFT TOUCH LANCETS</b>	84, 90	<b>THEOCHRON</b>	98
<i>propafenone</i>	29	<b>SORINE</b>	29, 32	<i>theophylline</i>	98
<i>propantheline</i>	76	<i>sotalol</i>	29, 32	<i>thioridazine</i>	45
<i>proparacaine</i>	94	<b>SOTALOL AF</b>	29, 32	<i>thiothixene</i>	45
<i>propranolol</i>	32	<i>spironolactone</i>	27, 35	<i>tiagabine</i>	39
<i>propranolol-hydrochlorothiazid</i>	36	<i>spironolacton-hydrochlorothiazid</i>	35	<i>timolol maleate</i>	32, 94
<i>propylthiouracil</i>	68	<b>SPRINTEC (28)</b>	54	<i>tizanidine</i>	83
<i>protriptyline</i>	43	<b>SPS (WITH SORBITOL)</b>	63, 64	<i>tobramycin</i>	95
<b>PRUDOXIN</b>	62	<b>SSD</b>	58	<i>tobramycin in 0.225 % nacl</i>	99
<i>pyrazinamide</i>	20	<i>stavudine</i>	19	<i>tobramycin-dexamethasone</i>	93
<i>pyridostigmine bromide</i>	82	<b>STRONG IODINE</b>	64	<i>tolcapone</i>	43
<i>quazepam</i>	47, 51	<i>sucralfate</i>	77	<i>tolmetin</i>	14
<i>quetiapine</i>	45, 48	<i>sulfacetamide sodium</i>	95	<i>tolterodine</i>	79
<i>quinapril</i>	27	<i>sulfacetamide sodium (acne)</i>	55	<b>TOPAMAX</b>	40
<i>quinapril-hydrochlorothiazide</i>	27	<i>sulfacetamide sodium-sulfur</i>	56	<i>topiramate</i>	40
<i>quinidine gluconate</i>	29	<i>sulfacetamide-prednisolone</i>	93	<i>toremifene</i>	26
<i>quinidine sulfate</i>	29	<i>sulfadiazine</i>	23	<i>torsemide</i>	35
<i>rabeprazole</i>	75	<i>sulfamethoxazole-trimethoprim</i>	17	<i>tramadol</i>	11
<i>raloxifene</i>	71	<i>sulfasalazine</i>	13, 77	<i>tramadol-acetaminophen</i>	12
<i>ramipril</i>	27	<b>SULFATRIM</b>	17	<i>trandolapril</i>	27
<i>ranitidine hcl</i>	74	<i>sulindac</i>	14	<i>trandolapril-verapamil</i>	27
<b>RAPAMUNE</b>	82	<i>sumatriptan</i>	50	<i>tranylcypromine</i>	41
<b>RELENZA DISKHALER</b>	22	<i>sumatriptan succinate</i>	50	<i>trazodone</i>	42
<i>repaglinide</i>	67	<b>SURE COMFORT INS. SYR.</b>		<i>tretinoin</i>	56
<i>ribavirin</i>	21, 23	<b>U-100</b>	85, 90	<i>tretinoin (chemotherapy)</i>	26
<i>rifabutin</i>	20, 23	<b>SURE COMFORT INSULIN</b>		<i>tretinoin microspheres</i>	56
<i>rifampin</i>	20, 23	<b>SYRINGE</b>	85, 86, 90	<i>triamicinolone acetonide</i>	61, 92, 100
<i>riluzole</i>	82	<b>SYMAX-SL</b>	76, 79	<i>triaterene-hydrochlorothiazid</i>	35
<i>rimantadine</i>	22	<b>SYMAX-SR</b>	76, 79	<i>triazolam</i>	47, 51
<i>risedronate</i>	68	<b>SYNTHROID</b>	72	<b>TRI-CHLOR</b>	61
<i>risperidone</i>	44, 48	<i>tacrolimus</i>	58, 81	<b>TRIDERM</b>	61
<i>rivastigmine tartrate</i>	52	<i>tadalafil</i>	36, 63, 78	<i>trientine</i>	16
<i>rizatriptan</i>	50	<b>TAMIFLU</b>	22	<i>trifluoperazine</i>	45
<i>ropinirole</i>	44	<i>tamoxifen</i>	26	<i>trifluridine</i>	95
<i>rosuvastatin</i>	31	<i>tamsulosin</i>	78	<i>trihexyphenidyl</i>	44
<i>salicylic acid</i>	61	<i>tazarotene</i>	58, 61	<b>TRILEPTAL</b>	39, 40
<i>salsalate</i>	15	<b>TAZTIA XT</b>	33	<b>TRILYTE WITH FLAVOR</b>	
<b>SANDIMMUNE</b>	13, 81	<b>TEGRETOL</b>	39, 48	<b>PACKETS</b>	77
<i>scopolamine base</i>	72	<b>TEGRETOL XR</b>	39, 48	<i>trimethobenzamide</i>	73
<b>SECONAL SODIUM</b>	51	<i>telmisartan</i>	28	<i>trimethoprim</i>	17
<i>selegiline hcl</i>	44	<i>telmisartan-hydrochlorothiazid</i>	28	<i>trimipramine</i>	43
<b>SEROPHENE</b>	69	<i>temazepam</i>	47, 51	<b>TRI-PREVIFEM (28)</b>	54
<i>sertraline</i>	41	<i>temozolomide</i>	24	<b>TRI-SPRINTEC (28)</b>	55
<b>SF</b>	91	<i>tenofovir disoproxil fumarate</i>	19, 21	<b>TRIVORA (28)</b>	55
<b>SF 5000 PLUS</b>	91	<i>terazosin</i>	36	<i>tropicamide</i>	93
<i>sildenafil</i>	63	<i>terbinafine hcl</i>	18	<b>ULTILET CLASSIC LANCETS</b>	
<i>silver nitrate</i>	56	<i>terbutaline</i>	99		84, 90
<i>silver sulfadiazine</i>	58	<i>terconazole</i>	101	<b>ULTILET INSULIN SYRINGE</b>	
<i>simvastatin</i>	31	<b>TERUMO INSULIN SYRINGE</b>			86, 90
<b>SINGLE-LET</b>	84, 90		86, 90	<b>ULTILET PEN NEEDLE</b>	86, 90
<i>sirolimus</i>	82	<i>testosterone</i>	67	<b>ULTRA COMFORT INSULIN</b>	
<b>SLO-NIACIN</b>	66	<i>tetracaine hcl</i>	94	<b>SYRINGE</b>	86, 90
<i>sodium chloride</i>	52	<b>TETRACAIN HCL (PF)</b>	94	<b>ULTRA THIN LANCETS</b>	84, 90
<i>sodium phenylbutyrate</i>	91	<i>tetracycline</i>	24	<b>ULTRA TLC LANCETS</b>	84, 90
<i>sodium polystyrene sulfonate</i>	63	<b>THEO-24</b>	98	<b>UNIFINE PENTIPS</b>	86, 90

<b>UNILET COMFORTOUCH</b>	
<b>LANCET</b> .....	84, 91
<b>UNILET EXCELITE II LANCET</b>	
.....	84, 91
<b>UNILET EXCELITE LANCET</b>	
.....	84, 91
<b>UNILET GP LANCET</b> .....	84, 91
<b>UNITHROID</b> .....	72
<i>urea</i> .....	61
<b>URETRON D-S</b> .....	23, 79
<b>URIN DS</b> .....	23, 79
<b>URISTIX 4</b> .....	63, 91
<b>URISTIX REAGENT</b> .....	63, 91
<i>ursodiol</i> .....	74
<i>valacyclovir</i> .....	22
<i>valganciclovir</i> .....	21
<i>valproic acid</i> .....	38, 48
<i>valproic acid (as sodium salt)</i> .....	38, 48
<i>valsartan</i> .....	28, 29
<i>valsartan-hydrochlorothiazide</i> ....	28
<i>vancomycin</i> .....	21
<b>VANISHPOINT SYRINGE</b> ....	86, 91
<i>vardenafil</i> .....	63
<b>VELIVET TRIPHASIC</b>	
<b>REGIMEN (28)</b> .....	55
<i>venlafaxine</i> .....	42
<b>VENTOLIN HFA</b> .....	99
<i>verapamil</i> .....	30, 33, 34
<b>VINATE II</b> .....	66
<b>VINATE M</b> .....	66
<b>VITAFOL-OB</b> .....	66
<b>VITAMIN D2</b> .....	66
<i>voriconazole</i> .....	18
<b>VORTEX HOLDING</b>	
<b>CHAMBER TODDLER</b> .....	87, 91
<i>warfarin</i> .....	80
<i>zafirlukast</i> .....	98
<i>zaleplon</i> .....	51
<b>ZARONTIN</b> .....	40
<i>zidovudine</i> .....	19
<i>ziprasidone hcl</i> .....	44, 48
<i>zolmitriptan</i> .....	50
<i>zolpidem</i> .....	51
<b>ZONEGRAN</b> .....	40
<i>zonisamide</i> .....	41
<b>ZOVIA 1/35E (28)</b> .....	54