



January 2024

Molina Healthcare

Medicaid

**Preferred Drug List
(Formulary)/
Lista de Medicamentos
Preferidos
(Formulario)**



Discrimination is against the law

Molina Healthcare (Molina) follows the law. We treat all people equally.

We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily.

We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at (800) 424-4518 (TTY/TDD: 711) if you need any of these services.

The AlertLine offers confidential and anonymous reporting without fear of retaliation. If you believe there have been instances of non-compliance, potential fraud, waste or abuse or have experienced discrimination, you may file a report by calling the Molina AlertLine at (866) 606-3889 or online at <https://molinahealthcare.alertline.com>

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Or you may do this by mail or phone:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019

TDD: (800) 537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in other languages

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 424-4518 (TTY/TDD: 711).

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Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (TTY/TDD: 711) (800) 424-4518。

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان، اتصل برقم (1-800-424-4518) رقم هاتف الصم والبكم: (711) -قم هاتف الصم والبكم: .

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa (800) 424-4518 (TTY/TDD: 711).

Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات راهنمای زبان به صورت رایگان برای شما در دسترس است. با شماره 4518-424 (800) TTY/TDD (تعماریه ونه ته بینوایان 711)); تعماریه ونه ته بینوایان تماس بگیرید

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ

Urdu

دعیمان دین: اگر آپ اردو بولتے ہیں تو مشق زبان کی مدد والی خل ما شت دستیاب ہیں۔ (711 بلس --800-424 TTY/TDD) 4518: میڈ لین۔ پیکریں کال۔

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 424-4518 (ATS: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. ЗВОНИТЕ (800) 424-4518 (Телетайп: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(800) 424-4518 (TTY/TDD: 711) पर काल करे।

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer (800) 424-4518 (TTY/TDD: 711).

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পা রেখবা। উপল আছা ফোন করন।
(800) 424-4518 (TTY/TDD: 711).

Bassa

Dè dè nià kɛ dyédé gbo: ɔ juú ké m̀ Bàsɔ ɔ-wùdù-po-nyɔ juú ní, níí, à wudu kà kò do po-poɔ bé in m̀ gbo kpáa. Đá (800) 424-4518 (TTY/TDD: 711).

CONTENTS/CONTENIDO

(01/01/2024)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2024 Molina Healthcare (Molina) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

This guide is subject to state-specific regulations and rules, including, but not limited to, those about generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Molina is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists who all have a broad background of clinical and academic expertise on prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

- This guide represents Molina and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by Molina as represented. Molina covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). Molina will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to Molina at (844) 278-5731. You can find these forms at molinahealthcare.com. We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from Molina's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

| Class of Medication/Diagnosis | Requested Clinical Information |
|--|--|
| Cholesterol Lowering | Lipid Panel, Cardiovascular risk factors |
| Diabetes | A1c Report |
| Non-Formulary/Non-Preferred Medication | Medication Log and/or Progress Notes documenting previous use of Formulary medications |

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs used for anorexia or weight gain
- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs
- Any legend drugs marketed by a manufacturer who does not participate in the Medicaid Drug Rebate program

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

LEGEND

| | |
|------------------|--|
| AGE | Age Limit |
| CL | Closed Class Medication |
| MED | Max 90 mg Morphine Equivalent Dose per day |
| OTC | Over-the-counter, covered benefit with a prescription |
| PA | Prior Authorization |
| PA, QL | Quantity Limit is applied after Prior Authorization approval |
| QL | Quantity Limit |
| SP | Specialty Drug |
| ST | Step Therapy |
| <i>lowercase</i> | Indicates generic availability |
| UPPERCASE | Indicates brand availability |

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar *Lista de Medicamentos Preferidos de [Molina Healthcare (Molina)] [2024] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

[Molina] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica en medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [Molina] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

Los medicamentos que aparecen en esta guía están cubiertos por [Molina] según lo que se representa. [Molina] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [Molina] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [molinahealthcare.com] para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [Molina] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [Molina] al [(844) 278-5731]. Puede encontrar estos formularios en [molinahealthcare.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para la respuesta más rápida posible del Departamento de Farmacia de [Molina], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

| Clase de medicamento o diagnóstico | Información clínica solicitada |
|---|--|
| Reducción de colesterol | Perfil lipídico, factores de riesgo cardiovasculares |
| Diabetes | Resultados de prueba de A1c |
| Medicamento no preferido/fuera del formulario | Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad |

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos contra la anorexia, pérdida de peso o aumento de peso.
- Medicamentos para promover la fertilidad.
- Medicamentos para fines cosméticos o el crecimiento del cabello.
- Medicamentos para el tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

AVISO

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Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

LEYENDA

| | |
|------------------|---|
| AGE | Límite de edad |
| CL | Medicamentos de Clase Cerrada |
| MED | Dosis equivalente de morfina de 90 mg como máximo por día |
| OTC | Medicamento de venta libre, beneficio cubierto con una receta médica |
| PA | Autorización previa |
| PA, QL | Límite de cantidad que se aplica después de la aprobación de la Autorización Previa |
| QL | Límite de Cantidad |
| SP | Medicamento de especialidad |
| ST | Terapia progresiva |
| <i>minúscula</i> | Indica disponibilidad genérica |
| MAYÚSCULA | Indica disponibilidad de la marca |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| ACNE AGENTS: TOPICAL [OPEN CLASS] | | |
| <i>acne medication 10 gel 10 % external</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>acne medication 10 lotion 10 % external</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>acne medication 2.5 gel 2.5 % external</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>acne medication 5 gel 5 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>acne medication 5 lotion 5 % external</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>adapalene gel 0.1 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide gel 10 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide gel 2.5 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide gel 5 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide liquid 10 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide wash liquid 10 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>benzoyl peroxide wash liquid 5 % external (otc)</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phosphate gel 1 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phosphate solution 1 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phosphate swab 1 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>erythromycin solution 2 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>lintera wash foam 10 % external</i> | Preferred | OTC; PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>tazarotene foam 0.1 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Min 12 Years and Max 18 Years) |
| <i>tretinoin cream 0.025 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>tretinoin cream 0.05 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>tretinoin cream 0.1 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>tretinoin gel 0.01 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>tretinoin gel 0.025 % external</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phosphate (Clindacin Etz Swab 1 % External)</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>clindamycin phosphate (Clindacin-P Swab 1 % External)</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| RETIN-A CREAM 0.025 % EXTERNAL (<i>tretinoin</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| RETIN-A CREAM 0.05 % EXTERNAL (<i>tretinoin</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| RETIN-A CREAM 0.1 % EXTERNAL (<i>tretinoin</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| RETIN-A GEL 0.01 % EXTERNAL (<i>tretinoin</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| RETIN-A GEL 0.025 % EXTERNAL (<i>tretinoin</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Max 18 Years) |
| <i>adapalene cream 0.1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>adapalene gel 0.3 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|-----------------------------|
| <i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>adapalene-benzoyl peroxide gel 0.3-2.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>benzoyl peroxide-erythromycin gel 5-3 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>bp 10-1 emulsion 10-1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>bp cleansing wash emulsion 10-4 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>bpo foaming cloths 6 % external (otc)</i> | Non Preferred | OTC; PA; AGE (Max 18 Years) |
| <i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phos-benzoyl perox gel 1.2-3.75 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phos-benzoyl perox gel 1-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phosphate foam 1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phosphate gel 1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phosphate lotion 1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin-tretinoin gel 1.2-0.025 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>dapsone gel 5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>dapsone gel 7.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>ery pad 2 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>erythromycin gel 2 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sodium sulfacetamide shampoo 10 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sodium sulfacetamide wash liquid 10 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sss 10-5 cream 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sss 10-5 foam 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium (acne) lotion 10 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium (cleans) gel 10 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>sulfacetamide sodium liquid 10 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur cream 10-2 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur cream 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur liquid 10-2 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur liquid 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur liquid 9-4 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur lotion 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur pad 10-4 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur suspension 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur suspension 8-4 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sod-sulfur wash liquid 9-4.5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide-sulfur in urea emulsion 10-5 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tazarotene cream 0.1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tazarotene gel 0.05 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tazarotene gel 0.1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin gel 0.05 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin microsphere gel 0.04 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin microsphere gel 0.08 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin microsphere gel 0.1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin microsphere pump gel 0.04 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin microsphere pump gel 0.08 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>tretinoin microsphere pump gel 0.1 % external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| ACANYA GEL 1.2-2.5 % EXTERNAL (<i>clindamycin phos-benzoyl perox</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ALTRENO LOTION 0.05 % EXTERNAL (<i>tretinoin</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ARAZLO LOTION 0.045 % EXTERNAL (<i>tazarotene</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ATRALIN GEL 0.05 % EXTERNAL (<i>tretinoin</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur</i> (Avar Cleanser Liquid 10-5 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| AVAR LS CLEANSER LIQUID 10-2 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur</i> (Avar-E Emollient Cream 10-5 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| <i>sulfacetamide sodium-sulfur</i> (Avar-E Green Cream 10-5 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| AVAR-E LS CREAM 10-2 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| <i>tretinoin</i> (Avita Cream 0.025 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| BENZAMYCIN GEL 5-3 % EXTERNAL (<i>benzoyl peroxide-erythromycin</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| BENZEFOAM FOAM 5.3 % EXTERNAL (OTC) (<i>benzoyl peroxide</i>) | Non Preferred | OTC; PA; AGE (Max 18 Years) |
| CABTREO GEL 0.15-3.1-1.2 % EXTERNAL (<i>adapalene-benzoyl per-clindamy</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| CLEOCIN-T LOTION 1 % EXTERNAL (<i>clindamycin phosphate</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| CLINDACIN ETZ KIT 1 % EXTERNAL (<i>clindamycin phos & cleanser</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| <i>clindamycin phosphate</i> (Clindacin Foam 1 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| CLINDACIN PAC KIT 1 % EXTERNAL (<i>clindamycin phos & cleanser</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| CLINDAGEL GEL 1 % EXTERNAL (<i>clindamycin phosphate</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| DERMACINRX ATRIX ANTIBAC WASH LIQUID 2 % EXTERNAL (<i>salicylic acid</i>) | Non Preferred | OTC; PA; AGE (Max 18 Years) |
| ERYGEL GEL 2 % EXTERNAL (<i>erythromycin</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| EVOCLIN FOAM 1 % EXTERNAL (<i>clindamycin phosphate</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| FABIOR FOAM 0.1 % EXTERNAL (<i>tazarotene</i>) | Non Preferred | PA; AGE (Min 12 Years and Max 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>clindamycin-benzoyl per (refr)</i> (Neuac Gel 1.2-5 % External) | Non Preferred | PA; AGE (Max 18 Years) |
| NEUAC KIT 1.2-5 % EXTERNAL (<i>clindamycin-benzoyl per-moist</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ONEXTON GEL 1.2-3.75 % EXTERNAL (<i>clindamycin phosph benzoyl perox</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE PLUS CREAM 10 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE PLUS LOTION 9.8 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE PLUS SHAMPOO 10 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE PLUS WASH GEL 10 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE PLUS WASH LIQUID 10 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| OVACE WASH LIQUID 10 % EXTERNAL (<i>sulfacetamide sodium</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO GEL 0.04 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO GEL 0.1 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL (<i>tretinoin microsphere</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ROSULA WASH LIQUID 10-4.5 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| SUMADAN KIT 9-4.5 % EXTERNAL (<i>sulfacetamide-sulfur-cleanser</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| SUMADAN WASH LIQUID 9-4.5 % EXTERNAL (<i>sulfacetamide sodium-sulfur</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| SUMADAN XLT KIT 9-4.5 % EXTERNAL (<i>sulfacetamide-sulfur-sunscreen</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| SUMAXIN CP KIT 10-4 % EXTERNAL (<i>sulfacetamide-sulfur-cleanser</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| WINLEVI CREAM 1 % EXTERNAL (<i>clascoterone</i>) | Non Preferred | PA; AGE (Min 12 Years and Max 18 Years) |
| ZIANA GEL 1.2-0.025 % EXTERNAL (<i>clindamycin-tretinoin</i>) | Non Preferred | PA; AGE (Max 18 Years) |
| ALZHEIMER'S AGENTS [OPEN CLASS] | | |
| <i>donepezil hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>donepezil hcl tablet 23 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>donepezil hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>donepezil hcl tablet dispersible 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>donepezil hcl tablet dispersible 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>memantine hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>memantine hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide solution 4 mg/ml oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide tablet 12 mg oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide tablet 4 mg oral</i> | Non Preferred | PA |
| <i>galantamine hydrobromide tablet 8 mg oral</i> | Non Preferred | PA |
| <i>memantine hcl er capsule extended release 24 hour 14 mg oral</i> | Non Preferred | PA |
| <i>memantine hcl er capsule extended release 24 hour 21 mg oral</i> | Non Preferred | PA |
| <i>memantine hcl er capsule extended release 24 hour 28 mg oral</i> | Non Preferred | PA |
| <i>memantine hcl er capsule extended release 24 hour 7 mg oral</i> | Non Preferred | PA |
| <i>memantine hcl solution 2 mg/ml oral</i> | Non Preferred | PA |
| <i>rivastigmine tartrate capsule 1.5 mg oral</i> | Non Preferred | PA |
| <i>rivastigmine tartrate capsule 3 mg oral</i> | Non Preferred | PA |
| <i>rivastigmine tartrate capsule 4.5 mg oral</i> | Non Preferred | PA |
| <i>rivastigmine tartrate capsule 6 mg oral</i> | Non Preferred | PA |
| ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL (<i>donepezil hcl</i>) | Non Preferred | PA |
| ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL (<i>donepezil hcl</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| ARICEPT TABLET 10 MG ORAL (<i>donepezil hcl</i>) | Non Preferred | PA |
| ARICEPT TABLET 23 MG ORAL (<i>donepezil hcl</i>) | Non Preferred | PA |
| ARICEPT TABLET 5 MG ORAL (<i>donepezil hcl</i>) | Non Preferred | PA |
| EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL (<i>rivastigmine</i>) | Non Preferred | PA |
| EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL (<i>rivastigmine</i>) | Non Preferred | PA |
| EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL (<i>rivastigmine</i>) | Non Preferred | PA |
| NAMENDA TABLET 10 MG ORAL (<i>memantine hcl</i>) | Non Preferred | PA |
| NAMENDA TABLET 5 MG ORAL (<i>memantine hcl</i>) | Non Preferred | PA |
| NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL (<i>memantine hcl-donepezil hcl</i>) | Non Preferred | PA; QL (28 EA per 180 days) |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>) | Non Preferred | PA |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>) | Non Preferred | PA |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>) | Non Preferred | PA |
| NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL (<i>memantine hcl-donepezil hcl</i>) | Non Preferred | PA |
| ANDROGENIC AGENTS [OPEN CLASS] | | |
| <i>testosterone gel 1.62 % transdermal</i> | Preferred | AGE (Min 18 Years) |
| <i>testosterone gel 20.25 mg/act (1.62%) transdermal</i> | Preferred | AGE (Min 18 Years) |
| ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL (<i>testosterone</i>) | Preferred | AGE (Min 18 Years) |
| ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL (<i>testosterone</i>) | Preferred | AGE (Min 18 Years) |
| ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL (<i>testosterone</i>) | Preferred | AGE (Min 18 Years) |
| <i>testosterone gel 10 mg/act (2%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>testosterone gel 12.5 mg/act (1%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>testosterone gel 25 mg/2.5gm (1%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <i>testosterone gel 50 mg/5gm (1%) transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>testosterone solution 30 mg/act transdermal</i> | Non Preferred | PA; AGE (Min 18 Years) |
| FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL (<i>testosterone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NATESTO GEL 5.5 MG/ACT NASAL (<i>testosterone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL (<i>testosterone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL (<i>testosterone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL (<i>testosterone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ANTI-ALLERGENS: ORAL [OPEN CLASS] | | |
| GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL (<i>timothy grass pollen allergen</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 5 Years) |
| ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL (<i>dust mite mixed allergen ext</i>) | Non Preferred | PA; AGE (Min 12 Years and Max 65 Years) |
| ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL (<i>grass mix pollens allergen ext</i>) | Non Preferred | PA; AGE (Min 5 Years) |
| PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL (<i>peanut powder-dnfp</i>) | Non Preferred | PA; AGE (Min 4 Years) |
| RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL (<i>short ragweed pollen ext</i>) | Non Preferred | PA; AGE (Min 5 Years) |
| ANTIBIOTICS: INHALED [CLOSED CLASS] | | |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i> | Preferred | QL (280 ML per 28 days); AGE (Min 6 Years) |
| BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION (<i>tobramycin</i>) | Preferred | QL (224 ML per 28 days); AGE (Min 6 Years) |
| KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>) | Preferred | QL (280 ML per 28 days); AGE (Min 6 Years) |
| TOBI PODHALER CAPSULE 28 MG INHALATION (<i>tobramycin</i>) | Preferred | PA; QL (224 EA per 28 days); AGE (Min 6 Years) |
| <i>tobramycin nebulization solution 300 mg/4ml inhalation</i> | Non Preferred | PA; QL (224 ML per 28 days); AGE (Min 6 Years) |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i> | Non Preferred | PA; QL (280 ML per 28 days); AGE (Min 6 Years) |
| ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION (<i>amikacin sulfate liposome</i>) | Non Preferred | PA; QL (235.2 ML per 28 days); AGE (Min 18 Years) |
| CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION (<i>aztreonam lysine</i>) | Non Preferred | PA; QL (84 ML per 28 days); AGE (Min 7 Years) |
| TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION (<i>tobramycin</i>) | Non Preferred | PA; QL (280 ML per 28 days); AGE (Min 6 Years) |
| ANTICOAGULANTS [CLOSED CLASS] | | |
| <i>enoxaparin sodium solution 300 mg/3ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i> | Preferred | |
| <i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i> | Preferred | |
| <i>warfarin sodium tablet 1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 3 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 4 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>warfarin sodium tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 6 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium tablet 7.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL (<i>apixaban</i>) | Preferred | |
| ELIQUIS TABLET 2.5 MG ORAL (<i>apixaban</i>) | Preferred | Max 90-day supply per fill |
| ELIQUIS TABLET 5 MG ORAL (<i>apixaban</i>) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 1 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 10 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 2 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 2.5 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 3 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 4 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 5 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 6 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>warfarin sodium</i> (Jantoven Tablet 7.5 Mg Oral) | Preferred | Max 90-day supply per fill |
| PRADAXA CAPSULE 110 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Preferred | Max 90-day supply per fill |
| PRADAXA CAPSULE 150 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Preferred | Max 90-day supply per fill |
| PRADAXA CAPSULE 75 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Preferred | Max 90-day supply per fill |
| XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL (<i>rivaroxaban</i>) | Preferred | |
| XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL (<i>rivaroxaban</i>) | Preferred | Max 90-day supply per fill |
| XARELTO TABLET 10 MG ORAL (<i>rivaroxaban</i>) | Preferred | Max 90-day supply per fill |
| XARELTO TABLET 15 MG ORAL (<i>rivaroxaban</i>) | Preferred | Max 90-day supply per fill |
| XARELTO TABLET 2.5 MG ORAL (<i>rivaroxaban</i>) | Preferred | Max 90-day supply per fill |
| XARELTO TABLET 20 MG ORAL (<i>rivaroxaban</i>) | Preferred | Max 90-day supply per fill |
| <i>dabigatran etexilate mesylate capsule 150 mg oral</i> | Non Preferred | PA |
| <i>dabigatran etexilate mesylate capsule 75 mg oral</i> | Non Preferred | PA |
| <i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i> | Non Preferred | PA |
| <i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i> | Non Preferred | PA |
| <i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i> | Non Preferred | PA |
| <i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS (<i>fondaparinux sodium</i>) | Non Preferred | PA |
| ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS (<i>fondaparinux sodium</i>) | Non Preferred | PA |
| ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS (<i>fondaparinux sodium</i>) | Non Preferred | PA |
| ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS (<i>fondaparinux sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION 10000 UNIT/4ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS (<i>dalteparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION 300 MG/3ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION (<i>enoxaparin sodium</i>) | Non Preferred | PA |
| PRADAXA PACKET 110 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |
| PRADAXA PACKET 150 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| PRADAXA PACKET 20 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |
| PRADAXA PACKET 30 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |
| PRADAXA PACKET 40 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |
| PRADAXA PACKET 50 MG ORAL (<i>dabigatran etexilate mesylate</i>) | Non Preferred | PA |
| SAVAYSA TABLET 15 MG ORAL (<i>edoxaban tosylate</i>) | Non Preferred | PA |
| SAVAYSA TABLET 30 MG ORAL (<i>edoxaban tosylate</i>) | Non Preferred | PA |
| SAVAYSA TABLET 60 MG ORAL (<i>edoxaban tosylate</i>) | Non Preferred | PA |
| ANTICONVULSANTS [CLOSED CLASS] | | |
| <i>carbamazepine suspension 100 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>carbamazepine tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>carbamazepine tablet chewable 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clobazam suspension 2.5 mg/ml oral</i> | Preferred | |
| <i>clobazam tablet 10 mg oral</i> | Preferred | |
| <i>clobazam tablet 20 mg oral</i> | Preferred | |
| <i>clonazepam tablet 0.5 mg oral</i> | Preferred | |
| <i>clonazepam tablet 1 mg oral</i> | Preferred | |
| <i>clonazepam tablet 2 mg oral</i> | Preferred | |
| <i>diazepam gel 10 mg rectal</i> | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| <i>diazepam gel 2.5 mg rectal</i> | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| <i>diazepam gel 20 mg rectal</i> | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| <i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>divalproex sodium tablet delayed release 125 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>divalproex sodium tablet delayed release 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>divalproex sodium tablet delayed release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ethosuximide capsule 250 mg oral</i> | Preferred | AGE (Min 3 Years); Max 90-day supply per fill |
| <i>ethosuximide solution 250 mg/5ml oral</i> | Preferred | AGE (Min 3 Years); Max 90-day supply per fill |
| <i>lacosamide solution 10 mg/ml oral</i> | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>lacosamide tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lacosamide tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lacosamide tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lacosamide tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine er tablet extended release 24 hour 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet chewable 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet chewable 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet dispersible 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet dispersible 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet dispersible 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lamotrigine tablet dispersible 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam er tablet extended release 24 hour 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam er tablet extended release 24 hour 750 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam solution 100 mg/ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam tablet 1000 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>levetiracetam tablet 750 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxcarbazepine tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxcarbazepine tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxcarbazepine tablet 600 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenobarbital elixir 20 mg/5ml oral</i> | Preferred | |
| <i>phenobarbital tablet 100 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 15 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 16.2 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 30 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 32.4 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 60 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 64.8 mg oral</i> | Preferred | |
| <i>phenobarbital tablet 97.2 mg oral</i> | Preferred | |
| <i>phenytoin sodium extended capsule 100 mg oral</i> | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| <i>phenytoin sodium extended capsule 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenytoin sodium extended capsule 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenytoin suspension 100 mg/4ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenytoin suspension 125 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenytoin tablet chewable 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>primidone tablet 125 mg oral</i> | Preferred | |
| <i>primidone tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>primidone tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>tiagabine hcl tablet 12 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>tiagabine hcl tablet 16 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>tiagabine hcl tablet 2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>tiagabine hcl tablet 4 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate capsule sprinkle 15 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate capsule sprinkle 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>topiramate tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valproic acid capsule 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valproic acid solution 250 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>zonisamide capsule 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>zonisamide capsule 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>zonisamide capsule 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| DIASTAT ACUDIAL GEL 10 MG RECTAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| DIASTAT ACUDIAL GEL 20 MG RECTAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| DIASTAT PEDIATRIC GEL 2.5 MG RECTAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 2 Years) |
| DILANTIN CAPSULE 30 MG ORAL (<i>phenytoin sodium extended</i>) | Preferred | |
| EPIDIOLEX SOLUTION 100 MG/ML ORAL (<i>cannabidiol</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Min 1 Years) |
| <i>carbamazepine (Eitol Tablet 200 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| GABITRIL TABLET 12 MG ORAL (<i>tiagabine hcl</i>) | Preferred | Max 90-day supply per fill |
| GABITRIL TABLET 16 MG ORAL (<i>tiagabine hcl</i>) | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| GABITRIL TABLET 2 MG ORAL (<i>tiagabine hcl</i>) | Preferred | Max 90-day supply per fill |
| GABITRIL TABLET 4 MG ORAL (<i>tiagabine hcl</i>) | Preferred | Max 90-day supply per fill |
| LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL (<i>lamotrigine</i>) | Preferred | |
| LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL (<i>lamotrigine</i>) | Preferred | |
| LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL (<i>lamotrigine</i>) | Preferred | |
| NAYZILAM SOLUTION 5 MG/0.1ML NASAL (<i>midazolam (anticonvulsant)</i>) | Preferred | PA (Eligible for auto-PA approval); QL (10 EA per 30 days); AGE (Min 12 Years) |
| <i>phenytoin</i> (Phenytoin Infatabs Tablet Chewable 50 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>levetiracetam</i> (Roweepra Tablet 1000 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>levetiracetam</i> (Roweepra Tablet 500 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>levetiracetam</i> (Roweepra Tablet 750 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>lamotrigine</i> (Subvenite Tablet 100 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>lamotrigine</i> (Subvenite Tablet 150 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>lamotrigine</i> (Subvenite Tablet 200 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>lamotrigine</i> (Subvenite Tablet 25 Mg Oral) | Preferred | Max 90-day supply per fill |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL (<i>carbamazepine</i>) | Preferred | Max 90-day supply per fill |
| TRILEPTAL SUSPENSION 300 MG/5ML ORAL (<i>oxcarbazepine</i>) | Preferred | Max 90-day supply per fill |
| VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 6 Years) |
| VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 6 Years) |
| VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 6 Years) |
| VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL (<i>diazepam</i>) | Preferred | QL (10 EA per 30 days); AGE (Min 6 Years) |
| <i>carbamazepine er capsule extended release 12 hour 100 mg oral</i> | Non Preferred | PA |
| <i>carbamazepine er capsule extended release 12 hour 200 mg oral</i> | Non Preferred | PA |
| <i>carbamazepine er capsule extended release 12 hour 300 mg oral</i> | Non Preferred | PA |
| <i>carbamazepine er tablet extended release 12 hour 100 mg oral</i> | Non Preferred | PA |
| <i>carbamazepine er tablet extended release 12 hour 200 mg oral</i> | Non Preferred | PA |
| <i>carbamazepine er tablet extended release 12 hour 400 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>clonazepam tablet dispersible 0.125 mg oral</i> | Non Preferred | PA |
| <i>clonazepam tablet dispersible 0.25 mg oral</i> | Non Preferred | PA |
| <i>clonazepam tablet dispersible 0.5 mg oral</i> | Non Preferred | PA |
| <i>clonazepam tablet dispersible 1 mg oral</i> | Non Preferred | PA |
| <i>clonazepam tablet dispersible 2 mg oral</i> | Non Preferred | PA |
| <i>clorazepate dipotassium tablet 15 mg oral</i> | Non Preferred | PA |
| <i>clorazepate dipotassium tablet 3.75 mg oral</i> | Non Preferred | PA |
| <i>clorazepate dipotassium tablet 7.5 mg oral</i> | Non Preferred | PA |
| <i>felbamate suspension 600 mg/5ml oral</i> | Non Preferred | PA |
| <i>felbamate tablet 400 mg oral</i> | Non Preferred | PA |
| <i>felbamate tablet 600 mg oral</i> | Non Preferred | PA |
| <i>lacosamide solution 10 mg/ml oral</i> | Non Preferred | PA |
| <i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i> | Non Preferred | PA |
| <i>lamotrigine kit 25 & 50 & 100 mg oral</i> | Non Preferred | PA |
| <i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i> | Non Preferred | PA |
| <i>lamotrigine starter kit-blue kit 35 x 25 mg oral</i> | Non Preferred | PA |
| <i>lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral</i> | Non Preferred | PA |
| <i>lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral</i> | Non Preferred | PA |
| <i>methsuximide capsule 300 mg oral</i> | Non Preferred | PA |
| <i>oxcarbazepine suspension 300 mg/5ml oral</i> | Non Preferred | PA |
| <i>rufinamide suspension 40 mg/ml oral</i> | Non Preferred | PA |
| <i>rufinamide tablet 200 mg oral</i> | Non Preferred | PA |
| <i>rufinamide tablet 400 mg oral</i> | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule extended release 24 hour 100 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule extended release 24 hour 200 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule extended release 24 hour 25 mg oral</i> | Non Preferred | PA |
| <i>topiramate er capsule extended release 24 hour 50 mg oral</i> | Non Preferred | PA |
| <i>vigabatrin packet 500 mg oral</i> | Non Preferred | PA |
| <i>vigabatrin tablet 500 mg oral</i> | Non Preferred | PA |
| APTIOM TABLET 200 MG ORAL (<i>eslicarbazepine acetate</i>) | Non Preferred | PA |
| APTIOM TABLET 400 MG ORAL (<i>eslicarbazepine acetate</i>) | Non Preferred | PA |
| APTIOM TABLET 600 MG ORAL (<i>eslicarbazepine acetate</i>) | Non Preferred | PA |
| APTIOM TABLET 800 MG ORAL (<i>eslicarbazepine acetate</i>) | Non Preferred | PA |
| BANZEL SUSPENSION 40 MG/ML ORAL (<i>rufinamide</i>) | Non Preferred | PA |
| BANZEL TABLET 200 MG ORAL (<i>rufinamide</i>) | Non Preferred | PA |
| BANZEL TABLET 400 MG ORAL (<i>rufinamide</i>) | Non Preferred | PA |
| BRIVIACT SOLUTION 10 MG/ML ORAL (<i>brivaracetam</i>) | Non Preferred | PA |
| BRIVIACT TABLET 10 MG ORAL (<i>brivaracetam</i>) | Non Preferred | PA |
| BRIVIACT TABLET 100 MG ORAL (<i>brivaracetam</i>) | Non Preferred | PA |
| BRIVIACT TABLET 25 MG ORAL (<i>brivaracetam</i>) | Non Preferred | PA |
| BRIVIACT TABLET 50 MG ORAL (<i>brivaracetam</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| BRIVIACT TABLET 75 MG ORAL (<i>brivaracetam</i>) | Non Preferred | PA |
| CELONTIN CAPSULE 300 MG ORAL (<i>methsuximide</i>) | Non Preferred | PA |
| DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL (<i>divalproex sodium</i>) | Non Preferred | PA |
| DIACOMIT CAPSULE 250 MG ORAL (<i>stiripentol</i>) | Non Preferred | PA |
| DIACOMIT CAPSULE 500 MG ORAL (<i>stiripentol</i>) | Non Preferred | PA |
| DIACOMIT PACKET 250 MG ORAL (<i>stiripentol</i>) | Non Preferred | PA |
| DIACOMIT PACKET 500 MG ORAL (<i>stiripentol</i>) | Non Preferred | PA |
| DILANTIN CAPSULE 100 MG ORAL (<i>phenytoin sodium extended</i>) | Non Preferred | PA |
| DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL (<i>phenytoin</i>) | Non Preferred | PA |
| DILANTIN SUSPENSION 125 MG/5ML ORAL (<i>phenytoin</i>) | Non Preferred | PA |
| ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| EPRONTIA SOLUTION 25 MG/ML ORAL (<i>topiramate</i>) | Non Preferred | PA |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>carbamazepine (antipsychotic)</i>) | Non Preferred | PA |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>carbamazepine (antipsychotic)</i>) | Non Preferred | PA |
| EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL (<i>carbamazepine (antipsychotic)</i>) | Non Preferred | PA |
| FELBATOL SUSPENSION 600 MG/5ML ORAL (<i>felbamate</i>) | Non Preferred | PA |
| FELBATOL TABLET 400 MG ORAL (<i>felbamate</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------------|
| FELBATOL TABLET 600 MG ORAL (<i>felbamate</i>) | Non Preferred | PA |
| FINTEPLA SOLUTION 2.2 MG/ML ORAL (<i>fenfluramine hcl</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| FYCOMPA SUSPENSION 0.5 MG/ML ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 10 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 12 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 2 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 4 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 6 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| FYCOMPA TABLET 8 MG ORAL (<i>perampanel</i>) | Non Preferred | PA |
| KEPPRA SOLUTION 100 MG/ML ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA TABLET 1000 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA TABLET 250 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA TABLET 500 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA TABLET 750 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| KLONOPIN TABLET 0.5 MG ORAL (<i>clonazepam</i>) | Non Preferred | PA |
| KLONOPIN TABLET 1 MG ORAL (<i>clonazepam</i>) | Non Preferred | PA |
| KLONOPIN TABLET 2 MG ORAL (<i>clonazepam</i>) | Non Preferred | PA |
| LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA; Max 90-day supply per fill |
| LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA; Max 90-day supply per fill |
| LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA; Max 90-day supply per fill |
| LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA; Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| LAMICTAL STARTER KIT 35 X 25 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET 100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET 150 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET 200 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET 25 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET CHEWABLE 25 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL TABLET CHEWABLE 5 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR KIT 25 & 50 & 100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR KIT 50 & 100 & 200 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>lamotrigine</i>) | Non Preferred | PA |
| MYSOLINE TABLET 250 MG ORAL (<i>primidone</i>) | Non Preferred | PA |
| MYSOLINE TABLET 50 MG ORAL (<i>primidone</i>) | Non Preferred | PA |
| ONFI SUSPENSION 2.5 MG/ML ORAL (<i>clobazam</i>) | Non Preferred | PA |
| ONFI TABLET 10 MG ORAL (<i>clobazam</i>) | Non Preferred | PA |
| ONFI TABLET 20 MG ORAL (<i>clobazam</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| <i>phenytoin sodium extended</i> (Phenytek Capsule 200 Mg Oral) | Non Preferred | PA |
| <i>phenytoin sodium extended</i> (Phenytek Capsule 300 Mg Oral) | Non Preferred | PA |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| SABRIL PACKET 500 MG ORAL (<i>vigabatrin</i>) | Non Preferred | PA |
| SABRIL TABLET 500 MG ORAL (<i>vigabatrin</i>) | Non Preferred | PA |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL (<i>levetiracetam</i>) | Non Preferred | PA |
| <i>lamotrigine</i> (Subvenite Starter Kit-Blue Kit 35 X 25 Mg Oral) | Non Preferred | PA |
| <i>lamotrigine</i> (Subvenite Starter Kit-Green Kit 84 X 25 Mg & 14X100 Mg Oral) | Non Preferred | PA |
| <i>lamotrigine</i> (Subvenite Starter Kit-Orange Kit 42 X 25 Mg & 7 X 100 Mg Oral) | Non Preferred | PA |
| SYMPAZAN FILM 10 MG ORAL (<i>clobazam</i>) | Non Preferred | PA |
| SYMPAZAN FILM 20 MG ORAL (<i>clobazam</i>) | Non Preferred | PA |
| SYMPAZAN FILM 5 MG ORAL (<i>clobazam</i>) | Non Preferred | PA |
| TEGRETOL SUSPENSION 100 MG/5ML ORAL (<i>carbamazepine</i>) | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| TEGRETOL TABLET 200 MG ORAL (<i>carbamazepine</i>) | Non Preferred | PA |
| TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TOPAMAX TABLET 100 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TOPAMAX TABLET 200 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TOPAMAX TABLET 25 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TOPAMAX TABLET 50 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TRILEPTAL TABLET 150 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| TRILEPTAL TABLET 300 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| TRILEPTAL TABLET 600 MG ORAL (<i>oxcarbazepine</i>) | Non Preferred | PA |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>topiramate</i>) | Non Preferred | PA |
| <i>vigabatrin</i> (Vigadrone Packet 500 Mg Oral) | Non Preferred | PA |
| <i>vigabatrin</i> (Vigadrone Tablet 500 Mg Oral) | Non Preferred | PA |
| VIMPAT SOLUTION 10 MG/ML ORAL (<i>lacosamide</i>) | Non Preferred | PA |
| VIMPAT TABLET 100 MG ORAL (<i>lacosamide</i>) | Non Preferred | PA |
| VIMPAT TABLET 150 MG ORAL (<i>lacosamide</i>) | Non Preferred | PA |
| VIMPAT TABLET 200 MG ORAL (<i>lacosamide</i>) | Non Preferred | PA |
| VIMPAT TABLET 50 MG ORAL (<i>lacosamide</i>) | Non Preferred | PA |
| XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| XCOPRI TABLET 100 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET 150 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET 200 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET 50 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL (<i>cenobamate</i>) | Non Preferred | PA |
| ZARONTIN CAPSULE 250 MG ORAL (<i>ethosuximide</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| ZARONTIN SOLUTION 250 MG/5ML ORAL (<i>ethosuximide</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| ZONISADE SUSPENSION 100 MG/5ML ORAL (<i>zonisamide</i>) | Non Preferred | PA |
| ZTALMY SUSPENSION 50 MG/ML ORAL (<i>ganaxolone</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ANTIDEPRESSANTS: OTHER [OPEN CLASS] | | |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet 15 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet 45 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet 7.5 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>mirtazapine tablet dispersible 15 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet dispersible 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mirtazapine tablet dispersible 45 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>phenelzine sulfate tablet 15 mg oral</i> | Preferred | |
| <i>trazodone hcl tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>trazodone hcl tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>trazodone hcl tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>trazodone hcl tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl tablet 37.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>venlafaxine hcl tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>vilazodone hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>vilazodone hcl tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>vilazodone hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i> | Non Preferred | PA |
| <i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i> | Non Preferred | PA |
| <i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i> | Non Preferred | PA |
| <i>nefazodone hcl tablet 100 mg oral</i> | Non Preferred | PA |
| <i>nefazodone hcl tablet 150 mg oral</i> | Non Preferred | PA |
| <i>nefazodone hcl tablet 200 mg oral</i> | Non Preferred | PA |
| <i>nefazodone hcl tablet 250 mg oral</i> | Non Preferred | PA |
| <i>nefazodone hcl tablet 50 mg oral</i> | Non Preferred | PA |
| <i>tranylcypromine sulfate tablet 10 mg oral</i> | Non Preferred | PA |
| <i>venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral</i> | Non Preferred | PA |
| <i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-------------------------|
| <i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i> | Non Preferred | PA |
| <i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i> | Non Preferred | PA |
| <i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i> | Non Preferred | PA |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL (<i>bupropion hbr</i>) | Non Preferred | PA |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL (<i>bupropion hbr</i>) | Non Preferred | PA |
| APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL (<i>bupropion hbr</i>) | Non Preferred | PA |
| AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL (<i>dextromethorphan-bupropion</i>) | Non Preferred | PA |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>venlafaxine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>venlafaxine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL (<i>venlafaxine hcl</i>) | Non Preferred | PA |
| EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL (<i>selegiline</i>) | Non Preferred | PA |
| EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL (<i>selegiline</i>) | Non Preferred | PA |
| EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL (<i>selegiline</i>) | Non Preferred | PA |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>levomilnacipran hcl</i>) | Non Preferred | PA |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>levomilnacipran hcl</i>) | Non Preferred | PA |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>levomilnacipran hcl</i>) | Non Preferred | PA |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>levomilnacipran hcl</i>) | Non Preferred | PA |
| FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL (<i>levomilnacipran hcl</i>) | Non Preferred | PA |
| FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| MARPLAN TABLET 10 MG ORAL (<i>isocarboxazid</i>) | Non Preferred | PA |
| NARDIL TABLET 15 MG ORAL (<i>phenelzine sulfate</i>) | Non Preferred | PA |
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>desvenlafaxine succinate</i>) | Non Preferred | PA |
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>desvenlafaxine succinate</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>desvenlafaxine succinate</i>) | Non Preferred | PA |
| REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL (<i>mirtazapine</i>) | Non Preferred | PA |
| REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL (<i>mirtazapine</i>) | Non Preferred | PA |
| REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL (<i>mirtazapine</i>) | Non Preferred | PA |
| REMERON TABLET 15 MG ORAL (<i>mirtazapine</i>) | Non Preferred | PA |
| REMERON TABLET 30 MG ORAL (<i>mirtazapine</i>) | Non Preferred | PA |
| TRINTELLIX TABLET 10 MG ORAL (<i>vortioxetine hbr</i>) | Non Preferred | PA |
| TRINTELLIX TABLET 20 MG ORAL (<i>vortioxetine hbr</i>) | Non Preferred | PA |
| TRINTELLIX TABLET 5 MG ORAL (<i>vortioxetine hbr</i>) | Non Preferred | PA |
| VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL (<i>vilazodone hcl</i>) | Non Preferred | PA |
| VIIBRYD TABLET 10 MG ORAL (<i>vilazodone hcl</i>) | Non Preferred | PA; Max 90-day supply per fill |
| VIIBRYD TABLET 20 MG ORAL (<i>vilazodone hcl</i>) | Non Preferred | PA; Max 90-day supply per fill |
| VIIBRYD TABLET 40 MG ORAL (<i>vilazodone hcl</i>) | Non Preferred | PA; Max 90-day supply per fill |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>bupropion hcl</i>) | Non Preferred | PA |
| ZURZUVAE CAPSULE 20 MG ORAL (<i>zuranolone</i>) | Non Preferred | PA; QL (28 EA per 1 Fill); AGE (Min 18 Years) |
| ZURZUVAE CAPSULE 25 MG ORAL (<i>zuranolone</i>) | Non Preferred | PA; QL (28 EA per 1 Fill); AGE (Min 18 Years) |
| ZURZUVAE CAPSULE 30 MG ORAL (<i>zuranolone</i>) | Non Preferred | PA; QL (14 EA per 1 Fill); AGE (Min 18 Years) |
| ANTIDEPRESSANTS: SSRI [OPEN CLASS] | | |
| <i>citalopram hydrobromide solution 10 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>citalopram hydrobromide tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>citalopram hydrobromide tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>citalopram hydrobromide tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>escitalopram oxalate tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>escitalopram oxalate tablet 20 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>escitalopram oxalate tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluoxetine hcl capsule 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluoxetine hcl capsule 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluoxetine hcl capsule 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluoxetine hcl solution 20 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluvoxamine maleate tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluvoxamine maleate tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluvoxamine maleate tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>paroxetine hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>paroxetine hcl tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>paroxetine hcl tablet 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>paroxetine hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sertraline hcl concentrate 20 mg/ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>sertraline hcl tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sertraline hcl tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sertraline hcl tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>citalopram hydrobromide capsule 30 mg oral</i> | Non Preferred | PA |
| <i>escitalopram oxalate solution 5 mg/5ml oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl (pmdd) tablet 10 mg oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl (pmdd) tablet 20 mg oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl capsule delayed release 90 mg oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl tablet 10 mg oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl tablet 20 mg oral</i> | Non Preferred | PA |
| <i>fluoxetine hcl tablet 60 mg oral</i> | Non Preferred | PA |
| <i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i> | Non Preferred | PA |
| <i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i> | Non Preferred | PA |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i> | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i> | Non Preferred | PA |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i> | Non Preferred | PA |
| <i>paroxetine hcl suspension 10 mg/5ml oral</i> | Non Preferred | PA |
| <i>paroxetine mesylate capsule 7.5 mg oral</i> | Non Preferred | PA |
| <i>sertraline hcl capsule 150 mg oral</i> | Non Preferred | PA |
| <i>sertraline hcl capsule 200 mg oral</i> | Non Preferred | PA |
| CELEXA TABLET 10 MG ORAL (<i>citalopram hydrobromide</i>) | Non Preferred | PA |
| CELEXA TABLET 20 MG ORAL (<i>citalopram hydrobromide</i>) | Non Preferred | PA |
| CELEXA TABLET 40 MG ORAL (<i>citalopram hydrobromide</i>) | Non Preferred | PA |
| LEXAPRO TABLET 10 MG ORAL (<i>escitalopram oxalate</i>) | Non Preferred | PA |
| LEXAPRO TABLET 20 MG ORAL (<i>escitalopram oxalate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| LEXAPRO TABLET 5 MG ORAL (<i>escitalopram oxalate</i>) | Non Preferred | PA |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL SUSPENSION 10 MG/5ML ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL TABLET 10 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL TABLET 20 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL TABLET 30 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PAXIL TABLET 40 MG ORAL (<i>paroxetine hcl</i>) | Non Preferred | PA |
| PEXEVA TABLET 10 MG ORAL (<i>paroxetine mesylate</i>) | Non Preferred | PA |
| PEXEVA TABLET 20 MG ORAL (<i>paroxetine mesylate</i>) | Non Preferred | PA |
| PEXEVA TABLET 30 MG ORAL (<i>paroxetine mesylate</i>) | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| PROZAC CAPSULE 10 MG ORAL (<i>fluoxetine hcl</i>) | Non Preferred | PA |
| PROZAC CAPSULE 20 MG ORAL (<i>fluoxetine hcl</i>) | Non Preferred | PA |
| PROZAC CAPSULE 40 MG ORAL (<i>fluoxetine hcl</i>) | Non Preferred | PA |
| ZOLOFT CONCENTRATE 20 MG/ML ORAL (<i>sertraline hcl</i>) | Non Preferred | PA |
| ZOLOFT TABLET 100 MG ORAL (<i>sertraline hcl</i>) | Non Preferred | PA |
| ZOLOFT TABLET 25 MG ORAL (<i>sertraline hcl</i>) | Non Preferred | PA |
| ZOLOFT TABLET 50 MG ORAL (<i>sertraline hcl</i>) | Non Preferred | PA |
| ANTIEMETIC/ANTIVERTIGO AGENTS [OPEN CLASS] | | |
| <i>dronabinol capsule 10 mg oral</i> | Preferred | PA |
| <i>dronabinol capsule 2.5 mg oral</i> | Preferred | PA |
| <i>dronabinol capsule 5 mg oral</i> | Preferred | PA |
| <i>ft motion sickness tablet 25 mg oral</i> | Preferred | OTC |
| <i>ft motion sickness tablet 50 mg oral</i> | Preferred | OTC |
| <i>gnp motion sickness relief tablet 25 mg oral</i> | Preferred | OTC |
| <i>gnp motion sickness relief tablet 50 mg oral</i> | Preferred | OTC |
| <i>hm motion sickness relief tablet 25 mg oral</i> | Preferred | OTC |
| <i>hm motion sickness relief tablet 50 mg oral</i> | Preferred | OTC |
| <i>meclizine hcl tablet 12.5 mg oral (otc)</i> | Preferred | OTC |
| <i>meclizine hcl tablet 12.5 mg oral (rx)</i> | Preferred | |
| <i>meclizine hcl tablet 25 mg oral (rx)</i> | Preferred | |
| <i>meclizine hcl tablet 50 mg oral</i> | Preferred | |
| <i>meclizine hcl tablet chewable 25 mg oral (otc)</i> | Preferred | OTC |
| <i>metoclopramide hcl solution 10 mg/10ml oral</i> | Preferred | |
| <i>metoclopramide hcl solution 5 mg/5ml oral</i> | Preferred | |
| <i>metoclopramide hcl solution 5 mg/ml injection</i> | Preferred | |
| <i>metoclopramide hcl tablet 10 mg oral</i> | Preferred | |
| <i>metoclopramide hcl tablet 5 mg oral</i> | Preferred | |
| <i>motion sickness relief tablet 25 mg oral</i> | Preferred | OTC |
| <i>motion sickness relief tablet 50 mg oral</i> | Preferred | OTC |
| <i>motion-time tablet chewable 25 mg oral</i> | Preferred | OTC |
| <i>ondansetron hcl solution 4 mg/5ml oral</i> | Preferred | |
| <i>ondansetron hcl tablet 4 mg oral</i> | Preferred | QL (60 EA per 1 Fill) |
| <i>ondansetron hcl tablet 8 mg oral</i> | Preferred | QL (60 EA per 1 Fill) |
| <i>ondansetron tablet dispersible 4 mg oral</i> | Preferred | QL (60 EA per 1 Fill) |
| <i>ondansetron tablet dispersible 8 mg oral</i> | Preferred | QL (60 EA per 1 Fill) |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------|
| <i>prochlorperazine maleate tablet 10 mg oral</i> | Preferred | |
| <i>prochlorperazine maleate tablet 5 mg oral</i> | Preferred | |
| <i>promethazine hcl solution 25 mg/ml injection</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl solution 50 mg/ml injection</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl solution 6.25 mg/5ml oral</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl suppository 12.5 mg rectal</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl suppository 25 mg rectal</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl tablet 12.5 mg oral</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl tablet 25 mg oral</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl tablet 50 mg oral</i> | Preferred | AGE (Min 2 Years) |
| <i>sm motion sickness tablet 25 mg oral</i> | Preferred | OTC |
| <i>sm motion sickness tablet 50 mg oral</i> | Preferred | OTC |
| <i>trimethobenzamide hcl capsule 300 mg oral</i> | Preferred | |
| DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL (doxylamine-pyridoxine) | Preferred | PA; AGE (Min 18 Years) |
| DRIMINATE TABLET 50 MG ORAL (dimenhydrinate) | Preferred | OTC |
| <i>promethazine hcl (Promethegan Suppository 12.5 Mg Rectal)</i> | Preferred | AGE (Min 2 Years) |
| <i>promethazine hcl (Promethegan Suppository 25 Mg Rectal)</i> | Preferred | AGE (Min 2 Years) |
| <i>aprepitant 80 & 125 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 Fill) |
| <i>aprepitant capsule 125 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 Fill) |
| <i>aprepitant capsule 40 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 Fill) |
| <i>aprepitant capsule 80 & 125 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 Fill) |
| <i>aprepitant capsule 80 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 Fill) |
| <i>dimenhydrinate solution 50 mg/ml injection</i> | Non Preferred | PA |
| <i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>fosaprepitant dimeglumine solution reconstituted 150 mg intravenous</i> | Non Preferred | PA |
| <i>granisetron hcl solution 0.1 mg/ml intravenous</i> | Non Preferred | PA |
| <i>granisetron hcl solution 1 mg/ml intravenous</i> | Non Preferred | PA |
| <i>granisetron hcl solution 4 mg/4ml intravenous</i> | Non Preferred | PA |
| <i>granisetron hcl tablet 1 mg oral</i> | Non Preferred | PA |
| <i>ondansetron hcl solution 4 mg/2ml injection</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ondansetron hcl solution 40 mg/20ml injection</i> | Non Preferred | PA |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | Non Preferred | PA |
| <i>palonosetron hcl solution 0.25 mg/2ml intravenous</i> | Non Preferred | PA |
| <i>palonosetron hcl solution 0.25 mg/5ml intravenous</i> | Non Preferred | PA |
| <i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i> | Non Preferred | PA |
| <i>prochlorperazine edisylate solution 10 mg/2ml injection</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>prochlorperazine edisylate solution 50 mg/10ml injection</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>prochlorperazine suppository 25 mg rectal</i> | Non Preferred | PA |
| <i>scopolamine patch 72 hour 1 mg/3days transdermal</i> | Non Preferred | PA |
| AKYNZEO (READY-TO-USE) SOLUTION 235-0.25 MG/20ML INTRAVENOUS (<i>fosnetupitant-palonosetron</i>) | Non Preferred | PA |
| AKYNZEO (TO-BE-DILUTED) SOLUTION 235-0.25 MG/20ML INTRAVENOUS (<i>fosnetupitant-palonosetron</i>) | Non Preferred | PA |
| AKYNZEO CAPSULE 300-0.5 MG ORAL (<i>netupitant-palonosetron</i>) | Non Preferred | PA |
| AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS (<i>fosnetupitant-palonosetron</i>) | Non Preferred | PA |
| ANTIVERT TABLET 50 MG ORAL (<i>meclizine hcl</i>) | Non Preferred | PA |
| ANTIVERT TABLET CHEWABLE 25 MG ORAL (<i>meclizine hcl</i>) | Non Preferred | PA |
| ANZEMET TABLET 50 MG ORAL (<i>dolasetron mesylate</i>) | Non Preferred | PA; QL (10 EA per 1 Fill) |
| APONVIE EMULSION 32 MG/4.4ML INTRAVENOUS (<i>aprepitant</i>) | Non Preferred | PA; QL (4.4 ML per 1 Fill) |
| BARHEMSYS SOLUTION 10 MG/4ML INTRAVENOUS (<i>amisulpride (antiemetic)</i>) | Non Preferred | PA |
| BARHEMSYS SOLUTION 5 MG/2ML INTRAVENOUS (<i>amisulpride (antiemetic)</i>) | Non Preferred | PA |
| BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL (<i>doxylamine-pyridoxine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CINVANTI EMULSION 130 MG/18ML INTRAVENOUS (<i>aprepitant</i>) | Non Preferred | PA; QL (36 ML per 1 Fill) |
| <i>prochlorperazine (Compro Suppository 25 Mg Rectal)</i> | Non Preferred | PA |
| EMEND CAPSULE 80 MG ORAL (<i>aprepitant</i>) | Non Preferred | PA; QL (2 EA per 1 Fill) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS (<i>fosaprepitant dimeglumine</i>) | Non Preferred | PA |
| EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL (<i>aprepitant</i>) | Non Preferred | PA |
| EMEND TRI-PACK CAPSULE 80 & 125 MG ORAL (<i>aprepitant</i>) | Non Preferred | PA; QL (1 EA per 1 Fill) |
| GIMOTI SOLUTION 15 MG/ACT NASAL (<i>metoclopramide hcl</i>) | Non Preferred | PA |
| MARINOL CAPSULE 10 MG ORAL (<i>dronabinol</i>) | Non Preferred | PA |
| MARINOL CAPSULE 2.5 MG ORAL (<i>dronabinol</i>) | Non Preferred | PA |
| MARINOL CAPSULE 5 MG ORAL (<i>dronabinol</i>) | Non Preferred | PA |
| PHENERGAN SOLUTION 25 MG/ML INJECTION (<i>promethazine hcl</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| PHENERGAN SOLUTION 50 MG/ML INJECTION (<i>promethazine hcl</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| PROMETHEGAN SUPPOSITORY 50 MG RECTAL (<i>promethazine hcl</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| REGLAN TABLET 10 MG ORAL (<i>metoclopramide hcl</i>) | Non Preferred | PA |
| REGLAN TABLET 5 MG ORAL (<i>metoclopramide hcl</i>) | Non Preferred | PA |
| SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL (<i>granisetron</i>) | Non Preferred | PA; QL (2 EA per 1 Fill) |
| SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS (<i>granisetron</i>) | Non Preferred | PA |
| TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR (<i>trimethobenzamide hcl</i>) | Non Preferred | PA |
| TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL (<i>scopolamine base</i>) | Non Preferred | PA |
| ANTIFUNGALS: ORAL [OPEN CLASS] | | |
| <i>fluconazole suspension reconstituted 10 mg/ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluconazole suspension reconstituted 40 mg/ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluconazole tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluconazole tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluconazole tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fluconazole tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>griseofulvin microsize suspension 125 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i> | Preferred | Max 90-day supply per fill |
| <i>nystatin tablet 500000 unit oral</i> | Preferred | Max 90-day supply per fill |
| <i>terbinafine hcl tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clotrimazole troche 10 mg mouth/throat</i> | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>flucytosine capsule 250 mg oral</i> | Non Preferred | PA |
| <i>flucytosine capsule 500 mg oral</i> | Non Preferred | PA |
| <i>griseofulvin microsize tablet 500 mg oral</i> | Non Preferred | PA |
| <i>griseofulvin ultramicrosize tablet 125 mg oral</i> | Non Preferred | PA |
| <i>griseofulvin ultramicrosize tablet 250 mg oral</i> | Non Preferred | PA |
| <i>itraconazole capsule 100 mg oral</i> | Non Preferred | PA |
| <i>itraconazole solution 10 mg/ml oral</i> | Non Preferred | PA |
| <i>ketoconazole tablet 200 mg oral</i> | Non Preferred | PA |
| <i>posaconazole suspension 40 mg/ml oral</i> | Non Preferred | PA |
| <i>posaconazole tablet delayed release 100 mg oral</i> | Non Preferred | PA |
| <i>tolsura capsule 65 mg oral</i> | Non Preferred | PA |
| <i>voriconazole suspension reconstituted 40 mg/ml oral</i> | Non Preferred | PA |
| <i>voriconazole tablet 200 mg oral</i> | Non Preferred | PA |
| <i>voriconazole tablet 50 mg oral</i> | Non Preferred | PA |
| ANCOBON CAPSULE 250 MG ORAL (<i>flucytosine</i>) | Non Preferred | PA |
| ANCOBON CAPSULE 500 MG ORAL (<i>flucytosine</i>) | Non Preferred | PA |
| BREXAFEMME TABLET 150 MG ORAL (<i>ibrexafungerp citrate</i>) | Non Preferred | PA |
| CRESEMBA CAPSULE 186 MG ORAL (<i>isavuconazonium sulfat</i> e) | Non Preferred | PA |
| CRESEMBA CAPSULE 74.5 MG ORAL (<i>isavuconazonium sulfat</i> e) | Non Preferred | PA |
| DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL (<i>fluconazole</i>) | Non Preferred | PA |
| DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>fluconazole</i>) | Non Preferred | PA |
| DIFLUCAN TABLET 100 MG ORAL (<i>fluconazole</i>) | Non Preferred | PA |
| DIFLUCAN TABLET 200 MG ORAL (<i>fluconazole</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------|
| NOXAFIL PACKET 300 MG ORAL (<i>posaconazole</i>) | Non Preferred | PA |
| NOXAFIL SUSPENSION 40 MG/ML ORAL (<i>posaconazole</i>) | Non Preferred | PA |
| NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL (<i>posaconazole</i>) | Non Preferred | PA |
| ORAVIG TABLET 50 MG BUCCAL (<i>miconazole</i>) | Non Preferred | PA |
| SPORANOX CAPSULE 100 MG ORAL (<i>itraconazole</i>) | Non Preferred | PA |
| SPORANOX SOLUTION 10 MG/ML ORAL (<i>itraconazole</i>) | Non Preferred | PA |
| VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>voriconazole</i>) | Non Preferred | PA |
| VFEND TABLET 200 MG ORAL (<i>voriconazole</i>) | Non Preferred | PA |
| VFEND TABLET 50 MG ORAL (<i>voriconazole</i>) | Non Preferred | PA |
| VIVJOA CAPSULE THERAPY PACK 150 MG ORAL (<i>oteseconazole</i>) | Non Preferred | PA |
| ANTIFUNGALS: TOPICAL [OPEN CLASS] | | |
| <i>antifungal (clotrimazole) cream 1 % external</i> | Preferred | OTC |
| <i>antifungal clotrimazole cream 1 % external</i> | Preferred | OTC |
| <i>antifungal cream 2 % external</i> | Preferred | OTC |
| <i>athletes foot (clotrimazole) cream 1 % external</i> | Preferred | OTC |
| <i>athletes foot (terbinafine) cream 1 % external</i> | Preferred | OTC |
| <i>ciclopirox solution 8 % external</i> | Preferred | |
| <i>clotrimazole anti-fungal cream 1 % external (otc)</i> | Preferred | OTC |
| <i>clotrimazole cream 1 % external (otc)</i> | Preferred | OTC |
| <i>clotrimazole cream 1 % external (rx)</i> | Preferred | |
| <i>clotrimazole solution 1 % external (otc)</i> | Preferred | OTC |
| <i>clotrimazole solution 1 % external (rx)</i> | Preferred | QL (10 ML per 1 day) |
| <i>clotrimazole solution 1 % external (rx)</i> | Preferred | |
| <i>clotrimazole-betamethasone cream 1-0.05 % external</i> | Preferred | |
| <i>ft antifungal cream 1 % external</i> | Preferred | OTC |
| <i>ft antifungal cream 2 % external</i> | Preferred | OTC |
| <i>ft athletes foot (clotrimaz) cream 1 % external</i> | Preferred | OTC |
| <i>ft athletes foot (terbinafine) cream 1 % external</i> | Preferred | OTC |
| <i>gnp athletes foot cream 1 % external</i> | Preferred | OTC |
| <i>gnp terbinafine hydrochloride cream 1 % external</i> | Preferred | OTC |
| <i>gnp tolnaftate cream 1 % external</i> | Preferred | OTC |
| <i>ketoconazole cream 2 % external</i> | Preferred | |
| <i>ketoconazole shampoo 2 % external</i> | Preferred | |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>miconazole nitrate cream 2 % external (otc)</i> | Preferred | OTC |
| <i>nystatin cream 100000 unit/gm external</i> | Preferred | |
| <i>nystatin ointment 100000 unit/gm external</i> | Preferred | |
| <i>nystatin powder 100000 unit/gm external</i> | Preferred | |
| <i>sm antifungal clotrimazole cream 1 % external</i> | Preferred | OTC |
| <i>sm antifungal miconazole cream 2 % external</i> | Preferred | OTC |
| <i>sm antifungal tolnaftate cream 1 % external</i> | Preferred | OTC |
| <i>sm athletes foot cream 1 % external</i> | Preferred | OTC |
| <i>terbinafine hcl cream 1 % external</i> | Preferred | OTC |
| <i>tm-clotrimazole cream 1 % external</i> | Preferred | OTC |
| <i>tolnaftate cream 1 % external</i> | Preferred | OTC |
| <i>tolnaftate powder 1 % external</i> | Preferred | OTC |
| <i>ciclopirox (Ciclodan Solution 8 % External)</i> | Preferred | |
| <i>MICOTRIN AC CREAM 1 % EXTERNAL (clotrimazole)</i> | Preferred | OTC |
| <i>nystatin (Nyamyc Powder 100000 Unit/Gm External)</i> | Preferred | |
| <i>nystatin (Nystop Powder 100000 Unit/Gm External)</i> | Preferred | |
| <i>alevazol ointment 1 % external</i> | Non Preferred | OTC; PA |
| <i>antifungal powder 2 % external</i> | Non Preferred | OTC; PA |
| <i>athletes foot powder spray aerosol powder 1 % external</i> | Non Preferred | OTC; PA |
| <i>athletes foot powder spray aerosol powder 2 % external</i> | Non Preferred | OTC; PA |
| <i>bensal hp ointment 3 % external</i> | Non Preferred | PA |
| <i>butenafine hcl cream 1 % external</i> | Non Preferred | OTC; PA |
| <i>ciclopirox gel 0.77 % external</i> | Non Preferred | PA |
| <i>ciclopirox olamine cream 0.77 % external</i> | Non Preferred | PA |
| <i>ciclopirox olamine suspension 0.77 % external</i> | Non Preferred | PA |
| <i>ciclopirox shampoo 1 % external</i> | Non Preferred | PA |
| <i>ciclopirox treatment kit 8 % external</i> | Non Preferred | PA |
| <i>clotrimazole-betamethasone lotion 1-0.05 % external</i> | Non Preferred | PA |
| <i>econazole nitrate cream 1 % external</i> | Non Preferred | PA |
| <i>gnp miconazorb af powder 2 % external</i> | Non Preferred | OTC; PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>ketoconazole foam 2 % external</i> | Non Preferred | PA |
| <i>luliconazole cream 1 % external</i> | Non Preferred | PA |
| <i>miconazole nitrate solution 2 % external</i> | Non Preferred | OTC; PA |
| <i>miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external</i> | Non Preferred | PA |
| <i>miconi-al solution 2 % external</i> | Non Preferred | OTC; PA |
| <i>naftifine hcl cream 1 % external</i> | Non Preferred | PA |
| <i>naftifine hcl cream 2 % external</i> | Non Preferred | PA |
| <i>naftifine hcl gel 2 % external</i> | Non Preferred | PA |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i> | Non Preferred | PA |
| <i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i> | Non Preferred | PA |
| <i>oxiconazole nitrate cream 1 % external</i> | Non Preferred | PA |
| <i>tavaborole solution 5 % external</i> | Non Preferred | PA |
| <i>tm-tolnaftate lr solution 1 % external</i> | Non Preferred | OTC; PA |
| <i>tm-tolnaftate solution 1 % external</i> | Non Preferred | OTC; PA |
| <i>tolnafi-al solution 1 % external</i> | Non Preferred | OTC; PA |
| <i>votriza-al lotion 1 % external</i> | Non Preferred | OTC; PA |
| <i>ciclopirox olamine (Ciclodan Cream 0.77 % External)</i> | Non Preferred | PA |
| CICLODAN CREAM KIT 0.77 % EXTERNAL (<i>ciclopirox olamine-cleanser</i>) | Non Preferred | PA |
| CICLODAN SOLUTION KIT 8 % EXTERNAL (<i>ciclopirox</i>) | Non Preferred | PA |
| ERTACZO CREAM 2 % EXTERNAL (<i>sertaconazole nitrate</i>) | Non Preferred | PA |
| EXTINA FOAM 2 % EXTERNAL (<i>ketoconazole</i>) | Non Preferred | PA |
| FUNGOID TINCTURE SOLUTION 2 % EXTERNAL (<i>miconazole nitrate</i>) | Non Preferred | OTC; PA |
| JUBLIA SOLUTION 10 % EXTERNAL (<i>efinaconazole</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>ketoconazole</i> (Ketodan Foam 2 % External) | Non Preferred | PA |
| KETODAN KIT 2 % EXTERNAL (<i>ketoconazole-cleanser</i>) | Non Preferred | PA |
| LOPROX CREAM 0.77 % EXTERNAL (<i>ciclopirox olamine</i>) | Non Preferred | PA |
| LOPROX KIT 0.77 % (SUSP) EXTERNAL (<i>ciclopirox olamine-cleanser</i>) | Non Preferred | PA |
| LOPROX KIT 0.77 % EXTERNAL (<i>ciclopirox olamine-cleanser</i>) | Non Preferred | PA |
| LOPROX SUSPENSION 0.77 % EXTERNAL (<i>ciclopirox olamine</i>) | Non Preferred | PA |
| LOTRIMIN AF CREAM 1 % EXTERNAL (<i>clotrimazole</i>) | Non Preferred | OTC; PA |
| LUZU CREAM 1 % EXTERNAL (<i>luliconazole</i>) | Non Preferred | PA |
| MICOMITIN SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>) | Non Preferred | OTC; PA |
| MICOTRIN AL SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>) | Non Preferred | OTC; PA |
| MICOTRIN AP POWDER 2 % EXTERNAL (<i>miconazole nitrate</i>) | Non Preferred | OTC; PA |
| MYCOZYL AC CREAM 1 % EXTERNAL (<i>clotrimazole</i>) | Non Preferred | OTC; PA |
| MYCOZYL AL SOLUTION 1 % EXTERNAL (OTC) (<i>tolnaftate</i>) | Non Preferred | OTC; PA |
| MYCOZYL AP POWDER 2 % EXTERNAL (<i>miconazole nitrate</i>) | Non Preferred | OTC; PA |
| NAFTIN GEL 1 % EXTERNAL (<i>naftifine hcl</i>) | Non Preferred | PA |
| NAFTIN GEL 2 % EXTERNAL (<i>naftifine hcl</i>) | Non Preferred | PA |
| OXISTAT LOTION 1 % EXTERNAL (<i>oxiconazole nitrate</i>) | Non Preferred | PA |
| TRITOLNACIDE S SOLUTION 1 % EXTERNAL (<i>tolnaftate</i>) | Non Preferred | PA |
| VUSION OINTMENT 0.25-15-81.35 % EXTERNAL (<i>miconazole-zinc oxide-petrolat</i>) | Non Preferred | PA |
| ANTIHYPERTENSIVES: ANGIOTENSIN MODULATOR COMBINATIONS [OPEN CLASS] | | |
| <i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i> | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate-valsartan tablet 10-160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate-valsartan tablet 10-320 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate-valsartan tablet 5-160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate-valsartan tablet 5-320 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine-olmesartan tablet 10-20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine-olmesartan tablet 10-40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine-olmesartan tablet 5-20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine-olmesartan tablet 5-40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>aliskiren fumarate tablet 150 mg oral</i> | Non Preferred | PA |
| <i>aliskiren fumarate tablet 300 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hctz tablet 10-160-25 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hctz tablet 10-320-25 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hctz tablet 5-160-25 mg oral</i> | Non Preferred | PA |
| <i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i> | Non Preferred | PA |
| <i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i> | Non Preferred | PA |
| <i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i> | Non Preferred | PA |
| <i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i> | Non Preferred | PA |
| <i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-amlodipine tablet 40-10 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-amlodipine tablet 40-5 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-amlodipine tablet 80-10 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-amlodipine tablet 80-5 mg oral</i> | Non Preferred | PA |
| <i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i> | Non Preferred | PA |
| <i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i> | Non Preferred | PA |
| <i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i> | Non Preferred | PA |
| AZOR TABLET 10-20 MG ORAL (<i>amlodipine-olmesartan</i>) | Non Preferred | PA |
| AZOR TABLET 10-40 MG ORAL (<i>amlodipine-olmesartan</i>) | Non Preferred | PA |
| AZOR TABLET 5-20 MG ORAL (<i>amlodipine-olmesartan</i>) | Non Preferred | PA |
| AZOR TABLET 5-40 MG ORAL (<i>amlodipine-olmesartan</i>) | Non Preferred | PA |
| EXFORGE HCT TABLET 10-160-12.5 MG ORAL (<i>amlodipine-valsartan-hctz</i>) | Non Preferred | PA |
| EXFORGE HCT TABLET 10-160-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>) | Non Preferred | PA |
| EXFORGE HCT TABLET 10-320-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>) | Non Preferred | PA |
| EXFORGE HCT TABLET 5-160-12.5 MG ORAL (<i>amlodipine-valsartan-hctz</i>) | Non Preferred | PA |
| EXFORGE HCT TABLET 5-160-25 MG ORAL (<i>amlodipine-valsartan-hctz</i>) | Non Preferred | PA |
| EXFORGE TABLET 10-160 MG ORAL (<i>amlodipine besylate-valsartan</i>) | Non Preferred | PA |
| EXFORGE TABLET 10-320 MG ORAL (<i>amlodipine besylate-valsartan</i>) | Non Preferred | PA |
| EXFORGE TABLET 5-160 MG ORAL (<i>amlodipine besylate-valsartan</i>) | Non Preferred | PA |
| EXFORGE TABLET 5-320 MG ORAL (<i>amlodipine besylate-valsartan</i>) | Non Preferred | PA |
| LOTREL CAPSULE 10-20 MG ORAL (<i>amlodipine besy-benazepril hcl</i>) | Non Preferred | PA |
| LOTREL CAPSULE 10-40 MG ORAL (<i>amlodipine besy-benazepril hcl</i>) | Non Preferred | PA |
| LOTREL CAPSULE 5-10 MG ORAL (<i>amlodipine besy-benazepril hcl</i>) | Non Preferred | PA |
| LOTREL CAPSULE 5-20 MG ORAL (<i>amlodipine besy-benazepril hcl</i>) | Non Preferred | PA |
| TEKTURNA HCT TABLET 150-12.5 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>) | Non Preferred | PA |
| TEKTURNA HCT TABLET 150-25 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>) | Non Preferred | PA |
| TEKTURNA HCT TABLET 300-12.5 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>) | Non Preferred | PA |
| TEKTURNA HCT TABLET 300-25 MG ORAL (<i>aliskiren-hydrochlorothiazide</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| TEKTURNA TABLET 150 MG ORAL (<i>aliskiren fumarate</i>) | Non Preferred | PA |
| TEKTURNA TABLET 300 MG ORAL (<i>aliskiren fumarate</i>) | Non Preferred | PA |
| TRIBENZOR TABLET 20-5-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>) | Non Preferred | PA |
| TRIBENZOR TABLET 40-10-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>) | Non Preferred | PA |
| TRIBENZOR TABLET 40-10-25 MG ORAL (<i>olmesartan-amlodipine-hctz</i>) | Non Preferred | PA |
| TRIBENZOR TABLET 40-5-12.5 MG ORAL (<i>olmesartan-amlodipine-hctz</i>) | Non Preferred | PA |
| TRIBENZOR TABLET 40-5-25 MG ORAL (<i>olmesartan-amlodipine-hctz</i>) | Non Preferred | PA |
| ANTIHYPERTENSIVES: ANGIOTENSIN MODULATORS [OPEN CLASS] | | |
| <i>benazepril hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril hcl tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril maleate tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril maleate tablet 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril maleate tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril maleate tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fosinopril sodium tablet 10 mg oral</i> | Preferred | |
| <i>fosinopril sodium tablet 20 mg oral</i> | Preferred | |
| <i>fosinopril sodium tablet 40 mg oral</i> | Preferred | |
| <i>irbesartan tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>irbesartan tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>irbesartan tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril tablet 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril tablet 30 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>lisinopril tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium-hctz tablet 100-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium-hctz tablet 100-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>losartan potassium-hctz tablet 50-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>quinapril hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>quinapril hcl tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>quinapril hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>quinapril hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ramipril capsule 1.25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ramipril capsule 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ramipril capsule 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ramipril capsule 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>trandolapril tablet 1 mg oral</i> | Preferred | |
| <i>trandolapril tablet 2 mg oral</i> | Preferred | |
| <i>trandolapril tablet 4 mg oral</i> | Preferred | |
| <i>valsartan tablet 160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan tablet 320 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| ENTRESTO TABLET 24-26 MG ORAL (<i>sacubitril-valsartan</i>) | Preferred | QL (2 EA per 1 day) |
| ENTRESTO TABLET 49-51 MG ORAL (<i>sacubitril-valsartan</i>) | Preferred | QL (2 EA per 1 day) |
| ENTRESTO TABLET 97-103 MG ORAL (<i>sacubitril-valsartan</i>) | Preferred | QL (2 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>candesartan cilexetil tablet 16 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil tablet 32 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil tablet 4 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil tablet 8 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i> | Non Preferred | PA |
| <i>candesartan cilexetil-hctz tablet 32-25 mg oral</i> | Non Preferred | PA |
| <i>captopril tablet 100 mg oral</i> | Non Preferred | PA |
| <i>captopril tablet 12.5 mg oral</i> | Non Preferred | PA |
| <i>captopril tablet 25 mg oral</i> | Non Preferred | PA |
| <i>captopril tablet 50 mg oral</i> | Non Preferred | PA |
| <i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i> | Non Preferred | PA |
| <i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i> | Non Preferred | PA |
| <i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i> | Non Preferred | PA |
| <i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i> | Non Preferred | PA |
| <i>enalapril maleate solution 1 mg/ml oral</i> | Non Preferred | PA |
| <i>eprosartan mesylate tablet 600 mg oral</i> | Non Preferred | PA |
| <i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i> | Non Preferred | PA |
| <i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i> | Non Preferred | PA |
| <i>moexipril hcl tablet 15 mg oral</i> | Non Preferred | PA |
| <i>moexipril hcl tablet 7.5 mg oral</i> | Non Preferred | PA |
| <i>perindopril erbumine tablet 2 mg oral</i> | Non Preferred | PA |
| <i>perindopril erbumine tablet 4 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>perindopril erbumine tablet 8 mg oral</i> | Non Preferred | PA |
| <i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | Non Preferred | PA |
| <i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | Non Preferred | PA |
| <i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i> | Non Preferred | PA |
| <i>telmisartan tablet 20 mg oral</i> | Non Preferred | PA |
| <i>telmisartan tablet 40 mg oral</i> | Non Preferred | PA |
| <i>telmisartan tablet 80 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-hctz tablet 40-12.5 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-hctz tablet 80-12.5 mg oral</i> | Non Preferred | PA |
| <i>telmisartan-hctz tablet 80-25 mg oral</i> | Non Preferred | PA |
| <i>valsartan solution 4 mg/ml oral</i> | Non Preferred | PA |
| ACCUPRIL TABLET 10 MG ORAL (<i>quinapril hcl</i>) | Non Preferred | PA |
| ACCUPRIL TABLET 20 MG ORAL (<i>quinapril hcl</i>) | Non Preferred | PA |
| ACCUPRIL TABLET 40 MG ORAL (<i>quinapril hcl</i>) | Non Preferred | PA |
| ACCUPRIL TABLET 5 MG ORAL (<i>quinapril hcl</i>) | Non Preferred | PA |
| ACCURETIC TABLET 10-12.5 MG ORAL (<i>quinapril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ACCURETIC TABLET 20-12.5 MG ORAL (<i>quinapril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ACCURETIC TABLET 20-25 MG ORAL (<i>quinapril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ALTACE CAPSULE 1.25 MG ORAL (<i>ramipril</i>) | Non Preferred | PA |
| ALTACE CAPSULE 10 MG ORAL (<i>ramipril</i>) | Non Preferred | PA |
| ALTACE CAPSULE 2.5 MG ORAL (<i>ramipril</i>) | Non Preferred | PA |
| ALTACE CAPSULE 5 MG ORAL (<i>ramipril</i>) | Non Preferred | PA |
| ATACAND HCT TABLET 16-12.5 MG ORAL (<i>candesartan cilexetil-hctz</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| ATACAND HCT TABLET 32-12.5 MG ORAL (<i>candesartan cilexetil-hctz</i>) | Non Preferred | PA |
| ATACAND HCT TABLET 32-25 MG ORAL (<i>candesartan cilexetil-hctz</i>) | Non Preferred | PA |
| ATACAND TABLET 16 MG ORAL (<i>candesartan cilexetil</i>) | Non Preferred | PA |
| ATACAND TABLET 32 MG ORAL (<i>candesartan cilexetil</i>) | Non Preferred | PA |
| ATACAND TABLET 4 MG ORAL (<i>candesartan cilexetil</i>) | Non Preferred | PA |
| ATACAND TABLET 8 MG ORAL (<i>candesartan cilexetil</i>) | Non Preferred | PA |
| AVALIDE TABLET 150-12.5 MG ORAL (<i>irbesartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| AVALIDE TABLET 300-12.5 MG ORAL (<i>irbesartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| AVAPRO TABLET 150 MG ORAL (<i>irbesartan</i>) | Non Preferred | PA |
| AVAPRO TABLET 300 MG ORAL (<i>irbesartan</i>) | Non Preferred | PA |
| AVAPRO TABLET 75 MG ORAL (<i>irbesartan</i>) | Non Preferred | PA |
| BENICAR HCT TABLET 20-12.5 MG ORAL (<i>olmesartan medoxomil-hctz</i>) | Non Preferred | PA |
| BENICAR HCT TABLET 40-12.5 MG ORAL (<i>olmesartan medoxomil-hctz</i>) | Non Preferred | PA |
| BENICAR HCT TABLET 40-25 MG ORAL (<i>olmesartan medoxomil-hctz</i>) | Non Preferred | PA |
| BENICAR TABLET 20 MG ORAL (<i>olmesartan medoxomil</i>) | Non Preferred | PA |
| BENICAR TABLET 40 MG ORAL (<i>olmesartan medoxomil</i>) | Non Preferred | PA |
| BENICAR TABLET 5 MG ORAL (<i>olmesartan medoxomil</i>) | Non Preferred | PA |
| COZAAR TABLET 100 MG ORAL (<i>losartan potassium</i>) | Non Preferred | PA |
| COZAAR TABLET 25 MG ORAL (<i>losartan potassium</i>) | Non Preferred | PA |
| COZAAR TABLET 50 MG ORAL (<i>losartan potassium</i>) | Non Preferred | PA |
| DIOVAN HCT TABLET 160-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| DIOVAN HCT TABLET 160-25 MG ORAL (<i>valsartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| DIOVAN HCT TABLET 320-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| DIOVAN HCT TABLET 320-25 MG ORAL (<i>valsartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| DIOVAN HCT TABLET 80-12.5 MG ORAL (<i>valsartan-hydrochlorothiazide</i>) | Non Preferred | PA |
| DIOVAN TABLET 160 MG ORAL (<i>valsartan</i>) | Non Preferred | PA |
| DIOVAN TABLET 320 MG ORAL (<i>valsartan</i>) | Non Preferred | PA |
| DIOVAN TABLET 40 MG ORAL (<i>valsartan</i>) | Non Preferred | PA |
| DIOVAN TABLET 80 MG ORAL (<i>valsartan</i>) | Non Preferred | PA |
| EDARBI TABLET 40 MG ORAL (<i>azilsartan medoxomil</i>) | Non Preferred | PA |
| EDARBI TABLET 80 MG ORAL (<i>azilsartan medoxomil</i>) | Non Preferred | PA |
| EDARBYCLOR TABLET 40-12.5 MG ORAL (<i>azilsartan-chlorthalidone</i>) | Non Preferred | PA |
| EDARBYCLOR TABLET 40-25 MG ORAL (<i>azilsartan-chlorthalidone</i>) | Non Preferred | PA |
| EPANED SOLUTION 1 MG/ML ORAL (<i>enalapril maleate</i>) | Non Preferred | PA |
| HYZAAR TABLET 100-12.5 MG ORAL (<i>losartan potassium-hctz</i>) | Non Preferred | PA |
| HYZAAR TABLET 100-25 MG ORAL (<i>losartan potassium-hctz</i>) | Non Preferred | PA |
| HYZAAR TABLET 50-12.5 MG ORAL (<i>losartan potassium-hctz</i>) | Non Preferred | PA |
| LOTENSIN HCT TABLET 10-12.5 MG ORAL (<i>benazepril-hydrochlorothiazide</i>) | Non Preferred | PA |
| LOTENSIN HCT TABLET 20-12.5 MG ORAL (<i>benazepril-hydrochlorothiazide</i>) | Non Preferred | PA |
| LOTENSIN HCT TABLET 20-25 MG ORAL (<i>benazepril-hydrochlorothiazide</i>) | Non Preferred | PA |
| LOTENSIN TABLET 10 MG ORAL (<i>benazepril hcl</i>) | Non Preferred | PA |
| LOTENSIN TABLET 20 MG ORAL (<i>benazepril hcl</i>) | Non Preferred | PA |
| LOTENSIN TABLET 40 MG ORAL (<i>benazepril hcl</i>) | Non Preferred | PA |
| MICARDIS HCT TABLET 40-12.5 MG ORAL (<i>telmisartan-hctz</i>) | Non Preferred | PA |
| MICARDIS HCT TABLET 80-12.5 MG ORAL (<i>telmisartan-hctz</i>) | Non Preferred | PA |
| MICARDIS HCT TABLET 80-25 MG ORAL (<i>telmisartan-hctz</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| MICARDIS TABLET 20 MG ORAL (<i>telmisartan</i>) | Non Preferred | PA |
| MICARDIS TABLET 40 MG ORAL (<i>telmisartan</i>) | Non Preferred | PA |
| MICARDIS TABLET 80 MG ORAL (<i>telmisartan</i>) | Non Preferred | PA |
| QBRELIS SOLUTION 1 MG/ML ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| VASERETIC TABLET 10-25 MG ORAL (<i>enalapril-hydrochlorothiazide</i>) | Non Preferred | PA |
| VASOTEC TABLET 10 MG ORAL (<i>enalapril maleate</i>) | Non Preferred | PA |
| VASOTEC TABLET 2.5 MG ORAL (<i>enalapril maleate</i>) | Non Preferred | PA |
| VASOTEC TABLET 20 MG ORAL (<i>enalapril maleate</i>) | Non Preferred | PA |
| VASOTEC TABLET 5 MG ORAL (<i>enalapril maleate</i>) | Non Preferred | PA |
| ZESTORETIC TABLET 10-12.5 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ZESTORETIC TABLET 20-12.5 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ZESTORETIC TABLET 20-25 MG ORAL (<i>lisinopril-hydrochlorothiazide</i>) | Non Preferred | PA |
| ZESTRIL TABLET 10 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ZESTRIL TABLET 2.5 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ZESTRIL TABLET 20 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ZESTRIL TABLET 30 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ZESTRIL TABLET 40 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ZESTRIL TABLET 5 MG ORAL (<i>lisinopril</i>) | Non Preferred | PA |
| ANTIHYPERTENSIVES: BETA BLOCKERS [OPEN CLASS] | | |
| <i>acebutolol hcl capsule 200 mg oral</i> | Preferred | |
| <i>acebutolol hcl capsule 400 mg oral</i> | Preferred | |
| <i>atenolol tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atenolol tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atenolol tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atenolol-chlorthalidone tablet 100-25 mg oral</i> | Preferred | |
| <i>atenolol-chlorthalidone tablet 50-25 mg oral</i> | Preferred | |
| <i>bisoprolol fumarate tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>bisoprolol fumarate tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i> | Preferred | |
| <i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i> | Preferred | |
| <i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i> | Preferred | |
| <i>carvedilol tablet 12.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>carvedilol tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>carvedilol tablet 3.125 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>carvedilol tablet 6.25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>labetalol hcl tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>labetalol hcl tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>labetalol hcl tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol tartrate tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol tartrate tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol tartrate tablet 37.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol tartrate tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol tartrate tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i> | Preferred | |
| <i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i> | Preferred | |
| <i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i> | Preferred | |
| <i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl solution 20 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl solution 40 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl tablet 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>propranolol hcl tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>propranolol-hctz tablet 40-25 mg oral</i> | Preferred | |
| <i>propranolol-hctz tablet 80-25 mg oral</i> | Preferred | |
| <i>sotalol hcl (af) tablet 120 mg oral</i> | Preferred | |
| <i>sotalol hcl (af) tablet 160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl (af) tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl tablet 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl tablet 160 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl tablet 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl (Sorine Tablet 120 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl (Sorine Tablet 160 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl (Sorine Tablet 240 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>sotalol hcl (Sorine Tablet 80 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>betaxolol hcl tablet 10 mg oral</i> | Non Preferred | PA |
| <i>betaxolol hcl tablet 20 mg oral</i> | Non Preferred | PA |
| <i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA |
| <i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i> | Non Preferred | PA |
| <i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i> | Non Preferred | PA |
| <i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i> | Non Preferred | PA |
| <i>nadolol tablet 20 mg oral</i> | Non Preferred | PA |
| <i>nadolol tablet 40 mg oral</i> | Non Preferred | PA |
| <i>nadolol tablet 80 mg oral</i> | Non Preferred | PA |
| <i>nebivolol hcl tablet 10 mg oral</i> | Non Preferred | PA |
| <i>nebivolol hcl tablet 2.5 mg oral</i> | Non Preferred | PA |
| <i>nebivolol hcl tablet 20 mg oral</i> | Non Preferred | PA |
| <i>nebivolol hcl tablet 5 mg oral</i> | Non Preferred | PA |
| <i>pindolol tablet 10 mg oral</i> | Non Preferred | PA |
| <i>pindolol tablet 5 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>timolol maleate tablet 10 mg oral</i> | Non Preferred | PA |
| <i>timolol maleate tablet 20 mg oral</i> | Non Preferred | PA |
| <i>timolol maleate tablet 5 mg oral</i> | Non Preferred | PA |
| BETAPACE AF TABLET 120 MG ORAL (<i>sotalol hcl af</i>) | Non Preferred | PA |
| BETAPACE AF TABLET 160 MG ORAL (<i>sotalol hcl af</i>) | Non Preferred | PA |
| BETAPACE AF TABLET 80 MG ORAL (<i>sotalol hcl af</i>) | Non Preferred | PA |
| BETAPACE TABLET 120 MG ORAL (<i>sotalol hcl</i>) | Non Preferred | PA |
| BETAPACE TABLET 160 MG ORAL (<i>sotalol hcl</i>) | Non Preferred | PA |
| BETAPACE TABLET 80 MG ORAL (<i>sotalol hcl</i>) | Non Preferred | PA |
| BYSTOLIC TABLET 10 MG ORAL (<i>nebivolol hcl</i>) | Non Preferred | PA |
| BYSTOLIC TABLET 2.5 MG ORAL (<i>nebivolol hcl</i>) | Non Preferred | PA |
| BYSTOLIC TABLET 20 MG ORAL (<i>nebivolol hcl</i>) | Non Preferred | PA |
| BYSTOLIC TABLET 5 MG ORAL (<i>nebivolol hcl</i>) | Non Preferred | PA |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>carvedilol phosphate</i>) | Non Preferred | PA |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>carvedilol phosphate</i>) | Non Preferred | PA |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>carvedilol phosphate</i>) | Non Preferred | PA |
| COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>carvedilol phosphate</i>) | Non Preferred | PA |
| COREG TABLET 12.5 MG ORAL (<i>carvedilol</i>) | Non Preferred | PA |
| COREG TABLET 25 MG ORAL (<i>carvedilol</i>) | Non Preferred | PA |
| COREG TABLET 3.125 MG ORAL (<i>carvedilol</i>) | Non Preferred | PA |
| COREG TABLET 6.25 MG ORAL (<i>carvedilol</i>) | Non Preferred | PA |
| CORGARD TABLET 20 MG ORAL (<i>nadolol</i>) | Non Preferred | PA |
| CORGARD TABLET 40 MG ORAL (<i>nadolol</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| HEMANGEOL SOLUTION 4.28 MG/ML ORAL (<i>propranolol hcl</i>) | Non Preferred | PA |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl</i>) | Non Preferred | PA |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL (<i>propranolol hcl</i>) | Non Preferred | PA |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>propranolol hcl</i>) | Non Preferred | PA |
| INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl</i>) | Non Preferred | PA |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl sr beads</i>) | Non Preferred | PA |
| INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl sr beads</i>) | Non Preferred | PA |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>propranolol hcl sr beads</i>) | Non Preferred | PA |
| INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>propranolol hcl sr beads</i>) | Non Preferred | PA |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| LOPRESSOR TABLET 100 MG ORAL (<i>metoprolol tartrate</i>) | Non Preferred | PA |
| LOPRESSOR TABLET 50 MG ORAL (<i>metoprolol tartrate</i>) | Non Preferred | PA |
| SOTYLIZE SOLUTION 5 MG/ML ORAL (<i>sotalol hcl</i>) | Non Preferred | PA |
| TENORETIC 100 TABLET 100-25 MG ORAL (<i>atenolol-chlorthalidone</i>) | Non Preferred | PA |
| TENORETIC 50 TABLET 50-25 MG ORAL (<i>atenolol-chlorthalidone</i>) | Non Preferred | PA |
| TENORMIN TABLET 100 MG ORAL (<i>atenolol</i>) | Non Preferred | PA |
| TENORMIN TABLET 25 MG ORAL (<i>atenolol</i>) | Non Preferred | PA |
| TENORMIN TABLET 50 MG ORAL (<i>atenolol</i>) | Non Preferred | PA |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>metoprolol succinate</i>) | Non Preferred | PA |
| ZIAC TABLET 10-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>) | Non Preferred | PA |
| ZIAC TABLET 2.5-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>) | Non Preferred | PA |
| ZIAC TABLET 5-6.25 MG ORAL (<i>bisoprolol-hydrochlorothiazide</i>) | Non Preferred | PA |
| ANTIHYPERTENSIVES: CALCIUM CHANNEL BLOCKERS [OPEN CLASS] | | |
| <i>amlodipine besylate tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate tablet 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine besylate tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i> | Preferred | |
| <i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i> | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i> | Preferred | |
| <i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i> | Preferred | |
| <i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i> | Preferred | |
| <i>diltiazem hcl tablet 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl tablet 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl tablet 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl tablet 90 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dilt-xr capsule extended release 24 hour 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dilt-xr capsule extended release 24 hour 180 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dilt-xr capsule extended release 24 hour 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>felodipine er tablet extended release 24 hour 10 mg oral</i> | Preferred | |
| <i>felodipine er tablet extended release 24 hour 2.5 mg oral</i> | Preferred | |
| <i>felodipine er tablet extended release 24 hour 5 mg oral</i> | Preferred | |
| <i>nifedipine capsule 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine capsule 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er tablet extended release 24 hour 30 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er tablet extended release 24 hour 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>nifedipine er tablet extended release 24 hour 90 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i> | Preferred | |
| <i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i> | Preferred | |
| <i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i> | Preferred | |
| <i>verapamil hcl er tablet extended release 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl er tablet extended release 180 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl er tablet extended release 240 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl tablet 120 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>verapamil hcl tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 120 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 180 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 240 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl coated beads (Cartia Xt Capsule Extended Release 24 Hour 300 Mg Oral)</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>diltiazem hcl er beads</i> (Taztia Xt Capsule Extended Release 24 Hour 120 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Taztia Xt Capsule Extended Release 24 Hour 180 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Taztia Xt Capsule Extended Release 24 Hour 240 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Taztia Xt Capsule Extended Release 24 Hour 300 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Taztia Xt Capsule Extended Release 24 Hour 360 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 120 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 180 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 240 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 300 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 360 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er beads</i> (Tiadylt Er Capsule Extended Release 24 Hour 420 Mg Oral) | Preferred | Max 90-day supply per fill |
| <i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i> | Non Preferred | PA |
| <i>isradipine capsule 2.5 mg oral</i> | Non Preferred | PA |
| <i>isradipine capsule 5 mg oral</i> | Non Preferred | PA |
| <i>levamlodipine maleate tablet 2.5 mg oral</i> | Non Preferred | PA |
| <i>levamlodipine maleate tablet 5 mg oral</i> | Non Preferred | PA |
| <i>nicardipine hcl capsule 20 mg oral</i> | Non Preferred | PA |
| <i>nicardipine hcl capsule 30 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 17 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 20 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 30 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 34 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>nisoldipine er tablet extended release 24 hour 40 mg oral</i> | Non Preferred | PA |
| <i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i> | Non Preferred | PA |
| <i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i> | Non Preferred | PA |
| <i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i> | Non Preferred | PA |
| <i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i> | Non Preferred | PA |
| <i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i> | Non Preferred | PA |
| CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL (<i>verapamil hcl</i>) | Non Preferred | PA |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl coated beads</i>) | Non Preferred | PA |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl coated beads</i>) | Non Preferred | PA |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl coated beads</i>) | Non Preferred | PA |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl coated beads</i>) | Non Preferred | PA |
| CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl coated beads</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM TABLET 120 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM TABLET 30 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| CARDIZEM TABLET 60 MG ORAL (<i>diltiazem hcl</i>) | Non Preferred | PA |
| KATERZIA SUSPENSION 1 MG/ML ORAL (<i>amlodipine benzoate</i>) | Non Preferred | PA |
| <i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 180 Mg Oral) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 240 Mg Oral) | Non Preferred | PA |
| <i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 300 Mg Oral) | Non Preferred | PA |
| <i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 360 Mg Oral) | Non Preferred | PA |
| <i>diltiazem hcl</i> (Matzim La Tablet Extended Release 24 Hour 420 Mg Oral) | Non Preferred | PA |
| NORLIQVA SOLUTION 1 MG/ML ORAL (<i>amlodipine besylate</i>) | Non Preferred | PA |
| NORVASC TABLET 10 MG ORAL (<i>amlodipine besylate</i>) | Non Preferred | PA |
| NORVASC TABLET 2.5 MG ORAL (<i>amlodipine besylate</i>) | Non Preferred | PA |
| NORVASC TABLET 5 MG ORAL (<i>amlodipine besylate</i>) | Non Preferred | PA |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>nifedipine</i>) | Non Preferred | PA |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>nifedipine</i>) | Non Preferred | PA |
| PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL (<i>nifedipine</i>) | Non Preferred | PA |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL (<i>nisoldipine</i>) | Non Preferred | PA |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL (<i>nisoldipine</i>) | Non Preferred | PA |
| SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL (<i>nisoldipine</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL (<i>diltiazem hcl er beads</i>) | Non Preferred | PA |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>verapamil hcl</i>) | Non Preferred | PA |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>verapamil hcl</i>) | Non Preferred | PA |
| VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>verapamil hcl</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| ANTIHYPERTENSIVES: SYMPATHOLYTICS [OPEN CLASS] | | |
| <i>clonidine hcl tablet 0.1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine hcl tablet 0.2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine hcl tablet 0.3 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine patch weekly 0.1 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine patch weekly 0.2 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine patch weekly 0.3 mg/24hr transdermal</i> | Preferred | Max 90-day supply per fill |
| <i>guanfacine hcl tablet 1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>guanfacine hcl tablet 2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>methyldopa tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>methyldopa tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clonidine hcl er tablet extended release 24 hour 0.17 mg oral</i> | Non Preferred | PA |
| <i>methyldopa-hydrochlorothiazide tablet 250-15 mg oral</i> | Non Preferred | PA |
| <i>methyldopa-hydrochlorothiazide tablet 250-25 mg oral</i> | Non Preferred | PA |
| ANTIHYPERURICEMICS [OPEN CLASS] | | |
| <i>allopurinol tablet 100 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>allopurinol tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>colchicine capsule 0.6 mg oral</i> | Preferred | |
| <i>colchicine tablet 0.6 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>colchicine-probenecid tablet 0.5-500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>probenecid tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>allopurinol tablet 200 mg oral</i> | Non Preferred | PA |
| <i>febuxostat tablet 40 mg oral</i> | Non Preferred | PA |
| <i>febuxostat tablet 80 mg oral</i> | Non Preferred | PA |
| COLCRYS TABLET 0.6 MG ORAL (<i>colchicine</i>) | Non Preferred | PA |
| GLOPERBA SOLUTION 0.6 MG/5ML ORAL (<i>colchicine</i>) | Non Preferred | PA |
| MITIGARE CAPSULE 0.6 MG ORAL (<i>colchicine</i>) | Non Preferred | PA |
| ULORIC TABLET 40 MG ORAL (<i>febuxostat</i>) | Non Preferred | PA |
| ULORIC TABLET 80 MG ORAL (<i>febuxostat</i>) | Non Preferred | PA |
| ZYLOPRIM TABLET 100 MG ORAL (<i>allopurinol</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| ANTIMIGRAINE AGENTS [OPEN CLASS] | | |
| <i>rizatriptan benzoate tablet 10 mg oral</i> | Preferred | QL (12 EA per 1 Fill) |
| <i>rizatriptan benzoate tablet 5 mg oral</i> | Preferred | QL (12 EA per 1 Fill) |
| <i>rizatriptan benzoate tablet dispersible 10 mg oral</i> | Preferred | QL (12 EA per 1 Fill) |
| <i>rizatriptan benzoate tablet dispersible 5 mg oral</i> | Preferred | QL (12 EA per 1 Fill) |
| <i>sumatriptan solution 20 mg/act nasal</i> | Preferred | QL (6 EA per 30 days) |
| <i>sumatriptan solution 5 mg/act nasal</i> | Preferred | QL (6 EA per 30 days) |
| <i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i> | Preferred | QL (2 ML per 30 days) |
| <i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i> | Preferred | QL (2 ML per 30 days) |
| <i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i> | Preferred | QL (1 ML per 30 days) |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i> | Preferred | QL (2 ML per 30 days) |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i> | Preferred | QL (2 ML per 30 days) |
| <i>sumatriptan succinate tablet 100 mg oral</i> | Preferred | QL (9 EA per 1 Fill) |
| <i>sumatriptan succinate tablet 25 mg oral</i> | Preferred | QL (18 EA per 1 Fill) |
| <i>sumatriptan succinate tablet 50 mg oral</i> | Preferred | QL (18 EA per 1 Fill) |
| IMITREX SOLUTION 20 MG/ACT NASAL (<i>sumatriptan</i>) | Preferred | QL (6 EA per 30 days) |
| IMITREX SOLUTION 5 MG/ACT NASAL (<i>sumatriptan</i>) | Preferred | QL (6 EA per 30 days) |
| <i>almotriptan malate tablet 12.5 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 Fill) |
| <i>almotriptan malate tablet 6.25 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 Fill) |
| <i>eletriptan hydrobromide tablet 20 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 Fill) |
| <i>eletriptan hydrobromide tablet 40 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 Fill) |
| <i>frovatriptan succinate tablet 2.5 mg oral</i> | Non Preferred | PA; QL (12 EA per 1 Fill) |
| <i>naratriptan hcl tablet 1 mg oral</i> | Non Preferred | PA; QL (9 EA per 1 Fill) |
| <i>naratriptan hcl tablet 2.5 mg oral</i> | Non Preferred | PA; QL (9 EA per 1 Fill) |
| <i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i> | Non Preferred | PA |
| <i>zolmitriptan solution 2.5 mg nasal</i> | Non Preferred | PA; QL (8 EA per 1 Fill) |
| <i>zolmitriptan solution 5 mg nasal</i> | Non Preferred | PA |
| <i>zolmitriptan tablet 2.5 mg oral</i> | Non Preferred | PA; QL (8 EA per 1 Fill) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| <i>zolmitriptan tablet 5 mg oral</i> | Non Preferred | PA; QL (8 EA per 1 Fill) |
| <i>zolmitriptan tablet dispersible 2.5 mg oral</i> | Non Preferred | PA; QL (8 EA per 1 Fill) |
| <i>zolmitriptan tablet dispersible 5 mg oral</i> | Non Preferred | PA; QL (8 EA per 1 Fill) |
| FROVA TABLET 2.5 MG ORAL (<i>frovatriptan succinate</i>) | Non Preferred | PA; QL (12 EA per 1 Fill) |
| IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (2 ML per 30 days) |
| IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (2 ML per 30 days) |
| IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (2 ML per 30 days) |
| IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (2 ML per 30 days) |
| IMITREX TABLET 100 MG ORAL (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (9 EA per 1 Fill) |
| IMITREX TABLET 25 MG ORAL (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (18 EA per 1 Fill) |
| IMITREX TABLET 50 MG ORAL (<i>sumatriptan succinate</i>) | Non Preferred | PA; QL (18 EA per 1 Fill) |
| MAXALT TABLET 10 MG ORAL (<i>rizatriptan benzoate</i>) | Non Preferred | PA; QL (12 EA per 1 Fill) |
| MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL (<i>rizatriptan benzoate</i>) | Non Preferred | PA; QL (12 EA per 1 Fill) |
| RELPAX TABLET 20 MG ORAL (<i>eletriptan hydrobromide</i>) | Non Preferred | PA; QL (6 EA per 1 Fill) |
| RELPAX TABLET 40 MG ORAL (<i>eletriptan hydrobromide</i>) | Non Preferred | PA; QL (6 EA per 1 Fill) |
| TOSYMRA SOLUTION 10 MG/ACT NASAL (<i>sumatriptan</i>) | Non Preferred | PA; QL (6 EA per 30 days) |
| ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS (<i>sumatriptan succinate</i>) | Non Preferred | PA |
| ZOMIG SOLUTION 2.5 MG NASAL (<i>zolmitriptan</i>) | Non Preferred | PA; QL (8 EA per 1 Fill) |
| ZOMIG SOLUTION 5 MG NASAL (<i>zolmitriptan</i>) | Non Preferred | PA |
| ZOMIG TABLET 2.5 MG ORAL (<i>zolmitriptan</i>) | Non Preferred | PA; QL (8 EA per 1 Fill) |
| ZOMIG TABLET 5 MG ORAL (<i>zolmitriptan</i>) | Non Preferred | PA; QL (8 EA per 1 Fill) |
| ANTIMIGRAINE AGENTS: OTHERS [CLOSED CLASS] | | |
| AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS (<i>erenumab-aooe</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 ML per 30 days); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS (<i>erenumab-aooe</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 ML per 30 days); AGE (Min 18 Years) |
| AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS (<i>fremanezumab-vfrm</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years) |
| AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS (<i>fremanezumab-vfrm</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1.5 ML per 30 days); AGE (Min 18 Years) |
| EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Min 18 Years) |
| EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Min 18 Years) |
| NURTEC TABLET DISPERSIBLE 75 MG ORAL (<i>rimegepant sulfate</i>) | Preferred | PA (Eligible for auto-PA approval); QL (18 EA per 30 days); AGE (Min 18 Years) |
| UBRELVY TABLET 100 MG ORAL (<i>ubrogepant</i>) | Preferred | PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years) |
| UBRELVY TABLET 50 MG ORAL (<i>ubrogepant</i>) | Preferred | PA (Eligible for auto-PA approval); QL (16 EA per 30 days); AGE (Min 18 Years) |
| EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>galcanezumab-gnlm</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| QULIPTA TABLET 10 MG ORAL (<i>atogepant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| QULIPTA TABLET 30 MG ORAL (<i>atogepant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| QULIPTA TABLET 60 MG ORAL (<i>atogepant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| REYVOW TABLET 100 MG ORAL (<i>lasmiditan succinate</i>) | Non Preferred | PA; QL (8 EA per 30 days); AGE (Min 18 Years) |
| REYVOW TABLET 50 MG ORAL (<i>lasmiditan succinate</i>) | Non Preferred | PA; QL (8 EA per 30 days); AGE (Min 18 Years) |
| TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL (<i>dihydroergotamine mesylate hfa</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZAVZPRET SOLUTION 10 MG/ACT NASAL (<i>zavegepant hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ANTIPSYCHOTICS: ATYPICAL [CLOSED CLASS] | | |
| <i>aripiprazole tablet 10 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>aripiprazole tablet 15 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>aripiprazole tablet 2 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>aripiprazole tablet 20 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>aripiprazole tablet 30 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>aripiprazole tablet 5 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>clozapine tablet 100 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>clozapine tablet 200 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>clozapine tablet 25 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>clozapine tablet 50 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>lurasidone hcl tablet 120 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>lurasidone hcl tablet 20 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>lurasidone hcl tablet 40 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>lurasidone hcl tablet 60 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>lurasidone hcl tablet 80 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine solution reconstituted 10 mg intramuscular</i> | Preferred | AGE (Min 18 Years) |
| <i>olanzapine tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet 15 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet 2.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet 20 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet 7.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>olanzapine tablet dispersible 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet dispersible 15 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet dispersible 20 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>olanzapine tablet dispersible 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 100 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 150 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>quetiapine fumarate tablet 200 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 300 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 400 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>quetiapine fumarate tablet 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone solution 1 mg/ml oral</i> | Preferred | QL (2 ML per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet 0.25 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet 0.5 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet 1 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>risperidone tablet 2 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet 3 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet 4 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 0.25 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 0.5 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 1 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 2 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 3 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>risperidone tablet dispersible 4 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>ziprasidone hcl capsule 20 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>ziprasidone hcl capsule 40 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>ziprasidone hcl capsule 60 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>ziprasidone hcl capsule 80 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| VRAYLAR CAPSULE 1.5 MG ORAL (<i>cariprazine hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| VRAYLAR CAPSULE 3 MG ORAL (<i>cariprazine hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| VRAYLAR CAPSULE 4.5 MG ORAL (<i>cariprazine hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| VRAYLAR CAPSULE 6 MG ORAL (<i>cariprazine hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL (<i>cariprazine hcl</i>) | Preferred | AGE (Min 18 Years) |
| <i>aripiprazole solution 1 mg/ml oral</i> | Non Preferred | PA; AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>aripiprazole tablet dispersible 10 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>aripiprazole tablet dispersible 15 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>asenapine maleate tablet sublingual 10 mg sublingual</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| <i>asenapine maleate tablet sublingual 2.5 mg sublingual</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| <i>asenapine maleate tablet sublingual 5 mg sublingual</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| <i>clozapine tablet dispersible 100 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>clozapine tablet dispersible 12.5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>clozapine tablet dispersible 150 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>clozapine tablet dispersible 200 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>clozapine tablet dispersible 25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>olanzapine-fluoxetine hcl capsule 12-25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>olanzapine-fluoxetine hcl capsule 12-50 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>paliperidone er tablet extended release 24 hour 3 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>paliperidone er tablet extended release 24 hour 6 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>paliperidone er tablet extended release 24 hour 9 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i> | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 2 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 20 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 30 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 5 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 2 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 20 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 30 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 5 MG ORAL (<i>aripiprazole w/ sens-strip-pod</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ABILIFY TABLET 10 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ABILIFY TABLET 15 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ABILIFY TABLET 2 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ABILIFY TABLET 20 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ABILIFY TABLET 30 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ABILIFY TABLET 5 MG ORAL (<i>aripiprazole</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| CAPLYTA CAPSULE 10.5 MG ORAL (<i>lumateperone tosylate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CAPLYTA CAPSULE 21 MG ORAL (<i>lumateperone tosylate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CAPLYTA CAPSULE 42 MG ORAL (<i>lumateperone tosylate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CLOZARIL TABLET 100 MG ORAL (<i>clozapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CLOZARIL TABLET 25 MG ORAL (<i>clozapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| FANAPT TABLET 1 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TABLET 10 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TABLET 12 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| FANAPT TABLET 2 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TABLET 4 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TABLET 6 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TABLET 8 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL (<i>iloperidone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GEODON CAPSULE 20 MG ORAL (<i>ziprasidone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GEODON CAPSULE 40 MG ORAL (<i>ziprasidone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GEODON CAPSULE 60 MG ORAL (<i>ziprasidone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GEODON CAPSULE 80 MG ORAL (<i>ziprasidone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR (<i>ziprasidone mesylate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>paliperidone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL (<i>paliperidone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL (<i>paliperidone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LATUDA TABLET 120 MG ORAL (<i>lurasidone hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LATUDA TABLET 20 MG ORAL (<i>lurasidone hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LATUDA TABLET 40 MG ORAL (<i>lurasidone hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LATUDA TABLET 60 MG ORAL (<i>lurasidone hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LATUDA TABLET 80 MG ORAL (<i>lurasidone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| LYBALVI TABLET 10-10 MG ORAL (<i>olanzapine-samidorphan</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LYBALVI TABLET 15-10 MG ORAL (<i>olanzapine-samidorphan</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LYBALVI TABLET 20-10 MG ORAL (<i>olanzapine-samidorphan</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LYBALVI TABLET 5-10 MG ORAL (<i>olanzapine-samidorphan</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NUPLAZID CAPSULE 34 MG ORAL (<i>pimavanserin tartrate</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| NUPLAZID TABLET 10 MG ORAL (<i>pimavanserin tartrate</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| REXULTI TABLET 0.25 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REXULTI TABLET 0.5 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REXULTI TABLET 1 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REXULTI TABLET 2 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REXULTI TABLET 3 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REXULTI TABLET 4 MG ORAL (<i>brexpiprazole</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| RISPERDAL SOLUTION 1 MG/ML ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 ML per 1 day); AGE (Min 18 Years) |
| RISPERDAL TABLET 0.5 MG ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| RISPERDAL TABLET 1 MG ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| RISPERDAL TABLET 2 MG ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| RISPERDAL TABLET 3 MG ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| RISPERDAL TABLET 4 MG ORAL (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL (<i>asenapine maleate</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL (<i>asenapine maleate</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL (<i>asenapine maleate</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL (<i>asenapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL (<i>asenapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL (<i>asenapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL TABLET 100 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL TABLET 200 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL TABLET 25 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL TABLET 300 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| SEROQUEL TABLET 400 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL TABLET 50 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>quetiapine fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SYMBYAX CAPSULE 3-25 MG ORAL (<i>olanzapine-fluoxetine hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SYMBYAX CAPSULE 6-25 MG ORAL (<i>olanzapine-fluoxetine hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VERSACLOZ SUSPENSION 50 MG/ML ORAL (<i>clozapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 10 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 15 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 2.5 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 20 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 5 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA TABLET 7.5 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL (<i>olanzapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ANTIPSYCHOTICS: ATYPICAL, LONG-ACTING INJECTABLE [CLOSED CLASS] | | |
| ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |
| ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |
| ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR (<i>aripiprazole</i>) | Preferred | AGE (Min 18 Years) |
| ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>) | Preferred | AGE (Min 18 Years); Max 60-day supply per fill |
| ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>) | Preferred | AGE (Min 18 Years); Max 60-day supply per fill |
| ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>) | Preferred | AGE (Min 18 Years); Max 60-day supply per fill |
| ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>) | Preferred | AGE (Min 18 Years); Max 60-day supply per fill |
| ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR (<i>aripiprazole lauroxil</i>) | Preferred | AGE (Min 18 Years); Max 60-day supply per fill |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR (<i>paliperidone palmitate</i>) | Preferred | AGE (Min 18 Years) |
| PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR (<i>risperidone microspheres</i>) | Preferred | QL (2 EA per 28 days); AGE (Min 18 Years) |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (<i>risperidone microspheres</i>) | Preferred | QL (2 EA per 28 days); AGE (Min 18 Years) |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (<i>risperidone microspheres</i>) | Preferred | QL (2 EA per 28 days); AGE (Min 18 Years) |
| RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (<i>risperidone microspheres</i>) | Preferred | QL (2 EA per 28 days); AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS (<i>risperidone</i>) | Preferred | AGE (Min 18 Years) |
| <i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i> | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| <i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i> | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| <i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i> | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| <i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i> | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR (<i>risperidone</i>) | Non Preferred | PA; QL (2 EA per 28 days); AGE (Min 18 Years) |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR (<i>olanzapine pamoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ANTIPSYCHOTICS: TYPICAL [CLOSED CLASS] | | |
| <i>chlorpromazine hcl concentrate 100 mg/ml oral</i> | Preferred | AGE (Min 18 Years) |
| <i>chlorpromazine hcl concentrate 30 mg/ml oral</i> | Preferred | AGE (Min 18 Years) |
| <i>chlorpromazine hcl solution 25 mg/ml injection</i> | Preferred | AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <i>chlorpromazine hcl solution 50 mg/2ml injection</i> | Preferred | AGE (Min 18 Years) |
| <i>chlorpromazine hcl tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>chlorpromazine hcl tablet 100 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>chlorpromazine hcl tablet 200 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>chlorpromazine hcl tablet 25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>chlorpromazine hcl tablet 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine decanoate solution 25 mg/ml injection</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl concentrate 5 mg/ml oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl elixir 2.5 mg/5ml oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl solution 2.5 mg/ml injection</i> | Preferred | AGE (Min 18 Years) |
| <i>fluphenazine hcl tablet 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl tablet 2.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>fluphenazine hcl tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol decanoate solution 100 mg/ml intramuscular</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol decanoate solution 50 mg/ml intramuscular</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol lactate concentrate 2 mg/ml oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol lactate solution 5 mg/ml injection</i> | Preferred | AGE (Min 18 Years) |
| <i>haloperidol tablet 0.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol tablet 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol tablet 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol tablet 20 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>haloperidol tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <i>loxapine succinate capsule 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>loxapine succinate capsule 25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>loxapine succinate capsule 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>loxapine succinate capsule 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine tablet 16 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine tablet 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine tablet 4 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine tablet 8 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine-amitriptyline tablet 2-10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine-amitriptyline tablet 2-25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine-amitriptyline tablet 4-10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine-amitriptyline tablet 4-25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>perphenazine-amitriptyline tablet 4-50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thioridazine hcl tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thioridazine hcl tablet 100 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thioridazine hcl tablet 25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thioridazine hcl tablet 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thiothixene capsule 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thiothixene capsule 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thiothixene capsule 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>thiothixene capsule 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>trifluoperazine hcl tablet 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>trifluoperazine hcl tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| <i>trifluoperazine hcl tablet 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>trifluoperazine hcl tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>molindone hcl tablet 10 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>molindone hcl tablet 25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>molindone hcl tablet 5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>pimozide tablet 1 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>pimozide tablet 2 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION (<i>loxapine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR (<i>haloperidol decanoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR (<i>haloperidol decanoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BENIGN PROSTATIC HYPERTROPHY (BPH) [OPEN CLASS] | | |
| <i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dutasteride capsule 0.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>finasteride tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>tamsulosin hcl capsule 0.4 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i> | Non Preferred | PA |
| <i>silodosin capsule 4 mg oral</i> | Non Preferred | PA |
| <i>silodosin capsule 8 mg oral</i> | Non Preferred | PA |
| <i>tadalafil tablet 2.5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>tadalafil tablet 5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| AVODART CAPSULE 0.5 MG ORAL (<i>dutasteride</i>) | Non Preferred | PA |
| CIALIS TABLET 2.5 MG ORAL (<i>tadalafil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CIALIS TABLET 5 MG ORAL (<i>tadalafil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ENTADFI CAPSULE 5-5 MG ORAL (<i>finasteride-tadalafil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| FLOMAX CAPSULE 0.4 MG ORAL (<i>tamsulosin hcl</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| JALYN CAPSULE 0.5-0.4 MG ORAL (<i>dutasteride-tamsulosin hcl</i>) | Non Preferred | PA |
| PROSCAR TABLET 5 MG ORAL (<i>finasteride</i>) | Non Preferred | PA |
| RAPAFLO CAPSULE 4 MG ORAL (<i>silodosin</i>) | Non Preferred | PA |
| RAPAFLO CAPSULE 8 MG ORAL (<i>silodosin</i>) | Non Preferred | PA |
| BILE SALTS [OPEN CLASS] | | |
| <i>ursodiol capsule 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ursodiol tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ursodiol tablet 500 mg oral</i> | Preferred | |
| BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL (<i>odevixibat</i>) | Non Preferred | PA; QL (36 EA per 1 day) |
| BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL (<i>odevixibat</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| BYLVAY CAPSULE 1200 MCG ORAL (<i>odevixibat</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| BYLVAY CAPSULE 400 MCG ORAL (<i>odevixibat</i>) | Non Preferred | PA; QL (18 EA per 1 day) |
| CHENODAL TABLET 250 MG ORAL (<i>chenodiol</i>) | Non Preferred | PA |
| CHOLBAM CAPSULE 250 MG ORAL (<i>cholic acid</i>) | Non Preferred | PA |
| CHOLBAM CAPSULE 50 MG ORAL (<i>cholic acid</i>) | Non Preferred | PA |
| LIVMARLI SOLUTION 9.5 MG/ML ORAL (<i>maralixibat chloride</i>) | Non Preferred | PA |
| OCALIVA TABLET 10 MG ORAL (<i>obeticholic acid</i>) | Non Preferred | PA |
| OCALIVA TABLET 5 MG ORAL (<i>obeticholic acid</i>) | Non Preferred | PA |
| RELTONE CAPSULE 200 MG ORAL (<i>ursodiol</i>) | Non Preferred | PA |
| RELTONE CAPSULE 400 MG ORAL (<i>ursodiol</i>) | Non Preferred | PA |
| URSO 250 TABLET 250 MG ORAL (<i>ursodiol</i>) | Non Preferred | PA |
| URSO FORTE TABLET 500 MG ORAL (<i>ursodiol</i>) | Non Preferred | PA |
| BONE RESORPTION SUPPRESSION: BISPSPHONATES [OPEN CLASS] | | |
| <i>alendronate sodium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>alendronate sodium tablet 35 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>alendronate sodium tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>alendronate sodium tablet 70 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ibandronate sodium tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>alendronate sodium solution 70 mg/75ml oral</i> | Non Preferred | PA |
| <i>risedronate sodium tablet 150 mg oral</i> | Non Preferred | PA |
| <i>risedronate sodium tablet 30 mg oral</i> | Non Preferred | PA |
| <i>risedronate sodium tablet 35 mg oral</i> | Non Preferred | PA |
| <i>risedronate sodium tablet 5 mg oral</i> | Non Preferred | PA |
| <i>risedronate sodium tablet delayed release 35 mg oral</i> | Non Preferred | PA |
| ACTONEL TABLET 150 MG ORAL (<i>risedronate sodium</i>) | Non Preferred | PA |
| ACTONEL TABLET 35 MG ORAL (<i>risedronate sodium</i>) | Non Preferred | PA |
| AELVIA TABLET DELAYED RELEASE 35 MG ORAL (<i>risedronate sodium</i>) | Non Preferred | PA |
| BINOSTO TABLET EFFERVESCENT 70 MG ORAL (<i>alendronate sodium</i>) | Non Preferred | PA |
| FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL (<i>alendronate-cholecalciferol</i>) | Non Preferred | PA |
| FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL (<i>alendronate-cholecalciferol</i>) | Non Preferred | PA |
| FOSAMAX TABLET 70 MG ORAL (<i>alendronate sodium</i>) | Non Preferred | PA |
| BONE RESORPTION SUPPRESSION: CALCITONINS [OPEN CLASS] | | |
| <i>calcitonin (salmon) solution 200 unit/act nasal</i> | Preferred | Max 90-day supply per fill |
| BONE RESORPTION SUPPRESSION: OTHER [OPEN CLASS] | | |
| <i>raloxifene hcl tablet 60 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>teriparatide (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous</i> | Non Preferred | PA |
| <i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i> | Non Preferred | PA |
| EVISTA TABLET 60 MG ORAL (<i>raloxifene hcl</i>) | Non Preferred | PA |
| TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS (<i>abaloparatide</i>) | Non Preferred | PA |
| BRONCHODILATORS: LONG ACTING BETA ADRENERGICS (LABA) [OPEN CLASS] | | |
| SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>salmeterol xinafoate</i>) | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION (<i>olodaterol hcl</i>) | Preferred | |
| <i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i> | Non Preferred | PA |
| <i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i> | Non Preferred | PA |
| BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION (<i>arformoterol tartrate</i>) | Non Preferred | PA |
| PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION (<i>formoterol fumarate</i>) | Non Preferred | PA |
| BRONCHODILATORS: SHORT ACTING BETA ADRENERGIC [OPEN CLASS] | | |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i> | Preferred | |
| PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>) | Preferred | Max 90-day supply per fill |
| VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>) | Preferred | Max 90-day supply per fill |
| <i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i> | Non Preferred | PA |
| <i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i> | Non Preferred | PA |
| <i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i> | Non Preferred | PA |
| <i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i> | Non Preferred | PA |
| <i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i> | Non Preferred | PA |
| PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate (sensor)</i>) | Non Preferred | PA |
| PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (<i>albuterol sulfate</i>) | Non Preferred | PA |
| XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION (<i>levalbuterol tartrate</i>) | Non Preferred | PA |
| CEPHALOSPORINS: ORAL [OPEN CLASS] | | |
| <i>cefaclor capsule 250 mg oral</i> | Preferred | |
| <i>cefaclor capsule 500 mg oral</i> | Preferred | |
| <i>cefdinir capsule 300 mg oral</i> | Preferred | |
| <i>cefdinir suspension reconstituted 125 mg/5ml oral</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>cefdinir suspension reconstituted 250 mg/5ml oral</i> | Preferred | |
| <i>cefprozil suspension reconstituted 125 mg/5ml oral</i> | Preferred | |
| <i>cefprozil suspension reconstituted 250 mg/5ml oral</i> | Preferred | |
| <i>cefprozil tablet 250 mg oral</i> | Preferred | |
| <i>cefprozil tablet 500 mg oral</i> | Preferred | |
| <i>cefuroxime axetil tablet 250 mg oral</i> | Preferred | |
| <i>cefuroxime axetil tablet 500 mg oral</i> | Preferred | |
| <i>cefaclor er tablet extended release 12 hour 500 mg oral</i> | Non Preferred | PA |
| <i>cefaclor suspension reconstituted 125 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefaclor suspension reconstituted 375 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefixime capsule 400 mg oral</i> | Non Preferred | PA |
| <i>cefixime suspension reconstituted 100 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefixime suspension reconstituted 200 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i> | Non Preferred | PA |
| <i>cefpodoxime proxetil tablet 100 mg oral</i> | Non Preferred | PA |
| <i>cefpodoxime proxetil tablet 200 mg oral</i> | Non Preferred | PA |
| CONTRACEPTIVES: LONG-ACTING IUDS & INJECTABLES [OPEN CLASS] | | |
| <i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i> | Preferred | Max 365-day supply per fill |
| <i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i> | Preferred | Max 365-day supply per fill |
| DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS (<i>medroxyprogesterone acetate</i>) | Preferred | Max 365-day supply per fill |
| KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE (<i>levonorgestrel</i>) | Preferred | Max 365-day supply per fill |
| LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE (<i>levonorgestrel</i>) | Preferred | Max 365-day supply per fill |
| MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE (<i>levonorgestrel</i>) | Preferred | Max 365-day supply per fill |
| NEXPLANON IMPLANT 68 MG SUBCUTANEOUS (<i>etonogestrel</i>) | Preferred | Max 365-day supply per fill |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE (<i>copper</i>) | Preferred | Max 365-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE (<i>levonorgestrel</i>) | Preferred | Max 365-day supply per fill |
| DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR (<i>medroxyprogesterone acetate</i>) | Non Preferred | PA; Max 365-day supply per fill |
| DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR (<i>medroxyprogesterone acetate</i>) | Non Preferred | PA; Max 365-day supply per fill |
| COPD: BRONCHODILATORS AND PHOSPHODIESTERASE 4 (PDE4) INHIBITORS [CLOSED CLASS] | | |
| <i>ipratropium bromide solution 0.02 % inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>roflumilast tablet 250 mcg oral</i> | Preferred | PA |
| <i>roflumilast tablet 500 mcg oral</i> | Preferred | PA |
| <i>roflumilast tablet 500 mcg oral</i> | Preferred | PA; AGE (Min 18 Years) |
| ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (<i>umeclidinium-vilanterol</i>) | Preferred | Max 90-day supply per fill |
| ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION (<i>ipratropium bromide hfa</i>) | Preferred | Max 90-day supply per fill |
| COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION (<i>ipratropium-albuterol</i>) | Preferred | Max 90-day supply per fill |
| SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION (<i>tiotropium bromide monohydrate</i>) | Preferred | Max 90-day supply per fill |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION (<i>tiotropium bromide monohydrate</i>) | Preferred | Max 90-day supply per fill |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION (<i>tiotropium bromide monohydrate</i>) | Preferred | Max 90-day supply per fill |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION (<i>tiotropium bromide-olodaterol</i>) | Preferred | Max 90-day supply per fill |
| <i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i> | Non Preferred | PA |
| BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION (<i>glycopyrrolate-formoterol</i>) | Non Preferred | PA |
| DALIRESP TABLET 250 MCG ORAL (<i>roflumilast</i>) | Non Preferred | PA |
| DALIRESP TABLET 500 MCG ORAL (<i>roflumilast</i>) | Non Preferred | PA |
| DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION (<i>aclidinium br-formoterol fum</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION (<i>umeclidinium bromide</i>) | Non Preferred | PA |
| TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION (<i>aclidinium bromide</i>) | Non Preferred | PA |
| YUPELRI SOLUTION 175 MCG/3ML INHALATION (<i>revefenacin</i>) | Non Preferred | PA |
| COUGH AND COLD [OPEN CLASS] | | |
| <i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i> | Preferred | AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i> | Preferred | OTC; AGE (Min 18 Years) |
| <i>guaifenesin-codeine solution 200-20 mg/10ml oral</i> | Preferred | AGE (Min 18 Years) |
| <i>guaifenesin-codeine solution 200-20 mg/10ml oral</i> | Preferred | OTC; AGE (Min 18 Years) |
| <i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i> | Preferred | QL (30 ML per 1 day); AGE (Min 18 Years) |
| <i>promethazine-codeine solution 6.25-10 mg/5ml oral</i> | Preferred | QL (30 ML per 1 day); AGE (Min 18 Years) |
| <i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i> | Preferred | QL (30 ML per 1 day); AGE (Min 18 Years) |
| HYCODAN SOLUTION 5-1.5 MG/5ML ORAL (<i>hydrocodone bit-homatrop mbr</i>) | Preferred | QL (30 ML per 1 day); AGE (Min 18 Years) |
| <i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i> | Non Preferred | PA; AGE (Min 6 Years) |
| <i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day); AGE (Min 18 Years) |
| <i>hydromet solution 5-1.5 mg/5ml oral</i> | Non Preferred | PA; QL (30 ML per 1 day); AGE (Min 18 Years) |
| <i>poly-tussin ac liquid 10-4-10 mg/5ml oral</i> | Non Preferred | OTC; PA; AGE (Min 6 Years) |
| <i>promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| HISTEX-AC SYRUP 10-2.5-10 MG/5ML ORAL (<i>phenyleph-triprolidine-codeine</i>) | Non Preferred | OTC; PA; AGE (Min 6 Years) |
| HYCODAN TABLET 5-1.5 MG ORAL (<i>hydrocodone bit-homatrop mbr</i>) | Non Preferred | PA; QL (6 EA per 1 day); AGE (Min 18 Years) |
| MAR-COF CG EXPECTORANT LIQUID 225-7.5 MG/5ML ORAL (<i>guaifenesin-codeine</i>) | Non Preferred | OTC; PA; AGE (Min 18 Years) |
| NINJACOF-XG LIQUID 200-8 MG/5ML ORAL (<i>guaifenesin-codeine</i>) | Non Preferred | OTC; PA; AGE (Min 18 Years) |
| TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL (<i>chlorpheniramine-codeine</i>) | Non Preferred | PA; AGE (Min 6 Years) |
| CYTOKINE AND CAM ANTAGONISTS AND RELATED AGENTS [CLOSED CLASS] | | |
| <i>infliximab solution reconstituted 100 mg intravenous</i> | Preferred | |
| <i>methotrexate sodium (pf) solution 1 gm/40ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium (pf) solution 200 mg/8ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium (pf) solution 250 mg/10ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium (pf) solution 50 mg/2ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium solution 1000 mg/40ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium solution 25 mg/ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium solution 250 mg/10ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium solution 50 mg/2ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>methotrexate sodium solution reconstituted 1 gm injection</i> | Preferred | |
| <i>methotrexate sodium tablet 2.5 mg oral</i> | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>) | Preferred | QL (8 ML per 34 days); AGE (Min 2 Years) |
| ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS (<i>etanercept</i>) | Preferred | QL (4 ML per 34 days); AGE (Min 2 Years) |
| ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS (<i>etanercept</i>) | Preferred | QL (4 ML per 34 days); AGE (Min 2 Years) |
| ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>) | Preferred | QL (8 ML per 34 days); AGE (Min 2 Years) |
| ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS (<i>etanercept</i>) | Preferred | QL (8 ML per 34 days); AGE (Min 2 Years) |
| HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-PED<40KG CROHNS STARTER PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-PED>/=40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-PED>/=40KG UC STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-PS/UV/ADOL HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| HUMIRA-PSORIASIS/UVEIT STARTER PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>) | Preferred | AGE (Min 2 Years) |
| <i>adalimumab-aacf (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| <i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i> | Non Preferred | PA; AGE (Min 2 Years) |
| ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-afzb</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-afzb</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS (<i>tocilizumab</i>) | Non Preferred | PA |
| ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS (<i>tocilizumab</i>) | Non Preferred | PA |
| ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS (<i>tocilizumab</i>) | Non Preferred | PA |
| ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS (<i>tocilizumab</i>) | Non Preferred | PA |
| ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS (<i>tocilizumab</i>) | Non Preferred | PA |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS (<i>rilonacept</i>) | Non Preferred | PA |
| AVSOLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-axxq</i>) | Non Preferred | PA |
| BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS (<i>bimekizumab-bkzx</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS (<i>bimekizumab-bkzx</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CIBINQO TABLET 100 MG ORAL (<i>abrocitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CIBINQO TABLET 200 MG ORAL (<i>abrocitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CIBINQO TABLET 50 MG ORAL (<i>abrocitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS (<i>certolizumab pegol</i>) | Non Preferred | PA |
| CIMZIA KIT 2 X 200 MG SUBCUTANEOUS (<i>certolizumab pegol</i>) | Non Preferred | PA |
| CIMZIA STARTER KIT PREFILLED SYRINGE KIT 6 X 200 MG/ML SUBCUTANEOUS (<i>certolizumab pegol</i>) | Non Preferred | PA |
| COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| COSENTYX SOLUTION 125 MG/5ML INTRAVENOUS (<i>secukinumab</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS (<i>secukinumab</i>) | Non Preferred | PA |
| CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------|
| CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adbm</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS (<i>satralizumab-mwge</i>) | Non Preferred | PA |
| ENTYVIO SOLUTION PEN-INJECTOR 108 MG/0.68ML SUBCUTANEOUS (<i>vedolizumab</i>) | Non Preferred | PA |
| ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS (<i>vedolizumab</i>) | Non Preferred | PA |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-fkjp</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ-PED<40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ-PED>/=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>) | Non Preferred | PA; AGE (Min 2 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>) | Non Preferred | PA |
| IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aacf</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS (<i>canakinumab</i>) | Non Preferred | PA |
| ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>tildrakizumab-asmn</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-dyyb</i>) | Non Preferred | PA |
| JYLAMVO SOLUTION 2 MG/ML ORAL (<i>methotrexate</i>) | Non Preferred | PA |
| KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS (<i>sarilumab</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS (<i>anakinra</i>) | Non Preferred | PA |
| OLUMIANT TABLET 1 MG ORAL (<i>baricitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OLUMIANT TABLET 2 MG ORAL (<i>baricitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OLUMIANT TABLET 4 MG ORAL (<i>baricitinib</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OMVOH SOLUTION 300 MG/15ML INTRAVENOUS (<i>mirikizumab-mrkz</i>) | Non Preferred | PA; QL (45 ML per 84 days); AGE (Min 18 Years) |
| OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>mirikizumab-mrkz</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS (<i>abatacept</i>) | Non Preferred | PA |
| ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS (<i>abatacept</i>) | Non Preferred | PA |
| ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS (<i>abatacept</i>) | Non Preferred | PA |
| ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS (<i>abatacept</i>) | Non Preferred | PA |
| ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS (<i>abatacept</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| OTEZLA TABLET 30 MG ORAL (<i>apremilast</i>) | Non Preferred | PA |
| OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL (<i>apremilast</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 12.5 MG/0.5ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 15 MG/0.6ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 20 MG/0.8ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| REDITREX SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 25 MG/ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REDITREX SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML SUBCUTANEOUS (<i>methotrexate (anti-rheumatic)</i>) | Non Preferred | PA |
| REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab</i>) | Non Preferred | PA |
| RENFLXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS (<i>infliximab-abda</i>) | Non Preferred | PA |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>upadacitinib</i>) | Non Preferred | PA |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>upadacitinib</i>) | Non Preferred | PA |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL (<i>upadacitinib</i>) | Non Preferred | PA |
| SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS (<i>brodalumab</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS (<i>golimumab</i>) | Non Preferred | PA |
| SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>golimumab</i>) | Non Preferred | PA |
| SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS (<i>golimumab</i>) | Non Preferred | PA |
| SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>golimumab</i>) | Non Preferred | PA |
| SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS (<i>golimumab</i>) | Non Preferred | PA |
| SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>) | Non Preferred | PA |
| SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS (<i>risankizumab-rzaa</i>) | Non Preferred | PA |
| SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>) | Non Preferred | PA |
| SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>) | Non Preferred | PA |
| SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>risankizumab-rzaa</i>) | Non Preferred | PA |
| SOTYKTU TABLET 6 MG ORAL (<i>deucravacitinib</i>) | Non Preferred | PA |
| SPEVIGO SOLUTION 450 MG/7.5ML INTRAVENOUS (<i>spesolimab-sbzo</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| STELARA SOLUTION 130 MG/26ML INTRAVENOUS (<i>ustekinumab</i>) | Non Preferred | PA |
| STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS (<i>ustekinumab</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS (<i>ustekinumab</i>) | Non Preferred | PA |
| STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS (<i>ustekinumab</i>) | Non Preferred | PA |
| TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS (<i>ixekizumab</i>) | Non Preferred | PA |
| TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS (<i>ixekizumab</i>) | Non Preferred | PA |
| TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS (<i>guselkumab</i>) | Non Preferred | PA |
| TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS (<i>guselkumab</i>) | Non Preferred | PA |
| TREXALL TABLET 10 MG ORAL (<i>methotrexate sodium</i>) | Non Preferred | PA |
| TREXALL TABLET 15 MG ORAL (<i>methotrexate sodium</i>) | Non Preferred | PA |
| TREXALL TABLET 5 MG ORAL (<i>methotrexate sodium</i>) | Non Preferred | PA |
| TREXALL TABLET 7.5 MG ORAL (<i>methotrexate sodium</i>) | Non Preferred | PA |
| UPLIZNA SOLUTION 100 MG/10ML INTRAVENOUS (<i>inebilizumab-cdon</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VELSIPITY TABLET 2 MG ORAL (<i>etrasimod arginine</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| XATMEP SOLUTION 2.5 MG/ML ORAL (<i>methotrexate</i>) | Non Preferred | PA |
| XELJANZ SOLUTION 1 MG/ML ORAL (<i>tofacitinib citrate</i>) | Non Preferred | PA |
| XELJANZ TABLET 10 MG ORAL (<i>tofacitinib citrate</i>) | Non Preferred | PA |
| XELJANZ TABLET 5 MG ORAL (<i>tofacitinib citrate</i>) | Non Preferred | PA |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL (<i>tofacitinib citrate</i>) | Non Preferred | PA |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL (<i>tofacitinib citrate</i>) | Non Preferred | PA |
| YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aaty</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| YUSIMRY SOLUTION PEN-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-aqvh</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| DIABETES ORAL HYPOGLYCEMICS: ALPHA-GLUCOSIDASE INHIBITORS [OPEN CLASS] | | |
| <i>acarbose tablet 100 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>acarbose tablet 25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>acarbose tablet 50 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>miglitol tablet 100 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>miglitol tablet 25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>miglitol tablet 50 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| PRECOSE TABLET 100 MG ORAL (<i>acarbose</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| PRECOSE TABLET 25 MG ORAL (<i>acarbose</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| PRECOSE TABLET 50 MG ORAL (<i>acarbose</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| DIABETES ORAL HYPOGLYCEMICS: BIGUANIDES (METFORMIN) [OPEN CLASS] | | |
| <i>glipizide-metformin hcl tablet 2.5-250 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>glipizide-metformin hcl tablet 2.5-500 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>glipizide-metformin hcl tablet 5-500 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>glyburide-metformin tablet 1.25-250 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>glyburide-metformin tablet 2.5-500 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide-metformin tablet 5-500 mg oral</i> | Preferred | AGE (Min 18 Years) |
| <i>metformin hcl er tablet extended release 24 hour 500 mg oral</i> | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| <i>metformin hcl er tablet extended release 24 hour 750 mg oral</i> | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| <i>metformin hcl tablet 1000 mg oral</i> | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| <i>metformin hcl tablet 500 mg oral</i> | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| <i>metformin hcl tablet 850 mg oral</i> | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| <i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i> | Non Preferred | PA; AGE (Min 10 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i> | Non Preferred | PA; AGE (Min 10 Years) |
| <i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral</i> | Non Preferred | PA; AGE (Min 10 Years) |
| <i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral</i> | Non Preferred | PA; AGE (Min 10 Years) |
| <i>metformin hcl solution 500 mg/5ml oral</i> | Non Preferred | PA; AGE (Min 10 Years) |
| <i>metformin hcl tablet 625 mg oral</i> | Non Preferred | AGE (Min 10 Years) |
| <i>metformin hcl tablet 625 mg oral</i> | Non Preferred | PA |
| GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL (<i>metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| RIOMET ER SUSPENSION RECONSTITUTED ER 500 MG/5ML ORAL (<i>metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| RIOMET SOLUTION 500 MG/5ML ORAL (<i>metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| DIABETES ORAL HYPOGLYCEMICS: DPP-IV INHIBITORS AND COMBINATIONS [CLOSED CLASS] | | |
| JANUMET TABLET 50-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JANUMET TABLET 50-500 MG ORAL (<i>sitagliptin-metformin hcl</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL (<i>sitagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL (<i>sitagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JANUVIA TABLET 100 MG ORAL (<i>sitagliptin phosphate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JANUVIA TABLET 25 MG ORAL (<i>sitagliptin phosphate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JANUVIA TABLET 50 MG ORAL (<i>sitagliptin phosphate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JENTADUETO TABLET 2.5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JENTADUETO TABLET 2.5-500 MG ORAL (<i>linagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| JENTADUETO TABLET 2.5-850 MG ORAL (<i>linagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>linagliptin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>saxagliptin-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>saxagliptin-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL (<i>saxagliptin-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| ONGLYZA TABLET 2.5 MG ORAL (<i>saxagliptin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| ONGLYZA TABLET 5 MG ORAL (<i>saxagliptin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| TRADJENTA TABLET 5 MG ORAL (<i>linagliptin</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| <i>alogliptin benzoate tablet 12.5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin benzoate tablet 25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin benzoate tablet 6.25 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-pioglitazone tablet 25-15 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-pioglitazone tablet 25-30 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>alogliptin-pioglitazone tablet 25-45 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>saxagliptin hcl tablet 2.5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>saxagliptin hcl tablet 5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>zituvio tablet 100 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zituvio tablet 25 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zituvio tablet 50 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| GLYXAMBI TABLET 10-5 MG ORAL (<i>empagliflozin-linagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLYXAMBI TABLET 25-5 MG ORAL (<i>empagliflozin-linagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KAZANO TABLET 12.5-1000 MG ORAL (<i>alogliptin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| KAZANO TABLET 12.5-500 MG ORAL (<i>alogliptin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NESINA TABLET 12.5 MG ORAL (<i>alogliptin benzoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NESINA TABLET 25 MG ORAL (<i>alogliptin benzoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NESINA TABLET 6.25 MG ORAL (<i>alogliptin benzoate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OSENI TABLET 12.5-30 MG ORAL (<i>alogliptin-pioglitazone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OSENI TABLET 25-15 MG ORAL (<i>alogliptin-pioglitazone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OSENI TABLET 25-30 MG ORAL (<i>alogliptin-pioglitazone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OSENI TABLET 25-45 MG ORAL (<i>alogliptin-pioglitazone</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| QTERN TABLET 10-5 MG ORAL (<i>dapagliflozin-saxagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| QTERN TABLET 5-5 MG ORAL (<i>dapagliflozin-saxagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| STEGLUJAN TABLET 15-100 MG ORAL (<i>ertugliflozin-sitagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| STEGLUJAN TABLET 5-100 MG ORAL (<i>ertugliflozin-sitagliptin</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL (<i>empagliflozin-linaglip-metform</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL (<i>empagliflozin-linaglip-metform</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL (<i>empagliflozin-linaglip-metform</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL (<i>empagliflozin-linaglip-metform</i>) | Non Preferred | PA; AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| DIABETES ORAL HYPOGLYCEMICS: MEGLINITIDES [OPEN CLASS] | | |
| <i>nateglinide tablet 120 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>nateglinide tablet 60 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>repaglinide tablet 0.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>repaglinide tablet 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>repaglinide tablet 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| DIABETES ORAL HYPOGLYCEMICS: SECOND GENERATION SULFONYLUREAS [OPEN CLASS] | | |
| <i>glimepiride tablet 1 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glimepiride tablet 2 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glimepiride tablet 4 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide er tablet extended release 24 hour 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide er tablet extended release 24 hour 2.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide er tablet extended release 24 hour 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide tablet 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide tablet 2.5 mg oral</i> | Preferred | QL (16 EA per 1 day); AGE (Min 18 Years) |
| <i>glipizide tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide xl tablet extended release 24 hour 10 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glipizide xl tablet extended release 24 hour 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide micronized tablet 1.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide micronized tablet 3 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide micronized tablet 6 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide tablet 1.25 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <i>glyburide tablet 2.5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>glyburide tablet 5 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>glipizide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL (<i>glipizide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>glipizide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLYNASE TABLET 1.5 MG ORAL (<i>glyburide micronized</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLYNASE TABLET 3 MG ORAL (<i>glyburide micronized</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLYNASE TABLET 6 MG ORAL (<i>glyburide micronized</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| DIABETES ORAL HYPOGLYCEMICS: SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITOR [CLOSED CLASS] | | |
| FARXIGA TABLET 10 MG ORAL (<i>dapagliflozin propanediol</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| FARXIGA TABLET 5 MG ORAL (<i>dapagliflozin propanediol</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKAMET TABLET 150-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKAMET TABLET 150-500 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKAMET TABLET 50-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKAMET TABLET 50-500 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKANA TABLET 100 MG ORAL (<i>canagliflozin</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| INVOKANA TABLET 300 MG ORAL (<i>canagliflozin</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years); Max 90-day supply per fill |
| JARDIANCE TABLET 10 MG ORAL (<i>empagliflozin</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 10 Years); Max 90-day supply per fill |
| JARDIANCE TABLET 25 MG ORAL (<i>empagliflozin</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 10 Years); Max 90-day supply per fill |
| SYNJARDY TABLET 12.5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| SYNJARDY TABLET 12.5-500 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| SYNJARDY TABLET 5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| SYNJARDY TABLET 5-500 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Preferred | AGE (Min 10 Years); Max 90-day supply per fill |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL (<i>dapagliflozin prop-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>dapagliflozin prop-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL (<i>dapagliflozin prop-metformin</i>) | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| INPEFA TABLET 200 MG ORAL (<i>sotagliflozin</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| INPEFA TABLET 400 MG ORAL (<i>sotagliflozin</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL (<i>canagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEGLUROMET TABLET 2.5-1000 MG ORAL (<i>ertugliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEGLUROMET TABLET 2.5-500 MG ORAL (<i>ertugliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEGLUROMET TABLET 7.5-1000 MG ORAL (<i>ertugliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SEGLUROMET TABLET 7.5-500 MG ORAL (<i>ertugliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| STEGLATRO TABLET 15 MG ORAL (<i>ertugliflozin l-pyroglytamiac</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| STEGLATRO TABLET 5 MG ORAL (<i>ertugliflozin l-pyroglytamiac</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL (<i>empagliflozin-metformin hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| DIABETES ORAL HYPOGLYCEMICS: THIAZOLIDINEDIONES [OPEN CLASS] | | |
| <i>pioglitazone hcl tablet 15 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>pioglitazone hcl tablet 30 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>pioglitazone hcl tablet 45 mg oral</i> | Preferred | AGE (Min 18 Years); Max 90-day supply per fill |
| <i>pioglitazone hcl-glimepiride tablet 30-2 mg oral</i> | Non Preferred | PA |
| <i>pioglitazone hcl-glimepiride tablet 30-4 mg oral</i> | Non Preferred | PA |
| <i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i> | Non Preferred | PA |
| <i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i> | Non Preferred | PA |
| ACTOPLUS MET TABLET 15-850 MG ORAL (<i>pioglitazone hcl-metformin hcl</i>) | Non Preferred | PA |
| ACTOS TABLET 15 MG ORAL (<i>pioglitazone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ACTOS TABLET 30 MG ORAL (<i>pioglitazone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ACTOS TABLET 45 MG ORAL (<i>pioglitazone hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| DUETACT TABLET 30-2 MG ORAL (<i>pioglitazone hcl-glimepiride</i>) | Non Preferred | PA |
| DUETACT TABLET 30-4 MG ORAL (<i>pioglitazone hcl-glimepiride</i>) | Non Preferred | PA |
| DIABETES: INJECTABLE AMYLIN ANALOGS [CLOSED CLASS] | | |
| SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS (<i>pramlintide acetate</i>) | Non Preferred | PA |
| SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS (<i>pramlintide acetate</i>) | Non Preferred | PA |
| DIABETES: INJECTABLE AND ORAL INCRETIN MIMETICS [CLOSED CLASS] | | |
| BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS (<i>exenatide</i>) | Preferred | QL (7.2 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per fill |
| BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS (<i>exenatide</i>) | Preferred | QL (3.6 ML per 90 days); AGE (Min 18 Years); Max 90-day supply per fill |
| TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>) | Preferred | QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>) | Preferred | QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per fill |
| TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>) | Preferred | QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per fill |
| TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS (<i>dulaglutide</i>) | Preferred | QL (6 ML per 84 days); AGE (Min 10 Years); Max 90-day supply per fill |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (<i>liraglutide</i>) | Preferred | QL (27 ML per 90 days); AGE (Min 10 Years); Max 90-day supply per fill |
| BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS (<i>exenatide</i>) | Non Preferred | PA; QL (3.4 ML per 28 days); AGE (Min 10 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS (<i>semaglutide</i>) | Non Preferred | PA; QL (1.5 ML per 28 days); AGE (Min 18 Years) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>) | Non Preferred | PA; QL (3 ML per 28 days); AGE (Min 18 Years) |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>) | Non Preferred | PA; QL (3 ML per 28 days); AGE (Min 18 Years) |
| OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS (<i>semaglutide</i>) | Non Preferred | PA; QL (3 ML per 28 days); AGE (Min 18 Years) |
| RYBELSUS TABLET 14 MG ORAL (<i>semaglutide</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RYBELSUS TABLET 3 MG ORAL (<i>semaglutide</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RYBELSUS TABLET 7 MG ORAL (<i>semaglutide</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS (<i>insulin glargine-lixisenatide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS (<i>insulin degludec-liraglutide</i>) | Non Preferred | PA; QL (15 ML per 28 days); AGE (Min 18 Years) |
| EPINEPHRINE: SELF-INJECTED [OPEN CLASS] | | |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i> | Preferred | QL (12 EA per 365 days) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|-----------------------------|
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i> | Preferred | QL (12 EA per 365 days) |
| EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>) | Preferred | QL (12 EA per 365 days) |
| EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (<i>epinephrine</i>) | Preferred | QL (12 EA per 365 days) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i> | Non Preferred | PA; QL (12 EA per 365 days) |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION (<i>epinephrine</i>) | Non Preferred | PA; QL (12 EA per 365 days) |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION (<i>epinephrine</i>) | Non Preferred | PA; QL (12 EA per 365 days) |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>) | Non Preferred | PA; QL (12 EA per 365 days) |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION (<i>epinephrine</i>) | Non Preferred | PA; QL (12 EA per 365 days) |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION (<i>epinephrine</i>) | Non Preferred | PA; QL (12 EA per 365 days) |
| ERYTHROPOIESIS STIMULATING PROTEINS [OPEN CLASS] | | |
| EPOGEN SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Preferred | |
| EPOGEN SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Preferred | |
| EPOGEN SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Preferred | |
| EPOGEN SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Preferred | |
| EPOGEN SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Preferred | |
| RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| RETACRIT SOLUTION 40000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Preferred | |
| ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION (<i>darbepoetin alfa</i>) | Non Preferred | PA |
| JESDUVROQ TABLET 1 MG ORAL (<i>daprodustat</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| JESDUVROQ TABLET 2 MG ORAL (<i>daprodustat</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| JESDUVROQ TABLET 4 MG ORAL (<i>daprodustat</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| JESDUVROQ TABLET 6 MG ORAL (<i>daprodustat</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| JESDUVROQ TABLET 8 MG ORAL (<i>daprodustat</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION (<i>methoxy peg-epoetin beta</i>) | Non Preferred | PA |
| PROCRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| PROCRIPT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |
| PROCRIPT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |
| PROCRIPT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |
| PROCRIPT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |
| PROCRIPT SOLUTION 40000 UNIT/ML INJECTION (<i>epoetin alfa</i>) | Non Preferred | PA |
| RETACRIT SOLUTION 10000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Non Preferred | PA |
| RETACRIT SOLUTION 2000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Non Preferred | PA |
| RETACRIT SOLUTION 20000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Non Preferred | PA |
| RETACRIT SOLUTION 3000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Non Preferred | PA |
| RETACRIT SOLUTION 4000 UNIT/ML INJECTION (<i>epoetin alfa-epbx</i>) | Non Preferred | PA |
| GI ANTIBIOTICS [OPEN CLASS] | | |
| <i>metronidazole tablet 250 mg oral</i> | Preferred | |
| <i>metronidazole tablet 500 mg oral</i> | Preferred | |
| <i>neomycin sulfate tablet 500 mg oral</i> | Preferred | |
| <i>vancomycin hcl capsule 125 mg oral</i> | Preferred | |
| <i>vancomycin hcl capsule 250 mg oral</i> | Preferred | |
| FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL (<i>vancomycin hcl</i>) | Preferred | |
| FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL (<i>vancomycin hcl</i>) | Preferred | |
| <i>metronidazole capsule 375 mg oral</i> | Non Preferred | PA |
| <i>nitazoxanide tablet 500 mg oral</i> | Non Preferred | PA |
| <i>paromomycin sulfate capsule 250 mg oral</i> | Non Preferred | PA |
| <i>tinidazole tablet 250 mg oral</i> | Non Preferred | PA |
| <i>tinidazole tablet 500 mg oral</i> | Non Preferred | PA |
| <i>vancomycin hcl solution reconstituted 25 mg/ml oral</i> | Non Preferred | PA |
| <i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| <i>vancomycin hcl solution reconstituted 50 mg/ml oral</i> | Non Preferred | PA |
| AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL (<i>rifamycin sodium</i>) | Non Preferred | PA |
| DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL (<i>fidaxomicin</i>) | Non Preferred | PA |
| DIFICID TABLET 200 MG ORAL (<i>fidaxomicin</i>) | Non Preferred | PA |
| FLAGYL CAPSULE 375 MG ORAL (<i>metronidazole</i>) | Non Preferred | PA |
| LIKMEZ SUSPENSION 500 MG/5ML ORAL (<i>metronidazole</i>) | Non Preferred | PA |
| SOLOSEC PACKET 2 GM ORAL (<i>secnidazole</i>) | Non Preferred | PA |
| VANCOCIN CAPSULE 125 MG ORAL (<i>vancomycin hcl</i>) | Non Preferred | PA |
| VANCOCIN CAPSULE 250 MG ORAL (<i>vancomycin hcl</i>) | Non Preferred | PA |
| VOWST CAPSULE ORAL (<i>fecal microb spores, live-brpk</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| XIFAXAN TABLET 200 MG ORAL (<i>rifaximin</i>) | Non Preferred | PA; QL (9 EA per 1 Fill); AGE (Min 12 Years) |
| XIFAXAN TABLET 550 MG ORAL (<i>rifaximin</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 18 Years) |
| GI MOTILITY: CHRONIC [OPEN CLASS] | | |
| <i>lubiprostone capsule 24 mcg oral</i> | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| <i>lubiprostone capsule 8 mcg oral</i> | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| AMITIZA CAPSULE 24 MCG ORAL (<i>lubiprostone</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| AMITIZA CAPSULE 8 MCG ORAL (<i>lubiprostone</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| LINZESS CAPSULE 145 MCG ORAL (<i>linaclotide</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| LINZESS CAPSULE 290 MCG ORAL (<i>linaclotide</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| LINZESS CAPSULE 72 MCG ORAL (<i>linaclotide</i>) | Preferred | PA; AGE (Min 6 Years); Max 90-day supply per fill |
| MOVANTIK TABLET 12.5 MG ORAL (<i>naloxegol oxalate</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| MOVANTIK TABLET 25 MG ORAL (<i>naloxegol oxalate</i>) | Preferred | PA; AGE (Min 18 Years); Max 90-day supply per fill |
| <i>alosetron hcl tablet 0.5 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------|
| <i>alosetron hcl tablet 1 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| IBSRELA TABLET 50 MG ORAL (<i>tenapanor hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LOTRONEX TABLET 0.5 MG ORAL (<i>alosetron hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LOTRONEX TABLET 1 MG ORAL (<i>alosetron hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| MOTEGRITY TABLET 1 MG ORAL (<i>prucalopride succinate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| MOTEGRITY TABLET 2 MG ORAL (<i>prucalopride succinate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (<i>methylnaltrexone bromide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS (<i>methylnaltrexone bromide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| RELISTOR TABLET 150 MG ORAL (<i>methylnaltrexone bromide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SYMPROIC TABLET 0.2 MG ORAL (<i>naldemedine tosylate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRULANCE TABLET 3 MG ORAL (<i>plecanatide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VIBERZI TABLET 100 MG ORAL (<i>eluxadoline</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VIBERZI TABLET 75 MG ORAL (<i>eluxadoline</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GLUCAGON AGENTS [CLOSED CLASS] | | |
| <i>glucagon emergency kit 1 mg injection</i> | Preferred | |
| <i>glucagon emergency solution reconstituted 1 mg/ml injection</i> | Preferred | |
| BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>) | Preferred | |
| BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL (<i>glucagon</i>) | Preferred | |
| GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |
| GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS (<i>glucagon</i>) | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| PROGLYCEM SUSPENSION 50 MG/ML ORAL (<i>diazoxide</i>) | Preferred | |
| <i>diazoxide suspension 50 mg/ml oral</i> | Non Preferred | PA |
| GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION (<i>glucagon hcl (rdna)</i>) | Non Preferred | PA |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS (<i>dasiglucagon hcl</i>) | Non Preferred | PA |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS (<i>dasiglucagon hcl</i>) | Non Preferred | PA |
| GLUCOCORTICIDS: ORAL [OPEN CLASS] | | |
| <i>budesonide capsule delayed release particles 3 mg oral</i> | Preferred | |
| <i>dexamethasone elixir 0.5 mg/5ml oral</i> | Preferred | |
| <i>dexamethasone solution 0.5 mg/5ml oral</i> | Preferred | |
| <i>dexamethasone tablet 0.5 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 0.75 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 1 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 1.5 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 2 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 4 mg oral</i> | Preferred | |
| <i>dexamethasone tablet 6 mg oral</i> | Preferred | |
| <i>hydrocortisone tablet 10 mg oral</i> | Preferred | |
| <i>hydrocortisone tablet 20 mg oral</i> | Preferred | |
| <i>hydrocortisone tablet 5 mg oral</i> | Preferred | |
| <i>methylprednisolone tablet 4 mg oral</i> | Preferred | |
| <i>methylprednisolone tablet therapy pack 4 mg oral</i> | Preferred | |
| <i>prednisolone sodium phosphate solution 15 mg/5ml oral</i> | Preferred | |
| <i>prednisolone sodium phosphate solution 25 mg/5ml oral</i> | Preferred | |
| <i>prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral</i> | Preferred | |
| <i>prednisolone solution 15 mg/5ml oral</i> | Preferred | |
| <i>prednisone solution 5 mg/5ml oral</i> | Preferred | |
| <i>prednisone tablet 1 mg oral</i> | Preferred | |
| <i>prednisone tablet 10 mg oral</i> | Preferred | |
| <i>prednisone tablet 2.5 mg oral</i> | Preferred | |
| <i>prednisone tablet 20 mg oral</i> | Preferred | |
| <i>prednisone tablet 5 mg oral</i> | Preferred | |
| <i>prednisone tablet 50 mg oral</i> | Preferred | |
| <i>prednisone tablet therapy pack 10 mg (21) oral</i> | Preferred | |
| <i>prednisone tablet therapy pack 10 mg (48) oral</i> | Preferred | |
| <i>prednisone tablet therapy pack 5 mg (21) oral</i> | Preferred | |
| <i>prednisone tablet therapy pack 5 mg (48) oral</i> | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL (<i>dexamethasone</i>) | Preferred | |
| PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL (<i>prednisone</i>) | Preferred | |
| <i>cortisone acetate tablet 25 mg oral</i> | Non Preferred | PA |
| <i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i> | Non Preferred | PA |
| <i>dexamethasone tablet therapy pack 1.5 mg (35) oral</i> | Non Preferred | PA |
| <i>dexamethasone tablet therapy pack 1.5 mg (51) oral</i> | Non Preferred | PA |
| <i>methylprednisolone tablet 16 mg oral</i> | Non Preferred | PA |
| <i>methylprednisolone tablet 32 mg oral</i> | Non Preferred | PA |
| <i>methylprednisolone tablet 8 mg oral</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate solution 10 mg/5ml oral</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate solution 20 mg/5ml oral</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i> | Non Preferred | PA |
| <i>prednisolone tablet 5 mg oral</i> | Non Preferred | PA |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA; AGE (Max 17 Years) |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA; AGE (Max 17 Years) |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA; AGE (Max 17 Years) |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA; AGE (Max 17 Years) |
| CORTEF TABLET 10 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA |
| CORTEF TABLET 20 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA |
| CORTEF TABLET 5 MG ORAL (<i>hydrocortisone</i>) | Non Preferred | PA |
| EMFLAZA SUSPENSION 22.75 MG/ML ORAL (<i>deflazacort</i>) | Non Preferred | PA; AGE (Min 2 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------|
| EMFLAZA TABLET 18 MG ORAL (<i>deflazacort</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| EMFLAZA TABLET 30 MG ORAL (<i>deflazacort</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| EMFLAZA TABLET 36 MG ORAL (<i>deflazacort</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| EMFLAZA TABLET 6 MG ORAL (<i>deflazacort</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HEMADY TABLET 20 MG ORAL (<i>dexamethasone</i>) | Non Preferred | PA |
| MEDROL TABLET 16 MG ORAL (<i>methylprednisolone</i>) | Non Preferred | PA |
| MEDROL TABLET 2 MG ORAL (<i>methylprednisolone</i>) | Non Preferred | PA |
| MEDROL TABLET 4 MG ORAL (<i>methylprednisolone</i>) | Non Preferred | PA |
| MEDROL TABLET 8 MG ORAL (<i>methylprednisolone</i>) | Non Preferred | PA |
| MEDROL TABLET THERAPY PACK 4 MG ORAL (<i>methylprednisolone</i>) | Non Preferred | PA |
| MILLIPRED DP TABLET THERAPY PACK 5 MG (21) ORAL (<i>prednisolone</i>) | Non Preferred | PA |
| MILLIPRED DP TABLET THERAPY PACK 5 MG (48) ORAL (<i>prednisolone</i>) | Non Preferred | PA |
| <i>prednisolone</i> (Millipred Tablet 5 Mg Oral) | Non Preferred | PA |
| RAYOS TABLET DELAYED RELEASE 1 MG ORAL (<i>prednisone</i>) | Non Preferred | PA |
| RAYOS TABLET DELAYED RELEASE 2 MG ORAL (<i>prednisone</i>) | Non Preferred | PA |
| RAYOS TABLET DELAYED RELEASE 5 MG ORAL (<i>prednisone</i>) | Non Preferred | PA |
| TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL (<i>dexamethasone</i>) | Non Preferred | PA |
| <i>dexamethasone</i> (Taperdex 6-Day Tablet Therapy Pack 1.5 Mg (21) Oral) | Non Preferred | PA |
| <i>dexamethasone</i> (Taperdex 6-Day Tablet Therapy Pack 1.5 Mg Oral) | Non Preferred | PA |
| TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL (<i>dexamethasone</i>) | Non Preferred | PA |
| TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL (<i>budesonide</i>) | Non Preferred | PA |
| GROWTH HORMONE [CLOSED CLASS] | | |
| GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NORDITROPIN FLEXPLO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NORDITROPIN FLEXPLO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NORDITROPIN FLEXPLO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NORDITROPIN FLEXPLO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS (<i>somatropin</i>) | Preferred | PA |
| HUMATROPE CARTRIDGE 12 MG INJECTION (<i>somatropin</i>) | Non Preferred | PA |
| HUMATROPE CARTRIDGE 24 MG INJECTION (<i>somatropin</i>) | Non Preferred | PA |
| HUMATROPE CARTRIDGE 6 MG INJECTION (<i>somatropin</i>) | Non Preferred | PA |
| NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS (<i>somatrogon-ghla</i>) | Non Preferred | PA; QL (4.8 ML per 28 days); AGE (Min 3 Years) |
| NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS (<i>somatrogon-ghla</i>) | Non Preferred | PA; QL (4.8 ML per 28 days); AGE (Min 3 Years) |
| OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (<i>somatropin</i>) | Non Preferred | PA |
| OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS (<i>somatropin</i>) | Non Preferred | PA |
| SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>) | Non Preferred | PA |
| SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>) | Non Preferred | PA |
| SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS (<i>somatropin (non-refrigerated)</i>) | Non Preferred | PA |
| SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS (<i>lonapegsomatropin-tcgd</i>) | Non Preferred | PA; AGE (Min 1 Years and Max 17 Years) |
| SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS (<i>somapacitan-beco</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS (<i>somatropin</i>) | Non Preferred | PA |
| ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS (<i>somatropin</i>) | Non Preferred | PA |
| H. PYLORI TREATMENT [OPEN CLASS] | | |
| PYLERA CAPSULE 140-125-125 MG ORAL (<i>bis subcit-metronid-tetracyc</i>) | Preferred | |
| <i>amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral</i> | Non Preferred | PA |
| <i>bis subcit-metronid-tetracyc capsule 140-125-125 mg oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| <i>bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral</i> | Non Preferred | PA |
| OMECLAMOX-PAK 500-500-20 MG ORAL (<i>amoxicill-clarithro-omeprazole</i>) | Non Preferred | PA |
| TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL (<i>amoxicill-rifabutin-omeprazole</i>) | Non Preferred | PA |
| VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL (<i>amoxicillin-vonoprazan</i>) | Non Preferred | PA |
| VOQUEZNA TABLET 10 MG ORAL (<i>vonoprazan fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VOQUEZNA TABLET 20 MG ORAL (<i>vonoprazan fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL (<i>amoxicill-clarithro-vonoprazan</i>) | Non Preferred | PA |
| HEMOPHILIA TREATMENT [CLOSED CLASS] | | |
| <i>adynovate solution reconstituted 1000 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 1500 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 2000 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 250 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 3000 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 500 unit intravenous</i> | Preferred | |
| <i>adynovate solution reconstituted 750 unit intravenous</i> | Preferred | |
| <i>obizur solution reconstituted 500 unit intravenous</i> | Preferred | |
| <i>rixubis solution reconstituted 1000 unit intravenous</i> | Preferred | |
| <i>rixubis solution reconstituted 2000 unit intravenous</i> | Preferred | |
| <i>rixubis solution reconstituted 250 unit intravenous</i> | Preferred | |
| <i>rixubis solution reconstituted 3000 unit intravenous</i> | Preferred | |
| <i>rixubis solution reconstituted 500 unit intravenous</i> | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| AFSTYLA KIT 1000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| AFSTYLA KIT 1500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| AFSTYLA KIT 2000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| AFSTYLA KIT 250 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| AFSTYLA KIT 2500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| AFSTYLA KIT 3000 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| AFSTYLA KIT 500 UNIT INTRAVENOUS (<i>antihemophil fact single chain</i>) | Preferred | |
| ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix</i>) | Preferred | |
| ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>coagulation factor ix</i>) | Preferred | |
| ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix</i>) | Preferred | |
| ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |
| ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |
| ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |
| ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |
| ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (rfixfc)</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| ALTUVIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact fc-vwf-xten-eh1l</i>) | Preferred | |
| BENEFIX KIT 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| BENEFIX KIT 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| BENEFIX KIT 250 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| BENEFIX KIT 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| BENEFIX KIT 500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| COAGADEX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor x (human)</i>) | Preferred | |
| COAGADEX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor x (human)</i>) | Preferred | |
| CORIFACT KIT 1000-1600 UNIT INTRAVENOUS (<i>factor xiii concentrate human</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviiiifc)</i>) | Preferred | |
| ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>) | Preferred | |
| ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>) | Preferred | |
| ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>) | Preferred | |
| ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>) | Preferred | |
| ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemoph fact rcmb gpeg-exei</i>) | Preferred | |
| FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>) | Preferred | |
| FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>) | Preferred | |
| FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antiinhibitor coagulant cmplx</i>) | Preferred | |
| HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS (<i>emicizumab-kxwh</i>) | Preferred | |
| HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>) | Preferred | |
| IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>) | Preferred | |
| IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>) | Preferred | |
| IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>) | Preferred | |
| IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (rix-fp)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix (recomb)</i>) | Preferred | |
| JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>) | Preferred | |
| JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>) | Preferred | |
| JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>) | Preferred | |
| JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>ahf (bdd-rfviii peg-aucl)</i>) | Preferred | |
| KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophilic factor</i>) | Preferred | |
| KOGENATE FS KIT 1000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| KOGENATE FS KIT 2000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| KOGENATE FS KIT 250 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| KOGENATE FS KIT 3000 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| KOGENATE FS KIT 500 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil factor (rahf-pfm)</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihemophil fact bd truncated</i>) | Preferred | |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>) | Preferred | |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>) | Preferred | |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>) | Preferred | |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS (<i>coagulation factor viia recomb</i>) | Preferred | |
| NUWIQ KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIQ KIT 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIQ KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIQ KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIQ KIT 2500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| NUWIK KIT 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK KIT 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| NUWIK SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,sim)</i>) | Preferred | |
| PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>factor ix complex</i>) | Preferred | |
| PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (<i>factor ix complex</i>) | Preferred | |
| PROFILNINE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>factor ix complex</i>) | Preferred | |
| REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>) | Preferred | |
| REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>) | Preferred | |
| REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>) | Preferred | |
| REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (<i>coagulation factor ix glycopeg</i>) | Preferred | |
| RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |
| RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS (<i>antihem factor recomb (rfviii)</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS (<i>coagulation factor viia-jncw</i>) | Preferred | |
| SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS (<i>coagulation factor viia-jncw</i>) | Preferred | |
| TRETEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS (<i>coagulation factor xiii a-sub</i>) | Preferred | |
| VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS (<i>von willebrand factor (recomb)</i>) | Preferred | |
| VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS (<i>von willebrand factor (recomb)</i>) | Preferred | |
| WILATE KIT 1000-1000 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| WILATE KIT 500-500 UNIT INTRAVENOUS (<i>antihemophilic factor-vwf</i>) | Preferred | |
| XYNTHA KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd- rfviii,mor)</i>) | Preferred | |
| XYNTHA KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd- rfviii,mor)</i>) | Preferred | |
| XYNTHA KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd- rfviii,mor)</i>) | Preferred | |
| XYNTHA KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd- rfviii,mor)</i>) | Preferred | |
| XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>) | Preferred | |
| XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>) | Preferred | |
| XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>) | Preferred | |
| XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>) | Preferred | |
| XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS (<i>antihem fact (bdd-rfviii,mor)</i>) | Preferred | |
| HEPATITIS C AGENTS [CLOSED CLASS] | | |
| <i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i> | Preferred | QL (Max 84 days of therapy per lifetime); AGE (Min 3 Years); Max 84-day supply per fill |
| MAVYRET PACKET 50-20 MG ORAL (<i>glecaprevir-pibrentasvir</i>) | Preferred | QL (Max 84 days of therapy per lifetime); AGE (Min 3 Years); Max 84-day supply per fill |
| MAVYRET TABLET 100-40 MG ORAL (<i>glecaprevir-pibrentasvir</i>) | Preferred | QL (Max 84 days of therapy per lifetime); AGE (Min 12 Years); Max 84-day supply per fill |
| <i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i> | Non Preferred | PA; AGE (Min 3 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| EPCLUSA PACKET 150-37.5 MG ORAL (<i>sofosbuvir-velpatasvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| EPCLUSA PACKET 200-50 MG ORAL (<i>sofosbuvir-velpatasvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| EPCLUSA TABLET 200-50 MG ORAL (<i>sofosbuvir-velpatasvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| EPCLUSA TABLET 400-100 MG ORAL (<i>sofosbuvir-velpatasvir</i>) | Non Preferred | PA; QL (Max 84 days of therapy per lifetime); AGE (Min 3 Years); Max 84-day supply per fill |
| HARVONI PACKET 33.75-150 MG ORAL (<i>ledipasvir-sofosbuvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| HARVONI PACKET 45-200 MG ORAL (<i>ledipasvir-sofosbuvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| HARVONI TABLET 45-200 MG ORAL (<i>ledipasvir-sofosbuvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| HARVONI TABLET 90-400 MG ORAL (<i>ledipasvir-sofosbuvir</i>) | Non Preferred | PA; AGE (Min 3 Years) |
| PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS (<i>peginterferon alfa-2a</i>) | Non Preferred | PA |
| PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon alfa-2a</i>) | Non Preferred | PA |
| SOVALDI PACKET 150 MG ORAL (<i>sofosbuvir</i>) | Non Preferred | PA |
| SOVALDI PACKET 200 MG ORAL (<i>sofosbuvir</i>) | Non Preferred | PA |
| SOVALDI TABLET 200 MG ORAL (<i>sofosbuvir</i>) | Non Preferred | PA |
| SOVALDI TABLET 400 MG ORAL (<i>sofosbuvir</i>) | Non Preferred | PA |
| VOSEVI TABLET 400-100-100 MG ORAL (<i>sofosbuv-velpatasv-voxilaprev</i>) | Non Preferred | PA |
| ZEPATIER TABLET 50-100 MG ORAL (<i>elbasvir-grazoprevir</i>) | Non Preferred | PA |
| HEREDITARY ANGIOEDEMA (HAE) AGENTS [OPEN CLASS] | | |
| <i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i> | Preferred | PA; AGE (Min 18 Years) |
| BERINERT KIT 500 UNIT INTRAVENOUS (<i>c1 esterase inhibitor (human)</i>) | Preferred | PA; QL (4 EA per 1 Fill); AGE (Min 6 Years) |
| KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS (<i>ecallantide</i>) | Preferred | PA; QL (6 ML per 1 Fill); AGE (Min 12 Years) |
| <i>icatibant acetate</i> (Sajazir Solution Prefilled Syringe 30 Mg/3ML Subcutaneous) | Preferred | PA; AGE (Min 18 Years) |
| FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS (<i>icatibant acetate</i>) | Non Preferred | PA; AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS (<i>c1 esterase inhibitor (human)</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS (<i>c1 esterase inhibitor (human)</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| ORLADEYO CAPSULE 110 MG ORAL (<i>berotralstat hcl</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| ORLADEYO CAPSULE 150 MG ORAL (<i>berotralstat hcl</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS (<i>c1 esterase inhibitor (recomb)</i>) | Non Preferred | PA; AGE (Min 13 Years) |
| TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS (<i>lanadelumab-flyo</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| HERPES: ORAL [OPEN CLASS] | | |
| <i>acyclovir capsule 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>acyclovir suspension 200 mg/5ml oral</i> | Preferred | Max 90-day supply per fill |
| <i>acyclovir tablet 400 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>acyclovir tablet 800 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>famciclovir tablet 125 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>famciclovir tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>famciclovir tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>valacyclovir hcl tablet 1 gm oral</i> | Preferred | Max 90-day supply per fill |
| <i>valacyclovir hcl tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| SITAVIG TABLET 50 MG BUCCAL (<i>acyclovir</i>) | Non Preferred | PA |
| VALTREX TABLET 1 GM ORAL (<i>valacyclovir hcl</i>) | Non Preferred | PA |
| VALTREX TABLET 500 MG ORAL (<i>valacyclovir hcl</i>) | Non Preferred | PA |
| HERPES: TOPICAL [OPEN CLASS] | | |
| <i>acyclovir cream 5 % external</i> | Preferred | |
| <i>acyclovir ointment 5 % external</i> | Preferred | |
| <i>docosanol cream 10 % external (otc)</i> | Preferred | OTC |
| <i>ft docosanol cream 10 % external</i> | Preferred | OTC |
| <i>gnp docosanol cream 10 % external</i> | Preferred | OTC |
| <i>penciclovir cream 1 % external</i> | Non Preferred | PA |
| DENAVIR CREAM 1 % EXTERNAL (<i>penciclovir</i>) | Non Preferred | PA |
| XERESE CREAM 5-1 % EXTERNAL (<i>acyclovir-hydrocortisone</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| ZOVIRAX CREAM 5 % EXTERNAL (<i>acyclovir</i>) | Non Preferred | PA |
| ZOVIRAX OINTMENT 5 % EXTERNAL (<i>acyclovir</i>) | Non Preferred | PA |
| HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2 RA) [OPEN CLASS] | | |
| <i>acid reducer maximum strength tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>acid reducer tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>famotidine maximum strength tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>famotidine orig st tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>famotidine suspension reconstituted 40 mg/5ml oral</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Max 11 Years); Max 90-day supply per fill |
| <i>famotidine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>famotidine tablet 20 mg oral (otc)</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>famotidine tablet 20 mg oral (rx)</i> | Preferred | Max 90-day supply per fill |
| <i>famotidine tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ft acid reducer max strength tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft acid reducer tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp acid reducer max st tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp acid reducer tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>heartburn relief max st tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>heartburn relief tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm famotidine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm acid reducer max st tablet 20 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm acid reducer tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>acid reducer complete tablet chewable 10-800-165 mg oral</i> | Non Preferred | OTC; PA |
| <i>cimetidine tablet 200 mg oral (rx)</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <i>cimetidine tablet 300 mg oral</i> | Non Preferred | PA |
| <i>cimetidine tablet 400 mg oral</i> | Non Preferred | PA |
| <i>cimetidine tablet 800 mg oral</i> | Non Preferred | PA |
| <i>ft acid reducer + antacid tablet chewable 10-800-165 mg oral</i> | Non Preferred | OTC; PA |
| <i>hm dual action complete tablet chewable 10-800-165 mg oral</i> | Non Preferred | OTC; PA |
| <i>nizatidine capsule 150 mg oral</i> | Non Preferred | PA |
| <i>nizatidine capsule 300 mg oral</i> | Non Preferred | PA |
| PEPCID TABLET 20 MG ORAL (<i>famotidine</i>) | Non Preferred | PA |
| PEPCID TABLET 40 MG ORAL (<i>famotidine</i>) | Non Preferred | PA |
| HIV/AIDS [CLOSED CLASS] | | |
| <i>abacavir sulfate solution 20 mg/ml oral</i> | Preferred | QL (30 ML per 1 day); Max 90-day supply per fill |
| <i>abacavir sulfate tablet 300 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atazanavir sulfate capsule 150 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atazanavir sulfate capsule 200 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>atazanavir sulfate capsule 300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>efavirenz tablet 600 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>emtricitabine capsule 200 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>emtricitabine-tenofovir df tablet 100-150 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>emtricitabine-tenofovir df tablet 133-200 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>emtricitabine-tenofovir df tablet 167-250 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>emtricitabine-tenofovir df tablet 200-300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>etravirine tablet 100 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>etravirine tablet 200 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>fosamprenavir calcium tablet 700 mg oral</i> | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| <i>lamivudine solution 10 mg/ml oral</i> | Preferred | QL (30 ML per 1 day); Max 90-day supply per fill |
| <i>lamivudine tablet 150 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>lamivudine tablet 300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>lamivudine-zidovudine tablet 150-300 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i> | Preferred | QL (10 ML per 1 day); Max 90-day supply per fill |
| <i>lopinavir-ritonavir tablet 100-25 mg oral</i> | Preferred | QL (10 EA per 1 day); Max 90-day supply per fill |
| <i>lopinavir-ritonavir tablet 200-50 mg oral</i> | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| <i>maraviroc tablet 150 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>maraviroc tablet 300 mg oral</i> | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| <i>nevirapine er tablet extended release 24 hour 100 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>nevirapine er tablet extended release 24 hour 400 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>nevirapine suspension 50 mg/5ml oral</i> | Preferred | QL (40 ML per 1 day); Max 90-day supply per fill |
| <i>nevirapine tablet 200 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>ritonavir tablet 100 mg oral</i> | Preferred | QL (12 EA per 1 day); Max 90-day supply per fill |
| <i>tenofovir disoproxil fumarate tablet 300 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>zidovudine capsule 100 mg oral</i> | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| <i>zidovudine syrup 50 mg/5ml oral</i> | Preferred | QL (60 ML per 1 day); Max 90-day supply per fill |
| <i>zidovudine tablet 300 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR (<i>cabotegravir</i>) | Preferred | QL (3 ML per 28 days); Max 56-day supply per fill |
| BIKTARVY TABLET 30-120-15 MG ORAL (<i>bictegravir-emtricitab-tenofov</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| BIKTARVY TABLET 50-200-25 MG ORAL (<i>bictegravir-emtricitab-tenofov</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR (<i>cabotegravir & rilpivirine</i>) | Preferred | QL (12 ML per 84 days); Max 90-day supply per fill |
| CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR (<i>cabotegravir & rilpivirine</i>) | Preferred | QL (6 ML per 28 days); Max 90-day supply per fill |
| CIMDUO TABLET 300-300 MG ORAL (<i>lamivudine-tenofovir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| COMPLERA TABLET 200-25-300 MG ORAL (<i>emtricitab-rilpivir-tenofovir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| DELSTRIGO TABLET 100-300-300 MG ORAL (<i>doravirin-lamivudin-tenofov df</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| DESCOVY TABLET 120-15 MG ORAL (<i>emtricitabine-tenofovir af</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| DESCOVY TABLET 200-25 MG ORAL (<i>emtricitabine-tenofovir af</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| DOVATO TABLET 50-300 MG ORAL (<i>dolutegravir-lamivudine</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| EDURANT TABLET 25 MG ORAL (<i>rilpivirine hcl</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| EMTRIVA CAPSULE 200 MG ORAL (<i>emtricitabine</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| EMTRIVA SOLUTION 10 MG/ML ORAL (<i>emtricitabine</i>) | Preferred | QL (24 ML per 1 day); Max 90-day supply per fill |
| EPIVIR SOLUTION 10 MG/ML ORAL (<i>lamivudine</i>) | Preferred | QL (30 ML per 1 day); Max 90-day supply per fill |
| EVOTAZ TABLET 300-150 MG ORAL (<i>atazanavir-cobicistat</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS (<i>enfuvirtide</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| GENVOYA TABLET 150-150-200-10 MG ORAL (<i>elviteg-cobic-emtricit-tenofaf</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| INTELENCE TABLET 100 MG ORAL (<i>etravirine</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| INTELENCE TABLET 200 MG ORAL (<i>etravirine</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| INTELENCE TABLET 25 MG ORAL (<i>etravirine</i>) | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| ISENTRESS HD TABLET 600 MG ORAL (<i>raltegravir potassium</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| ISENTRESS PACKET 100 MG ORAL (<i>raltegravir potassium</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| ISENTRESS TABLET 400 MG ORAL (<i>raltegravir potassium</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| ISENTRESS TABLET CHEWABLE 100 MG ORAL (<i>raltegravir potassium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| ISENTRESS TABLET CHEWABLE 25 MG ORAL (<i>raltegravir potassium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| JULUCA TABLET 50-25 MG ORAL (<i>dolutegravir-rilpivirine</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| LEXIVA TABLET 700 MG ORAL (<i>fosamprenavir calcium</i>) | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| NORVIR PACKET 100 MG ORAL (<i>ritonavir</i>) | Preferred | QL (12 EA per 1 day); Max 90-day supply per fill |
| ODEFSEY TABLET 200-25-25 MG ORAL (<i>emtricitab-rilpivir-tenofovir af</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| PIFELTRO TABLET 100 MG ORAL (<i>doravirine</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| PREZCOBIX TABLET 800-150 MG ORAL (<i>darunavir-cobicistat</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| PREZISTA SUSPENSION 100 MG/ML ORAL (<i>darunavir</i>) | Preferred | QL (12 ML per 1 day); Max 90-day supply per fill |
| PREZISTA TABLET 150 MG ORAL (<i>darunavir</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| PREZISTA TABLET 600 MG ORAL (<i>darunavir</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| PREZISTA TABLET 75 MG ORAL (<i>darunavir</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| PREZISTA TABLET 800 MG ORAL (<i>darunavir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| RETROVIR CAPSULE 100 MG ORAL (<i>zidovudine</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| REYATAZ PACKET 50 MG ORAL (<i>atazanavir sulfate</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL (<i>fostemsavir tromethamine</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| SELZENTRY SOLUTION 20 MG/ML ORAL (<i>maraviroc</i>) | Preferred | QL (30 ML per 1 day); Max 90-day supply per fill |
| SELZENTRY TABLET 150 MG ORAL (<i>maraviroc</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| SELZENTRY TABLET 25 MG ORAL (<i>maraviroc</i>) | Preferred | QL (8 EA per 1 day); Max 90-day supply per fill |
| SELZENTRY TABLET 300 MG ORAL (<i>maraviroc</i>) | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |
| SELZENTRY TABLET 75 MG ORAL (<i>maraviroc</i>) | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| STRIBILD TABLET 150-150-200-300 MG ORAL (<i>elviteg-cobic-emtricit-tenofovir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS (<i>lenacapavir sodium</i>) | Preferred | AGE (Min 18 Years) |
| SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL (<i>lenacapavir sodium</i>) | Preferred | AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL (<i>lenacapavir sodium</i>) | Preferred | AGE (Min 18 Years) |
| SYMFI LO TABLET 400-300-300 MG ORAL (<i>efavirenz-lamivudine-tenofovir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| SYMFI TABLET 600-300-300 MG ORAL (<i>efavirenz-lamivudine-tenofovir</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| SYMTUZA TABLET 800-150-200-10 MG ORAL (<i>darun-cobic-emtricit-tenofaf</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TIVICAY PD TABLET SOLUBLE 5 MG ORAL (<i>dolutegravir sodium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| TIVICAY TABLET 10 MG ORAL (<i>dolutegravir sodium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| TIVICAY TABLET 25 MG ORAL (<i>dolutegravir sodium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| TIVICAY TABLET 50 MG ORAL (<i>dolutegravir sodium</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| TRIUMEQ PD TABLET SOLUBLE 60-5-30 MG ORAL (<i>abacavir-dolutegravir-lamivud</i>) | Preferred | QL (6 EA per 1 day); Max 90-day supply per fill |
| TRIUMEQ TABLET 600-50-300 MG ORAL (<i>abacavir-dolutegravir-lamivud</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TRUVADA TABLET 100-150 MG ORAL (<i>emtricitabine-tenofovir df</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TRUVADA TABLET 133-200 MG ORAL (<i>emtricitabine-tenofovir df</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TRUVADA TABLET 167-250 MG ORAL (<i>emtricitabine-tenofovir df</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TRUVADA TABLET 200-300 MG ORAL (<i>emtricitabine-tenofovir df</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| TYBOST TABLET 150 MG ORAL (<i>cobicistat</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| VIREAD POWDER 40 MG/GM ORAL (<i>tenofovir disoproxil fumarate</i>) | Preferred | QL (1 GM per 1 day); Max 90-day supply per fill |
| ZIAGEN SOLUTION 20 MG/ML ORAL (<i>abacavir sulfate</i>) | Preferred | QL (30 ML per 1 day); Max 90-day supply per fill |
| <i>darunavir tablet 600 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>darunavir tablet 600 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>darunavir tablet 800 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>darunavir tablet 800 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>didanosine capsule delayed release 250 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>didanosine capsule delayed release 400 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>efavirenz capsule 200 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>efavirenz capsule 50 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>stavudine capsule 40 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| APTIVUS CAPSULE 250 MG ORAL (<i>tipranavir</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| ATRIPLA TABLET 600-200-300 MG ORAL (<i>efavirenz-emtricitab-tenofo df</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| COMBIVIR TABLET 150-300 MG ORAL (<i>lamivudine-zidovudine</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| EPIVIR TABLET 150 MG ORAL (<i>lamivudine</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| EPIVIR TABLET 300 MG ORAL (<i>lamivudine</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| EPZICOM TABLET 600-300 MG ORAL (<i>abacavir sulfate-lamivudine</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| KALETRA SOLUTION 400-100 MG/5ML ORAL (<i>lopinavir-ritonavir</i>) | Non Preferred | PA; QL (10 ML per 1 day) |
| KALETRA TABLET 100-25 MG ORAL (<i>lopinavir-ritonavir</i>) | Non Preferred | PA; QL (10 EA per 1 day) |
| KALETRA TABLET 200-50 MG ORAL (<i>lopinavir-ritonavir</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| LEXIVA SUSPENSION 50 MG/ML ORAL (<i>fosamprenavir calcium</i>) | Non Preferred | PA; QL (56 ML per 1 day) |
| NORVIR TABLET 100 MG ORAL (<i>ritonavir</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| RETROVIR SYRUP 50 MG/5ML ORAL (<i>zidovudine</i>) | Non Preferred | PA; QL (60 ML per 1 day) |
| REYATAZ CAPSULE 200 MG ORAL (<i>atazanavir sulfate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| REYATAZ CAPSULE 300 MG ORAL (<i>atazanavir sulfate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| TRIZIVIR TABLET 300-150-300 MG ORAL (<i>abacavir-lamivudine-zidovudine</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS (<i>ibalizumab-uiyk</i>) | Non Preferred | PA |
| VIRACEPT TABLET 250 MG ORAL (<i>nelfinavir mesylate</i>) | Non Preferred | PA; QL (10 EA per 1 day) |
| VIRACEPT TABLET 625 MG ORAL (<i>nelfinavir mesylate</i>) | Non Preferred | PA; QL (4 EA per 1 day) |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| VIREAD TABLET 150 MG ORAL (<i>tenofovir disoproxil fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| VIREAD TABLET 200 MG ORAL (<i>tenofovir disoproxil fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| VIREAD TABLET 250 MG ORAL (<i>tenofovir disoproxil fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| VIREAD TABLET 300 MG ORAL (<i>tenofovir disoproxil fumarate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| ZIAGEN TABLET 300 MG ORAL (<i>abacavir sulfate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| IMMUNOMODULATORS ATOPIC DERMATITIS [CLOSED CLASS] | | |
| <i>tacrolimus ointment 0.03 % external</i> | Preferred | PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years) |
| <i>tacrolimus ointment 0.1 % external</i> | Preferred | PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 16 Years) |
| ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS (<i>tralokinumab-ldrm</i>) | Preferred | PA; QL (4 ML per 28 days); AGE (Min 18 Years) |
| DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS (<i>dupilumab</i>) | Preferred | PA (Eligible for auto-PA approval) |
| DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS (<i>dupilumab</i>) | Preferred | PA (Eligible for auto-PA approval) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS (<i>dupilumab</i>) | Preferred | PA |
| DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS (<i>dupilumab</i>) | Preferred | PA (Eligible for auto-PA approval) |
| DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS (<i>dupilumab</i>) | Preferred | PA (Eligible for auto-PA approval) |
| ELIDEL CREAM 1 % EXTERNAL (<i>pimecrolimus</i>) | Preferred | PA (Eligible for auto-PA approval); QL (30 GM per 30 days); AGE (Min 2 Years) |
| EUCRISA OINTMENT 2 % EXTERNAL (<i>crisaborole</i>) | Preferred | PA (Eligible for auto-PA approval); QL (300 GM per 365 days); AGE (Min 3 months) |
| <i>pimecrolimus cream 1 % external</i> | Non Preferred | PA; QL (30 GM per 30 days); AGE (Min 2 Years) |
| OPZELURA CREAM 1.5 % EXTERNAL (<i>ruxolitinib phosphate</i>) | Non Preferred | PA; QL (240 GM per 30 days); AGE (Min 12 Years) |
| PROTOPIC OINTMENT 0.03 % EXTERNAL (<i>tacrolimus</i>) | Non Preferred | PA; QL (30 GM per 30 days); AGE (Min 2 Years) |
| PROTOPIC OINTMENT 0.1 % EXTERNAL (<i>tacrolimus</i>) | Non Preferred | PA; QL (30 GM per 30 days); AGE (Min 16 Years) |
| ZORYVE FOAM 0.3 % EXTERNAL (<i>roflumilast (antiseborrheic)</i>) | Non Preferred | PA; AGE (Min 6 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| INFLUENZA [OPEN CLASS] | | |
| <i>oseltamivir phosphate capsule 30 mg oral</i> | Preferred | |
| <i>oseltamivir phosphate capsule 45 mg oral</i> | Preferred | |
| <i>oseltamivir phosphate capsule 75 mg oral</i> | Preferred | |
| <i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i> | Preferred | |
| <i>rimantadine hcl tablet 100 mg oral</i> | Non Preferred | PA |
| FLUMADINE TABLET 100 MG ORAL (<i>rimantadine hcl</i>) | Non Preferred | PA |
| RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION (<i>zanamivir</i>) | Non Preferred | PA |
| TAMIFLU CAPSULE 30 MG ORAL (<i>oseltamivir phosphate</i>) | Non Preferred | PA |
| TAMIFLU CAPSULE 45 MG ORAL (<i>oseltamivir phosphate</i>) | Non Preferred | PA |
| TAMIFLU CAPSULE 75 MG ORAL (<i>oseltamivir phosphate</i>) | Non Preferred | PA |
| TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL (<i>oseltamivir phosphate</i>) | Non Preferred | PA |
| XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL (<i>baloxavir marboxil</i>) | Non Preferred | PA |
| XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL (<i>baloxavir marboxil</i>) | Non Preferred | PA |
| INHALED CORTICOSTEROIDS: COMBINATIONS [CLOSED CLASS] | | |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Preferred | Max 90-day supply per fill |
| DULERA AEROSOL 100-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>) | Preferred | Max 90-day supply per fill |
| DULERA AEROSOL 200-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>) | Preferred | Max 90-day supply per fill |
| DULERA AEROSOL 50-5 MCG/ACT INHALATION (<i>mometasone furo-formoterol fum</i>) | Preferred | Max 90-day supply per fill |
| SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION (<i>budesonide-formoterol fumarate</i>) | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION (<i>budesonide-formoterol fumarate</i>) | Preferred | Max 90-day supply per fill |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin- vilant</i>) | Preferred | Max 90-day supply per fill |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION (<i>fluticasone-umeclidin- vilant</i>) | Preferred | |
| <i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i> | Non Preferred | PA |
| <i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol 115-21 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol 230-21 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol 45-21 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i> | Non Preferred | PA |
| <i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i> | Non Preferred | PA |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION (<i>fluticasone- salmeterol(sensor)</i>) | Non Preferred | PA |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION (<i>fluticasone- salmeterol(sensor)</i>) | Non Preferred | PA |
| AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol(sensor)</i>) | Non Preferred | PA |
| AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION (<i>fluticasone- salmeterol</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Non Preferred | PA |
| AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION (<i>fluticasone-salmeterol</i>) | Non Preferred | PA |
| AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION (<i>albuterol-budesonide</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (<i>fluticasone furoate-vilanterol</i>) | Non Preferred | PA |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (<i>fluticasone furoate-vilanterol</i>) | Non Preferred | PA |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION (<i>fluticasone furoate-vilanterol</i>) | Non Preferred | PA |
| <i>budesonide-formoterol fumarate</i> (Breyna Aerosol 160-4.5 Mcg/Act Inhalation) | Non Preferred | PA |
| <i>budesonide-formoterol fumarate</i> (Breyna Aerosol 80-4.5 Mcg/Act Inhalation) | Non Preferred | PA |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION (<i>budeson-glycopyrrol-formoterol</i>) | Non Preferred | PA |
| <i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 100-50 Mcg/Act Inhalation) | Non Preferred | PA |
| <i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 250-50 Mcg/Act Inhalation) | Non Preferred | PA |
| <i>fluticasone-salmeterol</i> (Wixela Inhub Aerosol Powder Breath Activated 500-50 Mcg/Act Inhalation) | Non Preferred | PA |
| INHALED CORTICOSTEROIDS: MDIS [CLOSED CLASS] | | |
| <i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i> | Preferred | Max 90-day supply per fill |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION (<i>fluticasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION (<i>fluticasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>fluticasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Preferred | Max 90-day supply per fill |
| ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION (<i>fluticasone propionate (inhal)</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>) | Preferred | Max 90-day supply per fill |
| FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION (<i>fluticasone propionate hfa</i>) | Preferred | Max 90-day supply per fill |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION (<i>budesonide</i>) | Preferred | Max 90-day supply per fill |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION (<i>budesonide</i>) | Preferred | Max 90-day supply per fill |
| ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION (<i>ciclesonide</i>) | Non Preferred | PA |
| ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION (<i>ciclesonide</i>) | Non Preferred | PA |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>) | Non Preferred | PA |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>) | Non Preferred | PA |
| ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION (<i>fluticasone propionate(sensor)</i>) | Non Preferred | PA |
| ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Non Preferred | PA |
| ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Non Preferred | PA |
| ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION (<i>mometasone furoate</i>) | Non Preferred | PA |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION (<i>beclomethasone diprop hfa</i>) | Non Preferred | PA |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION (<i>beclomethasone diprop hfa</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| INHALED CORTICOSTEROIDS: NEBULIZER SOLUTION [CLOSED CLASS] | | |
| <i>budesonide suspension 0.25 mg/2ml inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>budesonide suspension 0.5 mg/2ml inhalation</i> | Preferred | Max 90-day supply per fill |
| <i>budesonide suspension 1 mg/2ml inhalation</i> | Preferred | Max 90-day supply per fill |
| PULMICORT SUSPENSION 0.25 MG/2ML INHALATION (<i>budesonide</i>) | Non Preferred | PA |
| PULMICORT SUSPENSION 0.5 MG/2ML INHALATION (<i>budesonide</i>) | Non Preferred | PA |
| PULMICORT SUSPENSION 1 MG/2ML INHALATION (<i>budesonide</i>) | Non Preferred | PA |
| INSULINS: INSULIN MIX [OPEN CLASS] | | |
| <i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>) | Preferred | |
| HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Preferred | OTC; Max 90-day supply per fill |
| HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Preferred | OTC; Max 90-day supply per fill |
| <i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous</i> | Non Preferred | PA |
| HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro prot & lispro</i>) | Non Preferred | PA |
| NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Non Preferred | OTC; PA |
| NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Non Preferred | OTC; PA |
| NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Non Preferred | OTC; PA |
| NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph isophane & regular</i>) | Non Preferred | OTC; PA |
| NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>) | Non Preferred | PA |
| NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>) | Non Preferred | PA |
| NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart prot & aspart</i>) | Non Preferred | PA |
| INSULINS: INSULIN N [OPEN CLASS] | | |
| HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>) | Preferred | OTC; Max 90-day supply per fill |
| HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>) | Preferred | OTC; Max 90-day supply per fill |
| NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>) | Non Preferred | OTC; PA |
| NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (<i>insulin nph human (isophane)</i>) | Non Preferred | OTC; PA |
| NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>) | Non Preferred | OTC; PA |
| NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (<i>insulin nph human (isophane)</i>) | Non Preferred | OTC; PA |
| INSULINS: INSULIN R [OPEN CLASS] | | |
| HUMULIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>) | Preferred | OTC; Max 90-day supply per fill |
| NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (<i>insulin regular human</i>) | Non Preferred | OTC; PA |
| NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (<i>insulin regular human</i>) | Non Preferred | OTC; PA |
| NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>) | Non Preferred | OTC; PA |
| NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>) | Non Preferred | OTC; PA |
| INSULINS: LONG-ACTING [OPEN CLASS] | | |
| <i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin glargine solution 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i> | Preferred | |
| <i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i> | Preferred | |
| BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Preferred | Max 90-day supply per fill |
| LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Preferred | Max 90-day supply per fill |
| LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>) | Preferred | Max 90-day supply per fill |
| LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>) | Preferred | Max 90-day supply per fill |
| LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin detemir</i>) | Preferred | Max 90-day supply per fill |
| REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-aglr</i>) | Preferred | |
| <i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i> | Non Preferred | PA |
| <i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i> | Non Preferred | PA |
| <i>insulin degludec solution 100 unit/ml subcutaneous</i> | Non Preferred | PA |
| BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Non Preferred | PA |
| SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-yfgn</i>) | Non Preferred | PA |
| SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine-yfgn</i>) | Non Preferred | PA |
| TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Non Preferred | PA |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>) | Non Preferred | PA |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>) | Non Preferred | PA |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>) | Non Preferred | PA |
| TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin degludec</i>) | Non Preferred | PA |
| INSULINS: RAPID-ACTING [OPEN CLASS] | | |
| <i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin aspart solution 100 unit/ml injection</i> | Preferred | Max 90-day supply per fill |
| <i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous</i> | Preferred | Max 90-day supply per fill |
| <i>insulin lispro solution 100 unit/ml injection</i> | Preferred | Max 90-day supply per fill |
| ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |
| ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMALOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Preferred | Max 90-day supply per fill |
| HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS (<i>insulin regular human</i>) | Preferred | Max 90-day supply per fill |
| HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS (<i>insulin regular human</i>) | Preferred | Max 90-day supply per fill |
| NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>) | Preferred | Max 90-day supply per fill |
| NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>) | Preferred | Max 90-day supply per fill |
| NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart</i>) | Preferred | Max 90-day supply per fill |
| NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart</i>) | Preferred | Max 90-day supply per fill |
| NOVOLOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart</i>) | Preferred | Max 90-day supply per fill |
| AFREZZA POWDER 12 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| AFREZZA POWDER 4 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| AFREZZA POWDER 60X4 & 60X8 & 60X12 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| AFREZZA POWDER 8 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION (<i>insulin regular human</i>) | Non Preferred | PA |
| APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glulisine</i>) | Non Preferred | PA |
| APIDRA SOLUTION 100 UNIT/ML INJECTION (<i>insulin glulisine</i>) | Non Preferred | PA |
| FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart (w/niacinamide)</i>) | Non Preferred | PA |
| FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (<i>insulin aspart (w/niacinamide)</i>) | Non Preferred | PA |
| FIASP SOLUTION 100 UNIT/ML INJECTION (<i>insulin aspart (w/niacinamide)</i>) | Non Preferred | PA |
| HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Non Preferred | PA |
| HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>) | Non Preferred | PA |
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>) | Non Preferred | PA |
| LYUMJEV SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro-aabc</i>) | Non Preferred | PA |
| LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro-aabc</i>) | Non Preferred | PA |
| INTRANASAL ANTIHISTAMINES [OPEN CLASS] | | |
| <i>azelastine hcl solution 0.1 % nasal</i> | Preferred | |
| <i>azelastine hcl solution 137 mcg/spray nasal</i> | Preferred | |
| <i>azelastine hcl solution 0.15 % nasal</i> | Non Preferred | PA |
| <i>olopatadine hcl solution 0.6 % nasal</i> | Non Preferred | PA |
| PATANASE SOLUTION 0.6 % NASAL (<i>olopatadine hcl</i>) | Non Preferred | PA |
| RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL (<i>olopatadine-mometasone</i>) | Non Preferred | PA; AGE (Min 6 Years) |
| LEUKOTRIENE RECEPTOR ANTAGONISTS [OPEN CLASS] | | |
| <i>montelukast sodium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>montelukast sodium tablet chewable 4 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>montelukast sodium tablet chewable 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>montelukast sodium packet 4 mg oral</i> | Non Preferred | PA |
| <i>zafirlukast tablet 10 mg oral</i> | Non Preferred | PA |
| <i>zafirlukast tablet 20 mg oral</i> | Non Preferred | PA |
| <i>zileuton er tablet extended release 12 hour 600 mg oral</i> | Non Preferred | PA |
| ACCOLATE TABLET 10 MG ORAL (<i>zafirlukast</i>) | Non Preferred | PA |
| ACCOLATE TABLET 20 MG ORAL (<i>zafirlukast</i>) | Non Preferred | PA |
| SINGULAIR PACKET 4 MG ORAL (<i>montelukast sodium</i>) | Non Preferred | PA |
| SINGULAIR TABLET 10 MG ORAL (<i>montelukast sodium</i>) | Non Preferred | PA |
| SINGULAIR TABLET CHEWABLE 4 MG ORAL (<i>montelukast sodium</i>) | Non Preferred | PA |
| SINGULAIR TABLET CHEWABLE 5 MG ORAL (<i>montelukast sodium</i>) | Non Preferred | PA |
| ZYFLO TABLET 600 MG ORAL (<i>zileuton</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| LIPOTROPICS: BILE ACID SEQUESTRANTS [OPEN CLASS] | | |
| <i>cholestyramine light packet 4 gm oral</i> | Preferred | Max 90-day supply per fill |
| <i>cholestyramine light powder 4 gm/dose oral</i> | Preferred | Max 90-day supply per fill |
| <i>cholestyramine packet 4 gm oral</i> | Preferred | Max 90-day supply per fill |
| <i>cholestyramine powder 4 gm/dose oral</i> | Preferred | Max 90-day supply per fill |
| <i>colestipol hcl tablet 1 gm oral</i> | Preferred | Max 90-day supply per fill |
| <i>cholestyramine light (Prevalite Packet 4 Gm Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>cholestyramine light (Prevalite Powder 4 Gm/Dose Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>colesevelam hcl packet 3.75 gm oral</i> | Non Preferred | PA |
| <i>colesevelam hcl tablet 625 mg oral</i> | Non Preferred | PA |
| <i>colestipol hcl granules 5 gm oral</i> | Non Preferred | PA |
| <i>colestipol hcl packet 5 gm oral</i> | Non Preferred | PA |
| COLESTID FLAVORED GRANULES 5 GM ORAL (<i>colestipol hcl</i>) | Non Preferred | PA |
| COLESTID FLAVORED PACKET 5 GM ORAL (<i>colestipol hcl</i>) | Non Preferred | PA |
| COLESTID GRANULES 5 GM ORAL (<i>colestipol hcl</i>) | Non Preferred | PA |
| COLESTID PACKET 5 GM ORAL (<i>colestipol hcl</i>) | Non Preferred | PA |
| COLESTID TABLET 1 GM ORAL (<i>colestipol hcl</i>) | Non Preferred | PA |
| QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL (<i>cholestyramine light</i>) | Non Preferred | PA |
| QUESTRAN PACKET 4 GM ORAL (<i>cholestyramine</i>) | Non Preferred | PA |
| QUESTRAN POWDER 4 GM/DOSE ORAL (<i>cholestyramine</i>) | Non Preferred | PA |
| WELCHOL PACKET 3.75 GM ORAL (<i>colesevelam hcl</i>) | Non Preferred | PA |
| WELCHOL TABLET 625 MG ORAL (<i>colesevelam hcl</i>) | Non Preferred | PA |
| LIPOTROPICS: CHOLESTEROL ABSORPTION INHIBITORS (CAI) AND/OR ADENOSINE TRIPHOSPHATE CITRATE LYASE (ACL) INHIBITORS [OPEN CLASS] | | |
| <i>ezetimibe tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| NEXLETOL TABLET 180 MG ORAL (<i>bempedoic acid</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NEXLIZET TABLET 180-10 MG ORAL (<i>bempedoic acid-ezetimibe</i>) | Non Preferred | PA; AGE (Min 18 Years) |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| ZETIA TABLET 10 MG ORAL (ezetimibe) | Non Preferred | PA |
| LIPOTROPICS: FIBRIC ACID DERIVATIVES [OPEN CLASS] | | |
| <i>fenofibrate tablet 145 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fenofibrate tablet 48 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>gemfibrozil tablet 600 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>fenofibrate capsule 134 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate capsule 150 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate capsule 200 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate capsule 50 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate capsule 67 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 130 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 134 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 200 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 43 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 67 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate micronized capsule 90 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate tablet 120 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate tablet 160 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate tablet 40 mg oral</i> | Non Preferred | PA |
| <i>fenofibrate tablet 54 mg oral</i> | Non Preferred | PA |
| <i>fenofibric acid capsule delayed release 135 mg oral</i> | Non Preferred | PA |
| <i>fenofibric acid capsule delayed release 45 mg oral</i> | Non Preferred | PA |
| <i>fenofibric acid tablet 105 mg oral</i> | Non Preferred | PA |
| <i>fenofibric acid tablet 35 mg oral</i> | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| FENOGLIDE TABLET 120 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| FENOGLIDE TABLET 40 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| LIPOFEN CAPSULE 150 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| LIPOFEN CAPSULE 50 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| LOPID TABLET 600 MG ORAL (<i>gemfibrozil</i>) | Non Preferred | PA |
| TRICOR TABLET 145 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| TRICOR TABLET 48 MG ORAL (<i>fenofibrate</i>) | Non Preferred | PA |
| TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL (<i>choline fenofibrate</i>) | Non Preferred | PA |
| TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL (<i>choline fenofibrate</i>) | Non Preferred | PA |
| LIPOTROPICS: JUXTAPID [OPEN CLASS] | | |
| JUXTAPID CAPSULE 10 MG ORAL (<i>lomitapide mesylate</i>) | Non Preferred | PA |
| JUXTAPID CAPSULE 20 MG ORAL (<i>lomitapide mesylate</i>) | Non Preferred | PA |
| JUXTAPID CAPSULE 30 MG ORAL (<i>lomitapide mesylate</i>) | Non Preferred | PA |
| JUXTAPID CAPSULE 5 MG ORAL (<i>lomitapide mesylate</i>) | Non Preferred | PA |
| LIPOTROPICS: NIACIN DERIVATIVES [OPEN CLASS] | | |
| <i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i> | Preferred | |
| <i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i> | Preferred | |
| <i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i> | Preferred | |
| LIPOTROPICS: OMEGA 3 FATTY ACID AGENTS [OPEN CLASS] | | |
| <i>omega-3-acid ethyl esters capsule 1 gm oral</i> | Preferred | |
| VASCEPA CAPSULE 0.5 GM ORAL (<i>icosapent ethyl</i>) | Preferred | PA; AGE (Min 18 Years) |
| VASCEPA CAPSULE 1 GM ORAL (<i>icosapent ethyl</i>) | Preferred | PA; AGE (Min 18 Years) |
| <i>icosapent ethyl capsule 0.5 gm oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>icosapent ethyl capsule 1 gm oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| LOVAZA CAPSULE 1 GM ORAL (<i>omega-3-acid ethyl esters</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| LIPOTROPICS: PCSK9 [OPEN CLASS] | | |
| LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS (<i>inclisiran sodium</i>) | Non Preferred | PA |
| PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS (<i>alirocumab</i>) | Non Preferred | PA |
| PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS (<i>alirocumab</i>) | Non Preferred | PA |
| REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS (<i>evolocumab</i>) | Non Preferred | PA |
| REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS (<i>evolocumab</i>) | Non Preferred | PA |
| REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS (<i>evolocumab</i>) | Non Preferred | PA |
| LIPOTROPICS: STATINS [OPEN CLASS] | | |
| <i>atorvastatin calcium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atorvastatin calcium tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atorvastatin calcium tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>atorvastatin calcium tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lovastatin tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lovastatin tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>lovastatin tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pravastatin sodium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pravastatin sodium tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pravastatin sodium tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pravastatin sodium tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>rosuvastatin calcium tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>rosuvastatin calcium tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>rosuvastatin calcium tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>rosuvastatin calcium tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>simvastatin tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>simvastatin tablet 20 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>simvastatin tablet 40 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>simvastatin tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>simvastatin tablet 80 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>amlodipine-atorvastatin tablet 10-10 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 10-20 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 10-40 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 10-80 mg oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>amlodipine-atorvastatin tablet 2.5-10 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 2.5-20 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 2.5-40 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 5-10 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 5-20 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 5-40 mg oral</i> | Non Preferred | PA |
| <i>amlodipine-atorvastatin tablet 5-80 mg oral</i> | Non Preferred | PA |
| <i>ezetimibe-simvastatin tablet 10-10 mg oral</i> | Non Preferred | PA |
| <i>ezetimibe-simvastatin tablet 10-20 mg oral</i> | Non Preferred | PA |
| <i>ezetimibe-simvastatin tablet 10-40 mg oral</i> | Non Preferred | PA |
| <i>ezetimibe-simvastatin tablet 10-80 mg oral</i> | Non Preferred | PA |
| <i>fluvastatin sodium capsule 20 mg oral</i> | Non Preferred | PA |
| <i>fluvastatin sodium capsule 40 mg oral</i> | Non Preferred | PA |
| <i>fluvastatin sodium er tablet extended release 24 hour 80 mg oral</i> | Non Preferred | PA |
| <i>pitavastatin calcium tablet 1 mg oral</i> | Non Preferred | PA |
| <i>pitavastatin calcium tablet 2 mg oral</i> | Non Preferred | PA |
| <i>pitavastatin calcium tablet 4 mg oral</i> | Non Preferred | PA |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>lovastatin</i>) | Non Preferred | PA |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>lovastatin</i>) | Non Preferred | PA |
| ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>lovastatin</i>) | Non Preferred | PA |
| ATORVALIQ SUSPENSION 20 MG/5ML ORAL (<i>atorvastatin calcium</i>) | Non Preferred | PA |
| CADUET TABLET 10-10 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 10-20 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| CADUET TABLET 10-40 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 10-80 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 5-10 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 5-20 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 5-40 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CADUET TABLET 5-80 MG ORAL (<i>amlodipine-atorvastatin</i>) | Non Preferred | PA |
| CRESTOR TABLET 10 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| CRESTOR TABLET 20 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| CRESTOR TABLET 5 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL (<i>rosuvastatin calcium</i>) | Non Preferred | PA |
| LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>fluvastatin sodium</i>) | Non Preferred | PA |
| LIPITOR TABLET 10 MG ORAL (<i>atorvastatin calcium</i>) | Non Preferred | PA |
| LIPITOR TABLET 20 MG ORAL (<i>atorvastatin calcium</i>) | Non Preferred | PA |
| LIPITOR TABLET 40 MG ORAL (<i>atorvastatin calcium</i>) | Non Preferred | PA |
| LIPITOR TABLET 80 MG ORAL (<i>atorvastatin calcium</i>) | Non Preferred | PA |
| LIVALO TABLET 1 MG ORAL (<i>pitavastatin calcium</i>) | Non Preferred | PA |
| LIVALO TABLET 2 MG ORAL (<i>pitavastatin calcium</i>) | Non Preferred | PA |
| LIVALO TABLET 4 MG ORAL (<i>pitavastatin calcium</i>) | Non Preferred | PA |
| VYTORIN TABLET 10-10 MG ORAL (<i>ezetimibe-simvastatin</i>) | Non Preferred | PA |
| VYTORIN TABLET 10-20 MG ORAL (<i>ezetimibe-simvastatin</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| VYTORIN TABLET 10-40 MG ORAL (<i>ezetimibe-simvastatin</i>) | Non Preferred | PA |
| VYTORIN TABLET 10-80 MG ORAL (<i>ezetimibe-simvastatin</i>) | Non Preferred | PA |
| ZOCOR TABLET 10 MG ORAL (<i>simvastatin</i>) | Non Preferred | PA |
| ZOCOR TABLET 20 MG ORAL (<i>simvastatin</i>) | Non Preferred | PA |
| ZOCOR TABLET 40 MG ORAL (<i>simvastatin</i>) | Non Preferred | PA |
| ZYPITAMAG TABLET 2 MG ORAL (<i>pitavastatin magnesium</i>) | Non Preferred | PA |
| ZYPITAMAG TABLET 4 MG ORAL (<i>pitavastatin magnesium</i>) | Non Preferred | PA |
| MACROLIDES: ORAL [OPEN CLASS] | | |
| <i>azithromycin packet 1 gm oral</i> | Preferred | |
| <i>azithromycin suspension reconstituted 100 mg/5ml oral</i> | Preferred | |
| <i>azithromycin suspension reconstituted 200 mg/5ml oral</i> | Preferred | |
| <i>azithromycin tablet 250 mg oral</i> | Preferred | |
| <i>azithromycin tablet 500 mg oral</i> | Preferred | |
| <i>azithromycin tablet 600 mg oral</i> | Preferred | |
| <i>clarithromycin suspension reconstituted 125 mg/5ml oral</i> | Preferred | |
| <i>clarithromycin suspension reconstituted 250 mg/5ml oral</i> | Preferred | |
| <i>clarithromycin tablet 250 mg oral</i> | Preferred | |
| <i>clarithromycin tablet 500 mg oral</i> | Preferred | |
| <i>erythromycin base capsule delayed release particles 250 mg oral</i> | Preferred | |
| <i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i> | Preferred | |
| <i>clarithromycin er tablet extended release 24 hour 500 mg oral</i> | Non Preferred | PA |
| <i>erythromycin base tablet 250 mg oral</i> | Non Preferred | PA |
| <i>erythromycin base tablet 500 mg oral</i> | Non Preferred | PA |
| <i>erythromycin base tablet delayed release 250 mg oral</i> | Non Preferred | PA |
| <i>erythromycin base tablet delayed release 333 mg oral</i> | Non Preferred | PA |
| <i>erythromycin base tablet delayed release 500 mg oral</i> | Non Preferred | PA |
| <i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i> | Non Preferred | PA |
| <i>erythromycin ethylsuccinate tablet 400 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>erythromycin tablet delayed release 250 mg oral</i> | Non Preferred | PA |
| <i>erythromycin tablet delayed release 333 mg oral</i> | Non Preferred | PA |
| <i>erythromycin tablet delayed release 500 mg oral</i> | Non Preferred | PA |
| E.E.S. 400 TABLET 400 MG ORAL (<i>erythromycin ethylsuccinate</i>) | Non Preferred | PA |
| E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>) | Non Preferred | PA |
| ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>) | Non Preferred | PA |
| ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL (<i>erythromycin ethylsuccinate</i>) | Non Preferred | PA |
| <i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 250 Mg Oral) | Non Preferred | PA |
| <i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 333 Mg Oral) | Non Preferred | PA |
| <i>erythromycin base</i> (Ery-Tab Tablet Delayed Release 500 Mg Oral) | Non Preferred | PA |
| ERYTHROCIN STEARATE TABLET 250 MG ORAL (<i>erythromycin stearate</i>) | Non Preferred | PA |
| ZITHROMAX PACKET 1 GM ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX TABLET 250 MG ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX TABLET 500 MG ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX TRI-PAK TABLET 500 MG ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| ZITHROMAX Z-PAK TABLET 250 MG ORAL (<i>azithromycin</i>) | Non Preferred | PA |
| MOVEMENT DISORDERS [CLOSED CLASS] | | |
| <i>tetrabenazine tablet 12.5 mg oral</i> | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>tetrabenazine tablet 25 mg oral</i> | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| AUSTEDO TABLET 12 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| AUSTEDO TABLET 6 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| AUSTEDO TABLET 9 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (42 EA per 365 days); AGE (Min 18 Years) |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 18 Years) |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL (<i>deutetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| INGREZZA CAPSULE 40 MG ORAL (<i>valbenazine tosylate</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years) |
| INGREZZA CAPSULE 60 MG ORAL (<i>valbenazine tosylate</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years) |
| INGREZZA CAPSULE 80 MG ORAL (<i>valbenazine tosylate</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years) |
| INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL (<i>valbenazine tosylate</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 18 Years) |
| XENAZINE TABLET 12.5 MG ORAL (<i>tetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| XENAZINE TABLET 25 MG ORAL (<i>tetrabenazine</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day); AGE (Min 18 Years) |
| MULTIPLE SCLEROSIS [CLOSED CLASS] | | |
| <i>dalfampridine er tablet extended release 12 hour 10 mg oral</i> | Preferred | PA |
| <i>dimethyl fumarate capsule delayed release 120 mg oral</i> | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| <i>dimethyl fumarate capsule delayed release 240 mg oral</i> | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| <i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i> | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| <i>fingolimod hcl capsule 0.5 mg oral</i> | Preferred | PA (Eligible for auto-PA approval); AGE (Min 10 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| <i> fingolimod hcl capsule 0.5 mg oral</i> | Preferred | PA (Eligible for auto-PA); AGE (Min 10 Years) |
| AUBAGIO TABLET 14 MG ORAL (<i>teriflunomide</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| AUBAGIO TABLET 7 MG ORAL (<i>teriflunomide</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR (<i>interferon beta-1a</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR (<i>interferon beta-1a</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| BETASERON KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (<i>glatiramer acetate</i>) | Preferred | PA (Eligible for auto-PA); AGE (Min 18 Years) |
| KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS (<i>ofatumumab</i>) | Preferred | PA (Eligible for auto-PA approval); AGE (Min 18 Years) |
| <i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i> | Non Preferred | PA |
| <i>teriflunomide tablet 14 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>teriflunomide tablet 7 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL (<i>dalfampridine</i>) | Non Preferred | PA |
| BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL (<i>monomethyl fumarate</i>) | Non Preferred | PA |
| COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (<i>glatiramer acetate</i>) | Non Preferred | PA |
| EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| GILENYA CAPSULE 0.25 MG ORAL (<i>fingolimod hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| GILENYA CAPSULE 0.5 MG ORAL (<i>fingolimod hcl</i>) | Non Preferred | PA; AGE (Min 10 Years) |
| <i>glatiramer acetate</i> (Glatopa Solution Prefilled Syringe 20 Mg/ML Subcutaneous) | Non Preferred | PA; AGE (Min 18 Years) |
| <i>glatiramer acetate</i> (Glatopa Solution Prefilled Syringe 40 Mg/ML Subcutaneous) | Non Preferred | PA |
| MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL (<i>cladribine</i>) | Non Preferred | PA |
| MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL (<i>siponimod fumarate</i>) | Non Preferred | PA |
| MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL (<i>siponimod fumarate</i>) | Non Preferred | PA |
| MAYZENT TABLET 0.25 MG ORAL (<i>siponimod fumarate</i>) | Non Preferred | PA |
| MAYZENT TABLET 1 MG ORAL (<i>siponimod fumarate</i>) | Non Preferred | PA |
| MAYZENT TABLET 2 MG ORAL (<i>siponimod fumarate</i>) | Non Preferred | PA |
| PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon beta-1a</i>) | Non Preferred | PA |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR (<i>peginterferon beta-1a</i>) | Non Preferred | PA |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon beta-1a</i>) | Non Preferred | PA |
| PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon beta-1a</i>) | Non Preferred | PA |
| PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS (<i>peginterferon beta-1a</i>) | Non Preferred | PA |
| PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL (<i>ponesimod</i>) | Non Preferred | PA |
| PONVORY TABLET 20 MG ORAL (<i>ponesimod</i>) | Non Preferred | PA |
| REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |
| REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |
| REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |
| REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |
| REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS (<i>interferon beta-1a</i>) | Non Preferred | PA |
| TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL (<i>fingolimod lauryl sulfate</i>) | Non Preferred | PA; AGE (Min 10 Years and Max 17 Years) |
| TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL (<i>fingolimod lauryl sulfate</i>) | Non Preferred | PA; AGE (Min 10 Years and Max 17 Years) |
| TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL (<i>dimethyl fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL (<i>dimethyl fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL (<i>dimethyl fumarate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL (<i>diroximel fumarate</i>) | Non Preferred | PA |
| ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL (<i>ozanimod hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZEPOSIA CAPSULE 0.92 MG ORAL (<i>ozanimod hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL (<i>ozanimod hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL (<i>ozanimod hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NASAL STEROIDS [OPEN CLASS] | | |
| <i>allergy relief suspension 50 mcg/act nasal</i> | Preferred | OTC |
| <i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i> | Preferred | OTC |
| <i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i> | Preferred | |
| <i>ft allergy relief 24 hr suspension 50 mcg/act nasal</i> | Preferred | |
| <i>gnp 24 hour nasal allergy aerosol 55 mcg/act nasal</i> | Preferred | OTC |
| <i>gnp fluticasone propionate suspension 50 mcg/act nasal</i> | Preferred | OTC |
| <i>goodsense 24-hr allergy nasal suspension 50 mcg/act nasal</i> | Preferred | OTC |
| <i>goodsense nasal allergy spray aerosol 55 mcg/act nasal</i> | Preferred | OTC |
| <i>hm 24 hour nasal allergy aerosol 55 mcg/act nasal</i> | Preferred | OTC |
| <i>hm allergy relief suspension 50 mcg/act nasal</i> | Preferred | OTC |
| <i>ipratropium bromide solution 0.03 % nasal</i> | Preferred | |
| <i>ipratropium bromide solution 0.06 % nasal</i> | Preferred | |
| <i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i> | Preferred | OTC |
| <i>sm allergy relief suspension 50 mcg/act nasal</i> | Preferred | OTC |
| <i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i> | Preferred | |
| <i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i> | Preferred | OTC |
| DYMISTA SUSPENSION 137-50 MCG/ACT NASAL (<i>azelastine-fluticasone</i>) | Preferred | AGE (Min 6 Years) |
| <i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i> | Non Preferred | PA; AGE (Min 6 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>budesonide suspension 32 mcg/act nasal (otc)</i> | Non Preferred | OTC; PA |
| <i>flunisolide solution 25 mcg/act (0.025%) nasal</i> | Non Preferred | PA |
| <i>gnp budesonide nasal spray suspension 32 mcg/act nasal</i> | Non Preferred | OTC; PA |
| <i>mometasone furoate suspension 50 mcg/act nasal (rx)</i> | Non Preferred | PA |
| BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL (<i>beclomethasone diprop monohyd</i>) | Non Preferred | PA |
| NASONEX 24HR SUSPENSION 50 MCG/ACT NASAL (<i>mometasone furoate</i>) | Non Preferred | OTC; PA |
| OMNARIS SUSPENSION 50 MCG/ACT NASAL (<i>ciclesonide</i>) | Non Preferred | PA |
| QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL (<i>beclomethasone diprop (nasal)</i>) | Non Preferred | PA |
| QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL (<i>beclomethasone diprop (nasal)</i>) | Non Preferred | PA |
| XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL (<i>fluticasone propionate</i>) | Non Preferred | PA |
| ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL (<i>ciclesonide</i>) | Non Preferred | PA |
| NEUROPATHIC PAIN [OPEN CLASS] | | |
| <i>arthritis pain relieving cream 0.075 % external</i> | Preferred | OTC |
| <i>capsaicin cream 0.025 % external</i> | Preferred | OTC |
| <i>capsaicin cream 0.075 % external</i> | Preferred | OTC |
| <i>capsaicin cream 0.1 % external</i> | Preferred | OTC |
| <i>capsaicin pain relief cream 0.1 % external</i> | Preferred | OTC |
| <i>duloxetine hcl capsule delayed release particles 20 mg oral</i> | Preferred | |
| <i>duloxetine hcl capsule delayed release particles 30 mg oral</i> | Preferred | |
| <i>duloxetine hcl capsule delayed release particles 60 mg oral</i> | Preferred | |
| <i>gabapentin capsule 100 mg oral</i> | Preferred | |
| <i>gabapentin capsule 300 mg oral</i> | Preferred | |
| <i>gabapentin capsule 400 mg oral</i> | Preferred | |
| <i>gabapentin solution 250 mg/5ml oral</i> | Preferred | |
| <i>gabapentin solution 300 mg/6ml oral</i> | Preferred | |
| <i>gabapentin tablet 600 mg oral</i> | Preferred | |
| <i>gabapentin tablet 800 mg oral</i> | Preferred | |
| <i>gnp capsaicin liquid 0.15 % external</i> | Preferred | OTC |
| <i>lidocaine patch 5 % external</i> | Preferred | QL (90 EA per 1 Fill) |
| <i>pregabalin capsule 100 mg oral</i> | Preferred | |
| <i>pregabalin capsule 150 mg oral</i> | Preferred | |
| <i>pregabalin capsule 200 mg oral</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>pregabalin capsule 225 mg oral</i> | Preferred | |
| <i>pregabalin capsule 25 mg oral</i> | Preferred | |
| <i>pregabalin capsule 300 mg oral</i> | Preferred | |
| <i>pregabalin capsule 50 mg oral</i> | Preferred | |
| <i>pregabalin capsule 75 mg oral</i> | Preferred | |
| <i>lidocaine (Lidocan Patch 5 % External)</i> | Preferred | QL (90 EA per 1 Fill) |
| <i>duloxetine hcl capsule delayed release particles 40 mg oral</i> | Non Preferred | PA |
| <i>gabapentin (once-daily) tablet 300 mg oral</i> | Non Preferred | PA |
| <i>gabapentin (once-daily) tablet 600 mg oral</i> | Non Preferred | PA |
| <i>pregabalin er tablet extended release 24 hour 165 mg oral</i> | Non Preferred | PA |
| <i>pregabalin er tablet extended release 24 hour 330 mg oral</i> | Non Preferred | PA |
| <i>pregabalin er tablet extended release 24 hour 82.5 mg oral</i> | Non Preferred | PA |
| <i>pregabalin solution 20 mg/ml oral</i> | Non Preferred | PA |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL (<i>duloxetine hcl</i>) | Non Preferred | PA |
| GRALISE TABLET 300 MG ORAL (<i>gabapentin (once-daily)</i>) | Non Preferred | PA |
| GRALISE TABLET 450 MG ORAL (<i>gabapentin (once-daily)</i>) | Non Preferred | PA |
| GRALISE TABLET 600 MG ORAL (<i>gabapentin (once-daily)</i>) | Non Preferred | PA |
| GRALISE TABLET 750 MG ORAL (<i>gabapentin (once-daily)</i>) | Non Preferred | PA |
| GRALISE TABLET 900 MG ORAL (<i>gabapentin (once-daily)</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL (<i>gabapentin enacarbil</i>) | Non Preferred | PA |
| HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL (<i>gabapentin enacarbil</i>) | Non Preferred | PA |
| <i>lidocaine</i> (Lidocan Patch 5 % External) | Non Preferred | PA; QL (90 EA per 1 Fill) |
| LIDODERM PATCH 5 % EXTERNAL (<i>lidocaine</i>) | Non Preferred | PA; QL (90 EA per 1 Fill) |
| LYRICA CAPSULE 100 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 150 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 200 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 225 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 25 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 300 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 50 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CAPSULE 75 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| LYRICA SOLUTION 20 MG/ML ORAL (<i>pregabalin</i>) | Non Preferred | PA |
| NEURONTIN CAPSULE 100 MG ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| NEURONTIN CAPSULE 300 MG ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| NEURONTIN CAPSULE 400 MG ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| NEURONTIN SOLUTION 250 MG/5ML ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| NEURONTIN TABLET 600 MG ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| NEURONTIN TABLET 800 MG ORAL (<i>gabapentin</i>) | Non Preferred | PA |
| QUTENZA (2 PATCH) KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| QUTENZA (4 PATCH) KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>) | Non Preferred | PA |
| QUTENZA KIT 8 % EXTERNAL (<i>capsaicin-cleansing gel</i>) | Non Preferred | PA |
| SAVELLA TABLET 100 MG ORAL (<i>milnacipran hcl</i>) | Non Preferred | PA |
| SAVELLA TABLET 12.5 MG ORAL (<i>milnacipran hcl</i>) | Non Preferred | PA |
| SAVELLA TABLET 25 MG ORAL (<i>milnacipran hcl</i>) | Non Preferred | PA |
| SAVELLA TABLET 50 MG ORAL (<i>milnacipran hcl</i>) | Non Preferred | PA |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL (<i>milnacipran hcl</i>) | Non Preferred | PA |
| XYLIDERM KIT 5 % EXTERNAL (<i>lidocaine-adhesive sheets</i>) | Non Preferred | PA |
| ZTLIDO PATCH 1.8 % EXTERNAL (<i>lidocaine</i>) | Non Preferred | PA |
| NON-ERGOT DOPAMINE RECEPTOR AGONISTS [OPEN CLASS] | | |
| <i>pramipexole dihydrochloride tablet 0.125 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride tablet 0.25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride tablet 0.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride tablet 0.75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride tablet 1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride tablet 1.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i> | Preferred | |
| <i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i> | Preferred | |
| <i>ropinirole hcl tablet 0.25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 0.5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 3 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 4 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ropinirole hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i> | Non Preferred | PA |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i> | Non Preferred | PA |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i> | Non Preferred | PA |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---------------------------------|
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i> | Non Preferred | PA |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i> | Non Preferred | PA |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i> | Non Preferred | PA |
| <i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i> | Non Preferred | PA |
| <i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i> | Non Preferred | PA |
| <i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i> | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL (<i>pramipexole dihydrochloride</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL (<i>rotigotine</i>) | Non Preferred | PA |
| NSAIDS [OPEN CLASS] | | |
| <i>all day pain relief tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>all day relief tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>arthritis pain reliever gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>celecoxib capsule 100 mg oral</i> | Preferred | |
| <i>celecoxib capsule 200 mg oral</i> | Preferred | |
| <i>childrens ibuprofen suspension 100 mg/5ml oral</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| <i>diclofenac epolamine patch 1.3 % external</i> | Preferred | QL (30 EA per 1 Fill) |
| <i>diclofenac sodium gel 1 % external (otc)</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>diclofenac sodium gel 1 % external (rx)</i> | Preferred | Max 90-day supply per fill |
| <i>diclofenac sodium tablet delayed release 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diclofenac sodium tablet delayed release 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diclofenac sodium tablet delayed release 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>diflunisal tablet 500 mg oral</i> | Preferred | |
| <i>ec-naproxen tablet delayed release 375 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ec-naproxen tablet delayed release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>etodolac capsule 200 mg oral</i> | Preferred | |
| <i>etodolac capsule 300 mg oral</i> | Preferred | |
| <i>etodolac tablet 400 mg oral</i> | Preferred | |
| <i>etodolac tablet 500 mg oral</i> | Preferred | |
| <i>flurbiprofen tablet 100 mg oral</i> | Preferred | |
| <i>ft all day pain relief tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft arthritis pain gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft ibuprofen capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft ibuprofen childrens suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>ft ibuprofen ib childrens tablet chewable 100 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft ibuprofen minis capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft naproxen sodium capsule 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp arthritis pain gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp childrens ibuprofen suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>gnp diclofenac sodium gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp ibuprofen capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp ibuprofen childrens tablet chewable 100 mg oral</i> | Preferred | OTC |
| <i>gnp ibuprofen infants suspension 50 mg/1.25ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp naproxen sodium capsule 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>gnp naproxen sodium tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense arthritis pain gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense ibuprofen capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense naproxen sodium tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm ibuprofen childrens suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>hm ibuprofen ib tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm naproxen sodium capsule 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm naproxen sodium tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ibu-200 tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ibuprofen capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ibuprofen childrens suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>ibuprofen infants suspension 50 mg/1.25ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ibuprofen junior strength tablet chewable 100 mg oral</i> | Preferred | OTC |
| <i>ibuprofen suspension 100 mg/5ml oral (rx)</i> | Preferred | |
| <i>ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ibuprofen tablet 400 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ibuprofen tablet 600 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ibuprofen tablet 800 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>indomethacin capsule 25 mg oral</i> | Preferred | |
| <i>indomethacin capsule 50 mg oral</i> | Preferred | |
| <i>infants ibuprofen suspension 50 mg/1.25ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ketorolac tromethamine tablet 10 mg oral</i> | Preferred | Max 5-day supply per 90 days; QL (4 EA per 1 day) |
| <i>meloxicam tablet 15 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>meloxicam tablet 7.5 mg oral</i> | Preferred | Max 90-day supply per fill |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---------------------------------|
| <i>naproxen dr tablet delayed release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen sodium capsule 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>naproxen sodium tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>naproxen sodium tablet 275 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen sodium tablet 550 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen tablet 250 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen tablet 375 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen tablet delayed release 375 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>naproxen tablet delayed release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sm arthritis pain gel 1 % external</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm childrens ibuprofen suspension 100 mg/5ml oral</i> | Preferred | OTC |
| <i>sm ibuprofen capsule 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm ibuprofen ib childrens tablet chewable 100 mg oral</i> | Preferred | OTC |
| <i>sm ibuprofen ib tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm ibuprofen tablet 200 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm infants ibuprofen suspension 50 mg/1.25ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm naproxen sodium tablet 220 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sulindac tablet 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sulindac tablet 200 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ibuprofen (Ibu Tablet 400 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>ibuprofen (Ibu Tablet 600 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>ibuprofen (Ibu Tablet 800 Mg Oral)</i> | Preferred | Max 90-day supply per fill |
| <i>celecoxib capsule 400 mg oral</i> | Non Preferred | PA |
| <i>celecoxib capsule 50 mg oral</i> | Non Preferred | PA |
| <i>diclofenac potassium capsule 25 mg oral</i> | Non Preferred | PA |
| <i>diclofenac potassium tablet 25 mg oral</i> | Non Preferred | PA |
| <i>diclofenac potassium tablet 50 mg oral</i> | Non Preferred | PA |
| <i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i> | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>diclofenac sodium solution 1.5 % external</i> | Non Preferred | PA |
| <i>diclofenac sodium solution 2 % external</i> | Non Preferred | PA |
| <i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i> | Non Preferred | PA |
| <i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i> | Non Preferred | PA |
| <i>etodolac er tablet extended release 24 hour 400 mg oral</i> | Non Preferred | PA |
| <i>etodolac er tablet extended release 24 hour 500 mg oral</i> | Non Preferred | PA |
| <i>etodolac er tablet extended release 24 hour 600 mg oral</i> | Non Preferred | PA |
| <i>fenoprofen calcium capsule 400 mg oral</i> | Non Preferred | PA |
| <i>fenoprofen calcium tablet 600 mg oral</i> | Non Preferred | PA |
| <i>ibuprofen-famotidine tablet 800-26.6 mg oral</i> | Non Preferred | PA |
| <i>indomethacin er capsule extended release 75 mg oral</i> | Non Preferred | PA |
| <i>indomethacin suppository 50 mg rectal</i> | Non Preferred | PA |
| <i>ketoprofen capsule 50 mg oral</i> | Non Preferred | PA |
| <i>ketoprofen capsule 75 mg oral</i> | Non Preferred | PA |
| <i>ketoprofen er capsule extended release 24 hour 200 mg oral</i> | Non Preferred | PA |
| <i>ketorolac tromethamine solution 15.75 mg/spray nasal</i> | Non Preferred | PA |
| <i>meclofenamate sodium capsule 100 mg oral</i> | Non Preferred | PA |
| <i>meclofenamate sodium capsule 50 mg oral</i> | Non Preferred | PA |
| <i>mefenamic acid capsule 250 mg oral</i> | Non Preferred | PA |
| <i>meloxicam capsule 10 mg oral</i> | Non Preferred | PA |
| <i>meloxicam capsule 5 mg oral</i> | Non Preferred | PA |
| <i>nabumetone tablet 500 mg oral</i> | Non Preferred | PA |
| <i>nabumetone tablet 750 mg oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>naproxen sodium er tablet extended release 24 hour 375 mg oral</i> | Non Preferred | PA |
| <i>naproxen sodium er tablet extended release 24 hour 500 mg oral</i> | Non Preferred | PA |
| <i>naproxen sodium er tablet extended release 24 hour 750 mg oral</i> | Non Preferred | PA |
| <i>naproxen suspension 125 mg/5ml oral</i> | Non Preferred | PA |
| <i>naproxen-esomeprazole mg tablet delayed release 375-20 mg oral</i> | Non Preferred | PA |
| <i>naproxen-esomeprazole mg tablet delayed release 500-20 mg oral</i> | Non Preferred | PA |
| <i>oxaprozin tablet 600 mg oral</i> | Non Preferred | PA |
| <i>piroxicam capsule 10 mg oral</i> | Non Preferred | PA |
| <i>piroxicam capsule 20 mg oral</i> | Non Preferred | PA |
| <i>tolmetin sodium capsule 400 mg oral</i> | Non Preferred | PA |
| <i>tolmetin sodium tablet 600 mg oral</i> | Non Preferred | PA |
| ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL (<i>diclofenac-misoprostol</i>) | Non Preferred | PA |
| ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL (<i>diclofenac-misoprostol</i>) | Non Preferred | PA |
| CELEBREX CAPSULE 100 MG ORAL (<i>celecoxib</i>) | Non Preferred | PA |
| CELEBREX CAPSULE 200 MG ORAL (<i>celecoxib</i>) | Non Preferred | PA |
| CELEBREX CAPSULE 400 MG ORAL (<i>celecoxib</i>) | Non Preferred | PA |
| CELEBREX CAPSULE 50 MG ORAL (<i>celecoxib</i>) | Non Preferred | PA |
| DAYPRO TABLET 600 MG ORAL (<i>oxaprozin</i>) | Non Preferred | PA |
| DUEXIS TABLET 800-26.6 MG ORAL (<i>ibuprofen-famotidine</i>) | Non Preferred | PA |
| FELDENE CAPSULE 10 MG ORAL (<i>piroxicam</i>) | Non Preferred | PA |
| FELDENE CAPSULE 20 MG ORAL (<i>piroxicam</i>) | Non Preferred | PA |
| FLECTOR PATCH 1.3 % EXTERNAL (<i>diclofenac epolamine</i>) | Non Preferred | PA; QL (30 EA per 1 Fill) |
| KIPROFEN CAPSULE 25 MG ORAL (<i>ketoprofen</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| LICART PATCH 24 HOUR 1.3 % EXTERNAL (<i>diclofenac epolamine</i>) | Non Preferred | PA; QL (30 EA per 1 Fill) |
| <i>diclofenac potassium</i> (Lofena Tablet 25 Mg Oral) | Non Preferred | PA |
| NALFON CAPSULE 400 MG ORAL (<i>fenoprofen calcium</i>) | Non Preferred | PA |
| NALFON TABLET 600 MG ORAL (<i>fenoprofen calcium</i>) | Non Preferred | PA |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL (<i>naproxen sodium</i>) | Non Preferred | PA |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL (<i>naproxen sodium</i>) | Non Preferred | PA |
| NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL (<i>naproxen sodium</i>) | Non Preferred | PA |
| PENNSAID SOLUTION 2 % EXTERNAL (<i>diclofenac sodium</i>) | Non Preferred | PA |
| RELAFEN DS TABLET 1000 MG ORAL (<i>nabumetone</i>) | Non Preferred | PA |
| VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL (<i>naproxen-esomeprazole</i>) | Non Preferred | PA |
| VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL (<i>naproxen-esomeprazole</i>) | Non Preferred | PA |
| OPHTHALMIC ANTIBIOTICS [OPEN CLASS] | | |
| <i>bacitracin ointment 500 unit/gm ophthalmic</i> | Preferred | |
| <i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i> | Preferred | |
| <i>ciprofloxacin hcl solution 0.3 % ophthalmic</i> | Preferred | |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i> | Preferred | |
| <i>gentamicin sulfate solution 0.3 % ophthalmic</i> | Preferred | |
| <i>moxifloxacin hcl solution 0.5 % ophthalmic</i> | Preferred | |
| <i>ofloxacin solution 0.3 % ophthalmic</i> | Preferred | |
| <i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i> | Preferred | |
| <i>tobramycin solution 0.3 % ophthalmic</i> | Preferred | |
| <i>bacitracin-polymyxin b</i> (Polycin Ointment 500-10000 Unit/Gm Ophthalmic) | Preferred | |
| <i>gatifloxacin solution 0.5 % ophthalmic</i> | Non Preferred | PA |
| <i>moxifloxacin hcl (2x day) solution 0.5 % ophthalmic</i> | Non Preferred | PA |
| <i>neomycin-bacitracin zn-polymyx ointment 3.5-400-10000 ophthalmic</i> | Non Preferred | PA |
| <i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i> | Non Preferred | PA |
| <i>sulfacetamide sodium ointment 10 % ophthalmic</i> | Non Preferred | PA |
| <i>sulfacetamide sodium solution 10 % ophthalmic</i> | Non Preferred | PA |
| AZASITE SOLUTION 1 % OPHTHALMIC (<i>azithromycin</i>) | Non Preferred | PA |
| BESIVANCE SUSPENSION 0.6 % OPHTHALMIC (<i>besifloxacin hcl</i>) | Non Preferred | PA |
| CILOXAN OINTMENT 0.3 % OPHTHALMIC (<i>ciprofloxacin hcl</i>) | Non Preferred | PA |
| NATACYN SUSPENSION 5 % OPHTHALMIC (<i>natamycin</i>) | Non Preferred | PA |
| <i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ointment 3.5-400-10000 Ophthalmic) | Non Preferred | PA |
| OCUFLOX SOLUTION 0.3 % OPHTHALMIC (<i>ofloxacin</i>) | Non Preferred | PA |
| TOBREX OINTMENT 0.3 % OPHTHALMIC (<i>tobramycin</i>) | Non Preferred | PA |
| VIGAMOX SOLUTION 0.5 % OPHTHALMIC (<i>moxifloxacin hcl</i>) | Non Preferred | PA |
| ZYMAXID SOLUTION 0.5 % OPHTHALMIC (<i>gatifloxacin</i>) | Non Preferred | PA |
| OPHTHALMIC ANTIBIOTICS: STEROID COMBINATIONS [OPEN CLASS] | | |
| <i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i> | Preferred | |
| <i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i> | Preferred | |
| <i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i> | Preferred | |
| <i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i> | Preferred | |
| TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>) | Preferred | |
| TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>) | Preferred | |
| <i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i> | Non Preferred | PA |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i> | Non Preferred | PA |
| MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>) | Non Preferred | PA |
| MAXITROL SUSPENSION 0.1 % OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>) | Non Preferred | PA |
| MAXITROL SUSPENSION 3.5-10000-0.1 OPHTHALMIC (<i>neomycin-polymyxin-dexameth</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ointment 1 % Ophthalmic) | Non Preferred | PA |
| TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC (<i>tobramycin-dexamethasone</i>) | Non Preferred | PA |
| ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC (<i>loteprednol-tobramycin</i>) | Non Preferred | PA |
| OPHTHALMICS: ALLERGIC CONJUNCTIVITIS [OPEN CLASS] | | |
| <i>azelastine hcl solution 0.05 % ophthalmic</i> | Preferred | |
| <i>cromolyn sodium solution 4 % ophthalmic</i> | Preferred | |
| <i>epinastine hcl solution 0.05 % ophthalmic</i> | Preferred | |
| <i>eye allergy itch relief solution 0.2 % ophthalmic</i> | Preferred | OTC |
| <i>eye allergy itch/redness rel solution 0.1 % ophthalmic</i> | Preferred | OTC |
| <i>eye itch relief solution 0.035 % ophthalmic</i> | Preferred | OTC |
| <i>ft eye allergy itch & redness solution 0.1 % ophthalmic</i> | Preferred | OTC |
| <i>ft eye allergy itch relief solution 0.2 % ophthalmic</i> | Preferred | OTC |
| <i>gnp olopatadine hcl solution 0.1 % ophthalmic</i> | Preferred | OTC |
| <i>gnp olopatadine hcl solution 0.2 % ophthalmic</i> | Preferred | OTC |
| <i>hm eye allergy itch relief solution 0.2 % ophthalmic</i> | Preferred | OTC |
| <i>hm eye allergy itch/red relief solution 0.1 % ophthalmic</i> | Preferred | OTC |
| <i>ketotifen fumarate solution 0.035 % ophthalmic</i> | Preferred | OTC |
| <i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i> | Preferred | OTC |
| <i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i> | Preferred | |
| <i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i> | Preferred | OTC |
| <i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i> | Preferred | |
| <i>sm olopatadine hcl solution 0.2 % ophthalmic</i> | Preferred | OTC |
| ALAWAY CHILDRENS ALLERGY SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>) | Preferred | OTC |
| ALAWAY SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>) | Preferred | OTC |
| ZADITOR SOLUTION 0.035 % OPHTHALMIC (<i>ketotifen fumarate</i>) | Preferred | OTC |
| <i>bepotastine besilate solution 1.5 % ophthalmic</i> | Non Preferred | PA |
| ALOCRIAL SOLUTION 2 % OPHTHALMIC (<i>nedocromil sodium</i>) | Non Preferred | PA |
| ALOMIDE SOLUTION 0.1 % OPHTHALMIC (<i>lodoxamide tromethamine</i>) | Non Preferred | PA |
| BEPREVE SOLUTION 1.5 % OPHTHALMIC (<i>bepotastine besilate</i>) | Non Preferred | PA |
| LASTACRAFT SOLUTION 0.25 % OPHTHALMIC (OTC) (<i>alcaftadine</i>) | Non Preferred | OTC; PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| PATADAY SOLUTION 0.1 % OPHTHALMIC (<i>olopatadine hcl</i>) | Non Preferred | OTC; PA |
| PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (<i>olopatadine hcl</i>) | Non Preferred | OTC; PA |
| PATADAY SOLUTION 0.7 % OPHTHALMIC (<i>olopatadine hcl</i>) | Non Preferred | OTC; PA |
| ZERVIAE SOLUTION 0.24 % OPHTHALMIC (<i>cetirizine hcl</i>) | Non Preferred | PA |
| OPHTHALMICS: ANTI-INFLAMMATORY [OPEN CLASS] | | |
| <i>diclofenac sodium solution 0.1 % ophthalmic</i> | Preferred | |
| <i>fluorometholone suspension 0.1 % ophthalmic</i> | Preferred | |
| <i>flurbiprofen sodium solution 0.03 % ophthalmic</i> | Preferred | |
| <i>ketorolac tromethamine solution 0.4 % ophthalmic</i> | Preferred | |
| <i>ketorolac tromethamine solution 0.5 % ophthalmic</i> | Preferred | |
| <i>loteprednol etabonate gel 0.5 % ophthalmic</i> | Preferred | |
| <i>loteprednol etabonate suspension 0.5 % ophthalmic</i> | Preferred | |
| <i>prednisolone acetate suspension 1 % ophthalmic</i> | Preferred | |
| DUREZOL EMULSION 0.05 % OPHTHALMIC (<i>difluprednate</i>) | Preferred | |
| <i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i> | Non Preferred | PA |
| <i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i> | Non Preferred | PA |
| <i>difluprednate emulsion 0.05 % ophthalmic</i> | Non Preferred | PA |
| <i>loteprednol etabonate suspension 0.2 % ophthalmic</i> | Non Preferred | PA |
| <i>prednisolone sodium phosphate solution 1 % ophthalmic</i> | Non Preferred | PA |
| ACULAR LS SOLUTION 0.4 % OPHTHALMIC (<i>ketorolac tromethamine</i>) | Non Preferred | PA |
| ACULAR SOLUTION 0.5 % OPHTHALMIC (<i>ketorolac tromethamine</i>) | Non Preferred | PA |
| ACUVAIL SOLUTION 0.45 % OPHTHALMIC (<i>ketorolac tromethamine</i>) | Non Preferred | PA |
| ALREX SUSPENSION 0.2 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| BROMSITE SOLUTION 0.075 % OPHTHALMIC (<i>bromfenac sodium</i>) | Non Preferred | PA |
| FLAREX SUSPENSION 0.1 % OPHTHALMIC (<i>fluorometholone acetate</i>) | Non Preferred | PA |
| FML FORTE SUSPENSION 0.25 % OPHTHALMIC (<i>fluorometholone</i>) | Non Preferred | PA |
| FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC (<i>fluorometholone</i>) | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| ILEVRO SUSPENSION 0.3 % OPHTHALMIC (<i>nepafenac</i>) | Non Preferred | PA |
| INVELTYS SUSPENSION 1 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| LOTEMAX GEL 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| LOTEMAX OINTMENT 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| LOTEMAX SM GEL 0.38 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| LOTEMAX SUSPENSION 0.5 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA |
| MAXIDEX SUSPENSION 0.1 % OPHTHALMIC (<i>dexamethasone</i>) | Non Preferred | PA |
| NEVANAC SUSPENSION 0.1 % OPHTHALMIC (<i>nepafenac</i>) | Non Preferred | PA |
| PRED FORTE SUSPENSION 1 % OPHTHALMIC (<i>prednisolone acetate</i>) | Non Preferred | PA |
| PRED MILD SUSPENSION 0.12 % OPHTHALMIC (<i>prednisolone acetate</i>) | Non Preferred | PA |
| PROLENSA SOLUTION 0.07 % OPHTHALMIC (<i>bromfenac sodium</i>) | Non Preferred | PA |
| OPHTHALMICS: GLAUCOMA AGENTS [OPEN CLASS] | | |
| <i>betaxolol hcl solution 0.5 % ophthalmic</i> | Preferred | |
| <i>brimonidine tartrate solution 0.15 % ophthalmic</i> | Preferred | |
| <i>brimonidine tartrate solution 0.2 % ophthalmic</i> | Preferred | |
| <i>brinzolamide suspension 1 % ophthalmic</i> | Preferred | |
| <i>carteolol hcl solution 1 % ophthalmic</i> | Preferred | |
| <i>dorzolamide hcl solution 2 % ophthalmic</i> | Preferred | |
| <i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i> | Preferred | |
| <i>latanoprost solution 0.005 % ophthalmic</i> | Preferred | |
| <i>levobunolol hcl solution 0.5 % ophthalmic</i> | Preferred | |
| <i>pilocarpine hcl solution 1 % ophthalmic</i> | Preferred | |
| <i>pilocarpine hcl solution 2 % ophthalmic</i> | Preferred | |
| <i>pilocarpine hcl solution 4 % ophthalmic</i> | Preferred | |
| <i>timolol maleate gel forming solution 0.25 % ophthalmic</i> | Preferred | |
| <i>timolol maleate gel forming solution 0.5 % ophthalmic</i> | Preferred | |
| <i>timolol maleate pf solution 0.5 % ophthalmic</i> | Preferred | QL (2 EA per 1 day) |
| <i>timolol maleate solution 0.25 % ophthalmic</i> | Preferred | |
| <i>timolol maleate solution 0.5 % ophthalmic</i> | Preferred | |
| <i>travoprost (bak free) solution 0.004 % ophthalmic</i> | Preferred | |
| ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC (<i>brimonidine tartrate</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-------------------------|
| ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC (<i>brimonidine tartrate</i>) | Preferred | |
| AZOPT SUSPENSION 1 % OPHTHALMIC (<i>brinzolamide</i>) | Preferred | |
| COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC (<i>brimonidine tartrate-timolol</i>) | Preferred | |
| RHOPRESSA SOLUTION 0.02 % OPHTHALMIC (<i>netarsudil dimesylate</i>) | Preferred | |
| ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC (<i>netarsudil-latanoprost</i>) | Preferred | |
| <i>timolol maleate</i> (Timolol Maleate OcuDose Solution 0.5 % Ophthalmic) | Preferred | QL (2 EA per 1 day) |
| TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC (<i>travoprost</i>) | Preferred | |
| <i>apraclonidine hcl solution 0.5 % ophthalmic</i> | Non Preferred | PA |
| <i>bimatoprost solution 0.03 % ophthalmic</i> | Non Preferred | PA |
| <i>brimonidine tartrate solution 0.1 % ophthalmic</i> | Non Preferred | PA |
| <i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i> | Non Preferred | PA |
| <i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>tafluprost (pf) solution 0.0015 % ophthalmic</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i> | Non Preferred | PA |
| <i>timolol maleate gel forming solution 0.25 % ophthalmic</i> | Non Preferred | PA |
| <i>timolol maleate pf solution 0.25 % ophthalmic</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| BETIMOL SOLUTION 0.25 % OPHTHALMIC (<i>timolol hemihydrate</i>) | Non Preferred | PA |
| BETIMOL SOLUTION 0.5 % OPHTHALMIC (<i>timolol hemihydrate</i>) | Non Preferred | PA |
| BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC (<i>betaxolol hcl</i>) | Non Preferred | PA |
| COSOPT PF SOLUTION 2-0.5 % OPHTHALMIC (<i>dorzolamide hcl-timolol mal</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| COSOPT SOLUTION 2-0.5 % OPHTHALMIC (<i>dorzolamide hcl-timolol mal</i>) | Non Preferred | PA |
| IOPIDINE SOLUTION 1 % OPHTHALMIC (<i>apraclonidine hcl</i>) | Non Preferred | PA |
| ISTALOL SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA |
| IYUZEH SOLUTION 0.005 % OPHTHALMIC (<i>latanoprost</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| LUMIGAN SOLUTION 0.01 % OPHTHALMIC (<i>bimatoprost</i>) | Non Preferred | PA |
| PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC (<i>echothiophate iodide</i>) | Non Preferred | PA |
| SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC (<i>brinzolamide-brimonidine</i>) | Non Preferred | PA |
| TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| TIMOPTIC SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA |
| TIMOPTIC SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA |
| TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA |
| TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC (<i>timolol maleate</i>) | Non Preferred | PA |
| VUITY SOLUTION 1.25 % OPHTHALMIC (<i>pilocarpine hcl</i>) | Non Preferred | PA |
| VYZULTA SOLUTION 0.024 % OPHTHALMIC (<i>latanoprostene bunod</i>) | Non Preferred | PA |
| XALATAN SOLUTION 0.005 % OPHTHALMIC (<i>latanoprost</i>) | Non Preferred | PA |
| XELPROS EMULSION 0.005 % OPHTHALMIC (<i>latanoprost</i>) | Non Preferred | PA |
| ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC (<i>tafluprost</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| OPHTHALMICS: IMMUNOMODULATORS [CLOSED CLASS] | | |
| RESTASIS EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>) | Preferred | QL (2 EA per 1 day) |
| RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC (<i>cyclosporine</i>) | Preferred | QL (5.5 ML per 30 days) |
| XIIDRA SOLUTION 5 % OPHTHALMIC (<i>lifitegrast</i>) | Preferred | QL (2 EA per 1 day) |
| <i>cyclosporine emulsion 0.05 % ophthalmic</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| CEQUA SOLUTION 0.09 % OPHTHALMIC (<i>cyclosporine</i>) | Non Preferred | PA |
| EYSUVIS SUSPENSION 0.25 % OPHTHALMIC (<i>loteprednol etabonate</i>) | Non Preferred | PA; QL (1 ML per 90 days) |
| MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC (<i>perfluorohexyloctane</i>) | Non Preferred | PA; QL (12 ML per 30 days); AGE (Min 18 Years) |
| TYRVAYA SOLUTION 0.03 MG/ACT NASAL (<i>varenicline tartrate</i>) | Non Preferred | PA |
| VERKAZIA EMULSION 0.1 % OPHTHALMIC (<i>cyclosporine</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| OPIOID DEPENDENCY [CLOSED CLASS] | | |
| <i>buprenorphine hcl tablet sublingual 2 mg sublingual</i> | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl tablet sublingual 8 mg sublingual</i> | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i> | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i> | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years) |
| <i>lifems naloxone prefilled syringe kit 2 mg/2ml injection</i> | Preferred | |
| <i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i> | Preferred | OTC |
| <i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i> | Preferred | |
| <i>naloxone hcl solution 0.4 mg/ml injection</i> | Preferred | |
| <i>naloxone hcl solution 4 mg/10ml injection</i> | Preferred | |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i> | Preferred | |
| <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i> | Preferred | |
| <i>naltrexone hcl tablet 50 mg oral</i> | Preferred | |
| KLOXXADO LIQUID 8 MG/0.1ML NASAL (<i>naloxone hcl</i>) | Preferred | |
| NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (<i>naloxone hcl</i>) | Preferred | OTC |
| NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (<i>naloxone hcl</i>) | Preferred | |
| OPVEE SOLUTION 2.7 MG/0.1ML NASAL (<i>nalmefene hcl</i>) | Preferred | QL (2 EA per 30 days); AGE (Min 12 Years) |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS (<i>buprenorphine</i>) | Preferred | |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS (<i>buprenorphine</i>) | Preferred | |
| SUBOXONE FILM 12-3 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 1 day); AGE (Min 16 Years) |
| SUBOXONE FILM 2-0.5 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years) |
| SUBOXONE FILM 4-1 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 1 day); AGE (Min 16 Years) |
| SUBOXONE FILM 8-2 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 1 day); AGE (Min 16 Years) |
| VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR (<i>naltrexone</i>) | Preferred | QL (1 EA per 28 days) |
| ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION (<i>naloxone hcl</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| <i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i> | Non Preferred | PA; QL (3 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 16 Years) |
| <i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i> | Non Preferred | PA; QL (3 EA per 1 day); AGE (Min 16 Years) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS (<i>buprenorphine</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| LUCEMYRA TABLET 0.18 MG ORAL (<i>lofexidine hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 16 Years) |
| OPIOIDS: LONG ACTING (LAO) [OPEN CLASS] | | |
| <i>buprenorphine patch weekly 10 mcg/hr transdermal</i> | Preferred | PA; QL (0.29 EA per 1 day) |
| <i>buprenorphine patch weekly 15 mcg/hr transdermal</i> | Preferred | PA; QL (0.15 EA per 1 day) |
| <i>buprenorphine patch weekly 20 mcg/hr transdermal</i> | Preferred | PA; QL (0.15 EA per 1 day) |
| <i>buprenorphine patch weekly 5 mcg/hr transdermal</i> | Preferred | PA; QL (0.29 EA per 1 day) |
| <i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i> | Preferred | PA; QL (0.29 EA per 1 day) |
| <i>fentanyl patch 72 hour 100 mcg/hr transdermal</i> | Preferred | PA; QL (0.334 EA per 1 day) |
| <i>fentanyl patch 72 hour 12 mcg/hr transdermal</i> | Preferred | PA; QL (0.334 EA per 1 day) |
| <i>fentanyl patch 72 hour 25 mcg/hr transdermal</i> | Preferred | PA; QL (0.334 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>fentanyl patch 72 hour 50 mcg/hr transdermal</i> | Preferred | PA; QL (0.334 EA per 1 day) |
| <i>fentanyl patch 72 hour 75 mcg/hr transdermal</i> | Preferred | PA; QL (0.334 EA per 1 day) |
| <i>morphine sulfate er tablet extended release 100 mg oral</i> | Preferred | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er tablet extended release 15 mg oral</i> | Preferred | PA; QL (4 EA per 1 day) |
| <i>morphine sulfate er tablet extended release 200 mg oral</i> | Preferred | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er tablet extended release 30 mg oral</i> | Preferred | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate er tablet extended release 60 mg oral</i> | Preferred | PA; QL (2 EA per 1 day) |
| BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL (<i>buprenorphine</i>) | Preferred | PA; QL (0.29 EA per 1 day) |
| BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL (<i>buprenorphine</i>) | Preferred | PA; QL (0.15 EA per 1 day) |
| BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL (<i>buprenorphine</i>) | Preferred | PA; QL (0.15 EA per 1 day) |
| BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL (<i>buprenorphine</i>) | Preferred | PA; QL (0.29 EA per 1 day) |
| BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL (<i>buprenorphine</i>) | Preferred | PA; QL (0.29 EA per 1 day) |
| <i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i> | Non Preferred | PA; QL (0.334 EA per 1 day) |
| <i>fentanyl patch 72 hour 62.5 mcg/hr transdermal</i> | Non Preferred | PA; QL (0.334 EA per 1 day) |
| <i>fentanyl patch 72 hour 87.5 mcg/hr transdermal</i> | Non Preferred | PA; QL (0.334 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>methadone hcl concentrate 10 mg/ml oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl solution 10 mg/5ml oral</i> | Non Preferred | PA; QL (15 ML per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl solution 5 mg/5ml oral</i> | Non Preferred | PA; QL (40 ML per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl tablet 10 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl tablet 5 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl tablet soluble 40 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day); AGE (Max 1 Years) |
| <i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day) |
| <i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day); AGE (Min 12 Years) |
| BELBUCA FILM 150 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--|
| BELBUCA FILM 300 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| BELBUCA FILM 450 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| BELBUCA FILM 600 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| BELBUCA FILM 75 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| BELBUCA FILM 750 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| BELBUCA FILM 900 MCG BUCCAL (<i>buprenorphine hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>tramadol hcl</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>tramadol hcl</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL (<i>tramadol hcl</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL (<i>hydrocodone bitartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| <i>methadone hcl</i> (Methadone Hcl Intensol Concentrate 10 Mg/ML Oral) | Non Preferred | PA; QL (4 ML per 1 day); AGE (Max 1 Years) |
| METHADOSE CONCENTRATE 10 MG/ML ORAL (<i>methadone hcl</i>) | Non Preferred | PA; QL (4 ML per 1 day); AGE (Max 1 Years) |
| METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL (<i>methadone hcl</i>) | Non Preferred | PA; QL (4 ML per 1 day); AGE (Max 1 Years) |
| <i>methadone hcl</i> (Methadose Tablet Soluble 40 Mg Oral) | Non Preferred | PA; QL (3 EA per 1 day); AGE (Max 1 Years) |
| MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL (<i>morphine sulfate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL (<i>morphine sulfate</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL (<i>morphine sulfate</i>) | Non Preferred | PA; QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL (<i>morphine sulfate</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL (<i>morphine sulfate</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (5 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL (<i>oxycodone</i>) | Non Preferred | PA; QL (5 EA per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL (<i>oxycodone</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL (<i>oxycodone</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL (<i>oxycodone</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL (<i>oxycodone</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| OPIOIDS: SHORT ACTING [OPEN CLASS] | | |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i> | Preferred | QL (150 ML per 1 day); AGE (Min 12 Years) |
| <i>acetaminophen-codeine tablet 300-15 mg oral</i> | Preferred | QL (10 EA per 1 day); AGE (Min 12 Years) |
| <i>acetaminophen-codeine tablet 300-30 mg oral</i> | Preferred | QL (10 EA per 1 day); AGE (Min 12 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| <i>acetaminophen-codeine tablet 300-60 mg oral</i> | Preferred | QL (10 EA per 1 day); AGE (Min 12 Years) |
| <i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i> | Preferred | QL (180 ML per 1 day) |
| <i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i> | Preferred | QL (180 ML per 1 day) |
| <i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i> | Preferred | QL (180 ML per 1 day) |
| <i>hydrocodone-acetaminophen tablet 10-300 mg oral</i> | Preferred | QL (9 EA per 1 day) |
| <i>hydrocodone-acetaminophen tablet 10-325 mg oral</i> | Preferred | QL (9 EA per 1 day) |
| <i>hydrocodone-acetaminophen tablet 5-300 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>hydrocodone-acetaminophen tablet 5-325 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>hydrocodone-ibuprofen tablet 10-200 mg oral</i> | Preferred | QL (5 EA per 1 day) |
| <i>hydrocodone-ibuprofen tablet 5-200 mg oral</i> | Preferred | QL (5 EA per 1 day) |
| <i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i> | Preferred | QL (5 EA per 1 day) |
| <i>hydromorphone hcl tablet 2 mg oral</i> | Preferred | QL (11.2 EA per 1 day) |
| <i>hydromorphone hcl tablet 4 mg oral</i> | Preferred | QL (5.6 EA per 1 day) |
| <i>hydromorphone hcl tablet 8 mg oral</i> | Preferred | QL (2.8 EA per 1 day) |
| <i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i> | Preferred | QL (4.5 ML per 1 day) |
| <i>morphine sulfate (concentrate) solution 20 mg/ml oral</i> | Preferred | QL (4.5 ML per 1 day) |
| <i>morphine sulfate solution 10 mg/5ml oral</i> | Preferred | QL (45 ML per 1 day) |
| <i>morphine sulfate solution 20 mg/5ml oral</i> | Preferred | QL (22.5 ML per 1 day) |
| <i>morphine sulfate tablet 15 mg oral</i> | Preferred | QL (6 EA per 1 day) |
| <i>morphine sulfate tablet 30 mg oral</i> | Preferred | QL (3 EA per 1 day) |
| <i>oxycodone hcl capsule 5 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>oxycodone hcl solution 5 mg/5ml oral</i> | Preferred | QL (60 ML per 1 day) |
| <i>oxycodone hcl tablet 10 mg oral</i> | Preferred | QL (6 EA per 1 day) |
| <i>oxycodone hcl tablet 15 mg oral</i> | Preferred | QL (4 EA per 1 day) |
| <i>oxycodone hcl tablet 20 mg oral</i> | Preferred | QL (3 EA per 1 day) |
| <i>oxycodone hcl tablet 30 mg oral</i> | Preferred | QL (2 EA per 1 day) |
| <i>oxycodone hcl tablet 5 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i> | Preferred | QL (60 ML per 1 day) |
| <i>oxycodone-acetaminophen tablet 10-325 mg oral</i> | Preferred | QL (6 EA per 1 day) |
| <i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen tablet 5-325 mg oral</i> | Preferred | QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i> | Preferred | QL (8 EA per 1 day) |
| <i>tramadol hcl tablet 50 mg oral</i> | Preferred | QL (8 EA per 1 day); AGE (Min 12 Years) |
| <i>tramadol-acetaminophen tablet 37.5-325 mg oral</i> | Preferred | QL (8 EA per 1 day); AGE (Min 12 Years) |
| <i>oxycodone-acetaminophen (Endocet Tablet 10-325 Mg Oral)</i> | Preferred | QL (6 EA per 1 day) |
| <i>oxycodone-acetaminophen (Endocet Tablet 5-325 Mg Oral)</i> | Preferred | QL (12 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|--|
| <i>oxycodone-acetaminophen (Endocet Tablet 7.5-325 Mg Oral)</i> | Preferred | QL (8 EA per 1 day) |
| <i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i> | Non Preferred | PA; AGE (Min 12 Years) |
| <i>butorphanol tartrate solution 10 mg/ml nasal</i> | Non Preferred | PA |
| <i>codeine sulfate tablet 15 mg oral</i> | Non Preferred | PA; QL (24 EA per 1 day); AGE (Min 12 Years) |
| <i>codeine sulfate tablet 30 mg oral</i> | Non Preferred | PA; QL (12 EA per 1 day); AGE (Min 12 Years) |
| <i>codeine sulfate tablet 60 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day); AGE (Min 12 Years) |
| <i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate lozenge on a handle 200 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate lozenge on a handle 400 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate lozenge on a handle 600 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate lozenge on a handle 800 mcg buccal</i> | Non Preferred | PA |
| <i>fentanyl citrate tablet 100 mcg buccal</i> | Non Preferred | PA; QL (7.2 EA per 1 day) |
| <i>fentanyl citrate tablet 200 mcg buccal</i> | Non Preferred | PA; QL (3.6 EA per 1 day) |
| <i>fentanyl citrate tablet 400 mcg buccal</i> | Non Preferred | PA; QL (1.8 EA per 1 day) |
| <i>fentanyl citrate tablet 600 mcg buccal</i> | Non Preferred | PA; QL (1.2 EA per 1 day) |
| <i>fentanyl citrate tablet 800 mcg buccal</i> | Non Preferred | PA; QL (0.9 EA per 1 day) |
| <i>hydromorphone hcl liquid 1 mg/ml oral</i> | Non Preferred | PA; QL (22.5 ML per 1 day) |
| <i>hydromorphone hcl suppository 3 mg rectal</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>levorphanol tartrate tablet 2 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|--|
| <i>levorphanol tartrate tablet 3 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>meperidine hcl solution 50 mg/5ml oral</i> | Non Preferred | PA; QL (90 ML per 1 day) |
| <i>meperidine hcl tablet 50 mg oral</i> | Non Preferred | PA; QL (18 EA per 1 day) |
| <i>morphine sulfate suppository 10 mg rectal</i> | Non Preferred | PA; QL (9 EA per 1 day) |
| <i>morphine sulfate suppository 20 mg rectal</i> | Non Preferred | PA; QL (4.5 EA per 1 day) |
| <i>morphine sulfate suppository 30 mg rectal</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>morphine sulfate suppository 5 mg rectal</i> | Non Preferred | PA; QL (18 EA per 1 day) |
| <i>nalocet tablet 2.5-300 mg oral</i> | Non Preferred | PA; QL (12 EA per 1 day) |
| <i>oxycodone hcl concentrate 100 mg/5ml oral</i> | Non Preferred | PA; QL (3 ML per 1 day) |
| <i>oxymorphone hcl tablet 10 mg oral</i> | Non Preferred | PA; QL (3 EA per 1 day) |
| <i>oxymorphone hcl tablet 5 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day) |
| <i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i> | Non Preferred | PA; QL (4.9 EA per 1 day) |
| <i>tramadol hcl solution 5 mg/ml oral</i> | Non Preferred | PA; QL (80 ML per 1 day); AGE (Min 12 Years) |
| <i>tramadol hcl tablet 100 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 12 Years) |
| ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA |
| <i>butalbital-asa-caff-codeine (Ascomp-Codeine Capsule 50-325-40-30 Mg Oral)</i> | Non Preferred | PA; AGE (Min 12 Years) |
| DILAUDID LIQUID 1 MG/ML ORAL (<i>hydromorphone hcl</i>) | Non Preferred | PA; QL (22.5 ML per 1 day) |
| DILAUDID TABLET 2 MG ORAL (<i>hydromorphone hcl</i>) | Non Preferred | PA; QL (11.2 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| DILAUDID TABLET 4 MG ORAL (<i>hydromorphone hcl</i>) | Non Preferred | PA; QL (5.6 EA per 1 day) |
| DILAUDID TABLET 8 MG ORAL (<i>hydromorphone hcl</i>) | Non Preferred | PA; QL (2.8 EA per 1 day) |
| FENTORA TABLET 100 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA; QL (7.2 EA per 1 day) |
| FENTORA TABLET 200 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA; QL (3.6 EA per 1 day) |
| FENTORA TABLET 400 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA; QL (1.8 EA per 1 day) |
| FENTORA TABLET 600 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA; QL (1.2 EA per 1 day) |
| FENTORA TABLET 800 MCG BUCCAL (<i>fentanyl citrate</i>) | Non Preferred | PA; QL (0.9 EA per 1 day) |
| FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL (<i>butalbital-apap-caff-cod</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| NUCYNTA TABLET 100 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (2.25 EA per 1 day) |
| NUCYNTA TABLET 50 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (4.5 EA per 1 day) |
| NUCYNTA TABLET 75 MG ORAL (<i>tapentadol hcl</i>) | Non Preferred | PA; QL (3 EA per 1 day) |
| PERCOCET TABLET 10-325 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| PERCOCET TABLET 2.5-325 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| PERCOCET TABLET 5-325 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| PERCOCET TABLET 7.5-325 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (8 EA per 1 day) |
| PROLATE SOLUTION 10-300 MG/5ML ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (60 ML per 1 day) |
| PROLATE TABLET 10-300 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (6 EA per 1 day) |
| PROLATE TABLET 5-300 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| PROLATE TABLET 7.5-300 MG ORAL (<i>oxycodone-acetaminophen</i>) | Non Preferred | PA; QL (8 EA per 1 day) |
| ROXICODONE TABLET 15 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| ROXICODONE TABLET 30 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL (<i>oxycodone hcl</i>) | Non Preferred | PA; QL (12 EA per 1 day) |
| SEGLENTIS TABLET 56-44 MG ORAL (<i>celecoxib-tramadol hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 18 Years) |
| OTIC [OPEN CLASS] | | |
| <i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i> | Preferred | |
| <i>neomycin-polymyxin-hc solution 1 % otic</i> | Preferred | |
| <i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i> | Preferred | |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i> | Preferred | |
| <i>ofloxacin solution 0.3 % otic</i> | Preferred | |
| CIPRODEX SUSPENSION 0.3-0.1 % OTIC (<i>ciprofloxacin-dexamethasone</i>) | Preferred | |
| <i>ciprofloxacin hcl solution 0.2 % otic</i> | Non Preferred | PA |
| <i>ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic</i> | Non Preferred | PA |
| CIPRO HC SUSPENSION 0.2-1 % OTIC (<i>ciprofloxacin-hydrocortisone</i>) | Non Preferred | PA |
| PANCREATIC ENZYMES [OPEN CLASS] | | |
| CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Preferred | PA; Max 90-day supply per fill |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |
| PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |
| VIOKACE TABLET 10440-39150 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |
| VIOKACE TABLET 20880-78300 UNIT ORAL (<i>pancrelipase (lip-prot-amyl)</i>) | Non Preferred | PA |
| PHOSPHATE BINDERS [OPEN CLASS] | | |
| <i>calcium acetate (phos binder) capsule 667 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>calcium acetate (phos binder) tablet 667 mg oral (otc)</i> | Preferred | OTC |
| <i>calcium acetate (phos binder) tablet 667 mg oral (rx)</i> | Preferred | |
| <i>calcium acetate tablet 667 mg oral</i> | Preferred | |
| <i>calcium acetate tablet 668 (169 ca) mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>lanthanum carbonate tablet chewable 500 mg oral</i> | Preferred | |
| <i>lanthanum carbonate tablet chewable 750 mg oral</i> | Preferred | |
| <i>sevelamer carbonate tablet 800 mg oral</i> | Preferred | Max 90-day supply per fill |
| CALPHRON TABLET 667 MG ORAL (<i>calcium acetate (phos binder)</i>) | Preferred | OTC |
| <i>lanthanum carbonate tablet chewable 1000 mg oral</i> | Non Preferred | PA |
| <i>sevelamer carbonate packet 0.8 gm oral</i> | Non Preferred | PA |
| <i>sevelamer carbonate packet 2.4 gm oral</i> | Non Preferred | PA |
| <i>sevelamer hcl tablet 400 mg oral</i> | Non Preferred | PA |
| <i>sevelamer hcl tablet 800 mg oral</i> | Non Preferred | PA |
| AURYXIA TABLET 1 GM 210 MG(Fe) ORAL (<i>ferric citrate</i>) | Non Preferred | PA |
| FOSRENOL PACKET 1000 MG ORAL (<i>lanthanum carbonate</i>) | Non Preferred | PA |
| FOSRENOL PACKET 750 MG ORAL (<i>lanthanum carbonate</i>) | Non Preferred | PA |
| FOSRENOL TABLET CHEWABLE 1000 MG ORAL (<i>lanthanum carbonate</i>) | Non Preferred | PA |
| FOSRENOL TABLET CHEWABLE 500 MG ORAL (<i>lanthanum carbonate</i>) | Non Preferred | PA |
| FOSRENOL TABLET CHEWABLE 750 MG ORAL (<i>lanthanum carbonate</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| MAGNEBIND 400 TABLET 80-115 MG ORAL (<i>calcium carb-magnesium carb</i>) | Non Preferred | OTC; PA |
| RENAGEL TABLET 800 MG ORAL (<i>sevelamer hcl</i>) | Non Preferred | PA |
| REVELA PACKET 0.8 GM ORAL (<i>sevelamer carbonate</i>) | Non Preferred | PA |
| REVELA PACKET 2.4 GM ORAL (<i>sevelamer carbonate</i>) | Non Preferred | PA |
| REVELA TABLET 800 MG ORAL (<i>sevelamer carbonate</i>) | Non Preferred | PA |
| VELPHORO TABLET CHEWABLE 500 MG ORAL (<i>sucroferric oxyhydroxide</i>) | Non Preferred | PA |
| PLATELET INHIBITORS [OPEN CLASS] | | |
| <i>clopidogrel bisulfate tablet 300 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>clopidogrel bisulfate tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dipyridamole tablet 25 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dipyridamole tablet 50 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dipyridamole tablet 75 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>prasugrel hcl tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>prasugrel hcl tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| BRILINTA TABLET 60 MG ORAL (<i>ticagrelor</i>) | Preferred | Max 90-day supply per fill |
| BRILINTA TABLET 90 MG ORAL (<i>ticagrelor</i>) | Preferred | Max 90-day supply per fill |
| <i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i> | Non Preferred | PA |
| EFFIENT TABLET 10 MG ORAL (<i>prasugrel hcl</i>) | Non Preferred | PA |
| EFFIENT TABLET 5 MG ORAL (<i>prasugrel hcl</i>) | Non Preferred | PA |
| PLAVIX TABLET 75 MG ORAL (<i>clopidogrel bisulfate</i>) | Non Preferred | PA |
| PROGESTATIONAL AGENTS [CLOSED CLASS] | | |
| <i>medroxyprogesterone acetate tablet 10 mg oral</i> | Preferred | |
| <i>medroxyprogesterone acetate tablet 2.5 mg oral</i> | Preferred | |
| <i>medroxyprogesterone acetate tablet 5 mg oral</i> | Preferred | |
| <i>norethindrone acetate tablet 5 mg oral</i> | Preferred | |
| <i>progesterone capsule 100 mg oral</i> | Preferred | |
| <i>progesterone capsule 200 mg oral</i> | Preferred | |
| <i>progesterone oil 50 mg/ml intramuscular</i> | Preferred | |
| AYGESTIN TABLET 5 MG ORAL (<i>norethindrone acetate</i>) | Non Preferred | PA |
| CRINONE GEL 4 % VAGINAL (<i>progesterone</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| CRINONE GEL 8 % VAGINAL (<i>progesterone</i>) | Non Preferred | PA |
| PROMETRIUM CAPSULE 100 MG ORAL (<i>progesterone</i>) | Non Preferred | PA |
| PROMETRIUM CAPSULE 200 MG ORAL (<i>progesterone</i>) | Non Preferred | PA |
| PROVERA TABLET 10 MG ORAL (<i>medroxyprogesterone acetate</i>) | Non Preferred | PA |
| PROVERA TABLET 2.5 MG ORAL (<i>medroxyprogesterone acetate</i>) | Non Preferred | PA |
| PROVERA TABLET 5 MG ORAL (<i>medroxyprogesterone acetate</i>) | Non Preferred | PA |
| PROGESTINS USED FOR CACHEXIA [OPEN CLASS] | | |
| <i>megestrol acetate suspension 40 mg/ml oral</i> | Preferred | |
| <i>megestrol acetate suspension 400 mg/10ml oral</i> | Preferred | |
| <i>megestrol acetate tablet 20 mg oral</i> | Preferred | |
| <i>megestrol acetate tablet 40 mg oral</i> | Preferred | |
| <i>megestrol acetate suspension 625 mg/5ml oral</i> | Non Preferred | PA |
| PROTON PUMP INHIBITORS [OPEN CLASS] | | |
| <i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i> | Preferred | OTC |
| <i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i> | Preferred | QL (2 EA per 1 day) |
| <i>esomeprazole magnesium capsule delayed release 40 mg oral</i> | Preferred | QL (2 EA per 1 day) |
| <i>ft acid reducer capsule delayed release 15 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>gnp esomeprazole magnesium capsule delayed release 20 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>gnp lansoprazole capsule delayed release 15 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>gnp omeprazole capsule delayed release 20.6 (20 base) mg oral</i> | Preferred | OTC |
| <i>gnp omeprazole tablet delayed release dispersible 20 mg oral</i> | Preferred | OTC |
| <i>goodsense lansoprazole capsule delayed release 15 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>hm esomeprazole magnesium dr capsule delayed release 20 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>lansoprazole capsule delayed release 15 mg oral (otc)</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>lansoprazole capsule delayed release 15 mg oral (rx)</i> | Preferred | QL (2 EA per 1 day) |
| <i>lansoprazole capsule delayed release 30 mg oral</i> | Preferred | QL (2 EA per 1 day) |
| <i>omeprazole capsule delayed release 10 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>omeprazole capsule delayed release 20 mg oral</i> | Preferred | QL (4 EA per 1 day); Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>omeprazole capsule delayed release 40 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i> | Preferred | OTC |
| <i>omeprazole magnesium tablet delayed release 20 mg oral</i> | Preferred | OTC; QL (4 EA per 1 day) |
| <i>omeprazole tablet delayed release dispersible 20 mg oral</i> | Preferred | OTC |
| <i>pantoprazole sodium packet 40 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>pantoprazole sodium tablet delayed release 20 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>pantoprazole sodium tablet delayed release 40 mg oral</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>sm esomeprazole magnesium capsule delayed release 20 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| <i>sm lansoprazole capsule delayed release 15 mg oral</i> | Preferred | OTC; QL (2 EA per 1 day) |
| GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL (<i>esomeprazole magnesium</i>) | Preferred | OTC; QL (2 EA per 1 day) |
| PROTONIX PACKET 40 MG ORAL (<i>pantoprazole sodium</i>) | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>dexlansoprazole capsule delayed release 30 mg oral</i> | Non Preferred | PA |
| <i>dexlansoprazole capsule delayed release 60 mg oral</i> | Non Preferred | PA |
| <i>esomeprazole magnesium packet 10 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>esomeprazole magnesium packet 20 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>esomeprazole magnesium packet 40 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day) |
| <i>esomeprazole magnesium tablet delayed release 20 mg oral (otc)</i> | Non Preferred | OTC; PA; QL (2 EA per 1 day) |
| <i>ft omeprazole tablet delayed release 20 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>gnp omeprazole tablet delayed release 20 mg oral</i> | Non Preferred | OTC; PA; QL (4 EA per 1 day) |
| <i>goodsense lansoprazole tablet delayed release dispersible 15 mg oral</i> | Non Preferred | OTC; PA |
| <i>goodsense omeprazole/sodium bicarbonate capsule 20-1100 mg oral</i> | Non Preferred | OTC; PA |
| <i>lansoprazole tablet delayed release dispersible 15 mg oral (rx)</i> | Non Preferred | PA |
| <i>lansoprazole tablet delayed release dispersible 30 mg oral</i> | Non Preferred | PA |
| <i>omeprazole tablet delayed release 20 mg oral</i> | Non Preferred | OTC; PA; QL (4 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|------------------------------|
| <i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i> | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral</i> | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate packet 20-1680 mg oral</i> | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate packet 40-1680 mg oral</i> | Non Preferred | PA |
| <i>rabeprazole sodium tablet delayed release 20 mg oral</i> | Non Preferred | PA |
| <i>sm omeprazole tablet delayed release 20 mg oral</i> | Non Preferred | OTC; PA; QL (4 EA per 1 day) |
| ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL (<i>rabeprazole sodium</i>) | Non Preferred | PA |
| DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL (<i>dexlansoprazole</i>) | Non Preferred | PA |
| DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL (<i>dexlansoprazole</i>) | Non Preferred | PA |
| KONVOMEF SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL (<i>omeprazole-sodium bicarbonate</i>) | Non Preferred | PA |
| NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NEXIUM PACKET 10 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NEXIUM PACKET 2.5 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA |
| NEXIUM PACKET 20 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NEXIUM PACKET 40 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| NEXIUM PACKET 5 MG ORAL (<i>esomeprazole magnesium</i>) | Non Preferred | PA |
| PREVACID 24HR CAPSULE DELAYED RELEASE 15 MG ORAL (<i>lansoprazole</i>) | Non Preferred | OTC; PA; QL (2 EA per 1 day) |
| PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL (<i>lansoprazole</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL (<i>lansoprazole</i>) | Non Preferred | PA |
| PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL (<i>lansoprazole</i>) | Non Preferred | PA |
| PRILOSEC PACKET 10 MG ORAL (<i>omeprazole magnesium</i>) | Non Preferred | PA |
| PRILOSEC PACKET 2.5 MG ORAL (<i>omeprazole magnesium</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| PROTONIX TABLET DELAYED RELEASE 20 MG ORAL (<i>pantoprazole sodium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| PROTONIX TABLET DELAYED RELEASE 40 MG ORAL (<i>pantoprazole sodium</i>) | Non Preferred | PA; QL (2 EA per 1 day) |
| ZEGERID CAPSULE 20-1100 MG ORAL (<i>omeprazole-sodium bicarbonate</i>) | Non Preferred | PA |
| ZEGERID CAPSULE 40-1100 MG ORAL (<i>omeprazole-sodium bicarbonate</i>) | Non Preferred | PA |
| ZEGERID PACKET 20-1680 MG ORAL (<i>omeprazole-sodium bicarbonate</i>) | Non Preferred | PA |
| ZEGERID PACKET 40-1680 MG ORAL (<i>omeprazole-sodium bicarbonate</i>) | Non Preferred | PA |
| PSORIASIS: TOPICAL [OPEN CLASS] | | |
| <i>calcipotriene cream 0.005 % external</i> | Preferred | |
| <i>calcipotriene ointment 0.005 % external</i> | Preferred | |
| <i>calcipotriene solution 0.005 % external</i> | Preferred | |
| <i>calcipotriene foam 0.005 % external</i> | Non Preferred | PA |
| <i>calcipotriene-betameth diprop ointment 0.005-0.064 % external</i> | Non Preferred | PA |
| <i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i> | Non Preferred | PA |
| <i>calcitriol ointment 3 mcg/gm external</i> | Non Preferred | PA; AGE (Max 18 Years) |
| BESER KIT 0.05 % EXTERNAL (<i>fluticasone-emollient</i>) | Non Preferred | PA |
| DUOBRII LOTION 0.01-0.045 % EXTERNAL (<i>halobetasol prop-tazarotene</i>) | Non Preferred | PA |
| ENSTILAR FOAM 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SORILUX FOAM 0.005 % EXTERNAL (<i>calcipotriene</i>) | Non Preferred | PA |
| TACLONEX OINTMENT 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>) | Non Preferred | PA |
| TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL (<i>calcipotriene-betameth diprop</i>) | Non Preferred | PA |
| VTAMA CREAM 1 % EXTERNAL (<i>tapinarof</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ZORYVE CREAM 0.3 % EXTERNAL (<i>roflumilast</i>) | Non Preferred | PA; AGE (Min 12 Years) |
| PULMONARY ARTERIAL HYPERTENSION [OPEN CLASS] | | |
| <i>ambrisentan tablet 10 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>ambrisentan tablet 5 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>bosentan tablet 125 mg oral</i> | Preferred | QL (2 EA per 1 day) |
| <i>bosentan tablet 62.5 mg oral</i> | Preferred | QL (2 EA per 1 day) |
| <i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i> | Preferred | PA; AGE (Min 18 Years) |
| <i>sildenafil citrate tablet 20 mg oral</i> | Preferred | PA; AGE (Min 18 Years) |
| <i>tadalafil (pah) tablet 20 mg oral</i> | Preferred | PA; AGE (Min 18 Years) |
| <i>tadalafil (pah) (Alyq Tablet 20 Mg Oral)</i> | Preferred | PA; AGE (Min 18 Years) |
| TRACLEER TABLET 125 MG ORAL (<i>bosentan</i>) | Preferred | QL (2 EA per 1 day) |
| TRACLEER TABLET 62.5 MG ORAL (<i>bosentan</i>) | Preferred | QL (2 EA per 1 day) |
| VENTAVIS SOLUTION 10 MCG/ML INHALATION (<i>iloprost</i>) | Preferred | |
| VENTAVIS SOLUTION 20 MCG/ML INHALATION (<i>iloprost</i>) | Preferred | |
| ADCIRCA TABLET 20 MG ORAL (<i>tadalafil (pah)</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| ADEMPAS TABLET 0.5 MG ORAL (<i>riociguat</i>) | Non Preferred | PA |
| ADEMPAS TABLET 1 MG ORAL (<i>riociguat</i>) | Non Preferred | PA |
| ADEMPAS TABLET 1.5 MG ORAL (<i>riociguat</i>) | Non Preferred | PA |
| ADEMPAS TABLET 2 MG ORAL (<i>riociguat</i>) | Non Preferred | PA |
| ADEMPAS TABLET 2.5 MG ORAL (<i>riociguat</i>) | Non Preferred | PA |
| LETAIRIS TABLET 10 MG ORAL (<i>ambrisentan</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LETAIRIS TABLET 5 MG ORAL (<i>ambrisentan</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LIQREV SUSPENSION 10 MG/ML ORAL (<i>sildenafil citrate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| OPSUMIT TABLET 10 MG ORAL (<i>macitentan</i>) | Non Preferred | PA |
| ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL (<i>treprostinil diolamine</i>) | Non Preferred | PA |
| REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL (<i>sildenafil citrate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| REVATIO TABLET 20 MG ORAL (<i>sildenafil citrate</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TADLIQ SUSPENSION 20 MG/5ML ORAL (<i>tadalafil (pah)</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| TRACLEER TABLET SOLUBLE 32 MG ORAL (<i>bosentan</i>) | Non Preferred | PA |
| TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO REFILL SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| TYVASO STARTER SOLUTION 0.6 MG/ML INHALATION (<i>treprostinil</i>) | Non Preferred | PA |
| UPTRAVI TABLET 1000 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 1200 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 1400 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 1600 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 400 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 600 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| UPTRAVI TABLET 800 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|------------------------|
| UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL (<i>selexipag</i>) | Non Preferred | PA |
| QUINOLONES: ORAL [OPEN CLASS] | | |
| <i>ciprofloxacin hcl tablet 100 mg oral</i> | Preferred | |
| <i>ciprofloxacin hcl tablet 250 mg oral</i> | Preferred | |
| <i>ciprofloxacin hcl tablet 500 mg oral</i> | Preferred | |
| <i>ciprofloxacin hcl tablet 750 mg oral</i> | Preferred | |
| <i>ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral</i> | Preferred | |
| <i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i> | Preferred | |
| <i>levofloxacin tablet 250 mg oral</i> | Preferred | |
| <i>levofloxacin tablet 500 mg oral</i> | Preferred | |
| <i>levofloxacin tablet 750 mg oral</i> | Preferred | |
| <i>levofloxacin solution 25 mg/ml oral</i> | Non Preferred | PA |
| <i>moxifloxacin hcl tablet 400 mg oral</i> | Non Preferred | PA |
| <i>ofloxacin tablet 300 mg oral</i> | Non Preferred | PA |
| <i>ofloxacin tablet 400 mg oral</i> | Non Preferred | PA |
| BAXDELA TABLET 450 MG ORAL (<i>delafloxacin meglumine</i>) | Non Preferred | PA |
| CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL (<i>ciprofloxacin</i>) | Non Preferred | PA |
| CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL (<i>ciprofloxacin</i>) | Non Preferred | PA |
| CIPRO TABLET 250 MG ORAL (<i>ciprofloxacin hcl</i>) | Non Preferred | PA |
| CIPRO TABLET 500 MG ORAL (<i>ciprofloxacin hcl</i>) | Non Preferred | PA |
| ROSACEA AGENTS: TOPICAL [OPEN CLASS] | | |
| <i>ivermectin cream 1 % external</i> | Preferred | |
| <i>metronidazole cream 0.75 % external</i> | Preferred | |
| <i>metronidazole gel 0.75 % external</i> | Preferred | |
| <i>metronidazole gel 1 % external</i> | Preferred | |
| <i>metronidazole lotion 0.75 % external</i> | Preferred | |
| <i>metronidazole</i> (Rosadan Cream 0.75 % External) | Preferred | |
| <i>metronidazole</i> (Rosadan Gel 0.75 % External) | Preferred | |
| <i>azelaic acid gel 15 % external</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>brimonidine tartrate gel 0.33 % external</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| <i>metronidazole gel 1 % external</i> | Non Preferred | PA |
| FINACEA FOAM 15 % EXTERNAL (<i>azelaic acid</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| FINACEA GEL 15 % EXTERNAL (<i>azelaic acid</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NORITATE CREAM 1 % EXTERNAL (<i>metronidazole</i>) | Non Preferred | PA |
| RHOFADE CREAM 1 % EXTERNAL (<i>oxymetazoline hcl</i>) | Non Preferred | PA |
| ROSADAN KIT 0.75 % CREAM EXTERNAL (<i>metronidazole-cleanser</i>) | Non Preferred | PA |
| ROSADAN KIT 0.75 % GEL EXTERNAL (<i>metronidazole-cleanser</i>) | Non Preferred | PA |
| SECOND GENERATION ANTIHISTAMINES AND COMBINATIONS [OPEN CLASS] | | |
| <i>12hr allergy & congestion tablet extended release 12 hour 60-120 mg oral</i> | Preferred | OTC |
| <i>all day allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>all day allergy tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>allergy rel child (loratadine) solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>allergy relief (loratadine) tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief cetirizine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief cetirizine tablet 5 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief childrens solution 1 mg/ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief tablet 5 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>allergy relief/indoor/outdoor tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>antihistamine & nasal deconges tablet extended release 12 hour 60-120 mg oral</i> | Preferred | OTC |
| <i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cetirizine hcl solution 1 mg/ml oral (rx)</i> | Preferred | Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| <i>cetirizine hcl tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cetirizine hcl tablet 5 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>childrens loratadine solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i> | Preferred | OTC |
| <i>ft all day allergy 24 hour tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft all day allergy relief tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft all day allergy tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft allergy & congestion-d 12hr tablet extended release 12 hour 60-120 mg oral</i> | Preferred | OTC |
| <i>ft allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>ft allergy relief cetirizine tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ft allergy relief childrens solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft allergy relief loratadine tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>gnp all day allergy childrens solution 1 mg/ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp all day allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp all day allergy tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp allergy relief 24 hr tablet 5 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp fexofenadine/pse er tablet extended release 12 hour 60-120 mg oral</i> | Preferred | OTC |
| <i>gnp loratadine childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>gnp loratadine solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>gnp loratadine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp loratadine tablet dispersible 10 mg oral</i> | Preferred | OTC |
| <i>goodsense all day allergy solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense all day allergy tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense allergy relief child solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>goodsense allergy relief tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm all day allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| <i>hm all day allergy solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm allergy relief (cetirizine) tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm cetirizine hcl tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm loratadine childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>hm loratadine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>levocetirizine dihydrochloride tablet 5 mg oral (rx)</i> | Preferred | Max 90-day supply per fill |
| <i>loratadine childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>loratadine solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>loratadine tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>loratadine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>loratadine tablet dispersible 10 mg oral</i> | Preferred | OTC |
| <i>sm all day allergy childrens solution 1 mg/ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm all day allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm all day allergy relief tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm all day allergy tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm allergy childrens solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>sm loratadine solution 5 mg/5ml oral</i> | Preferred | OTC; AGE (Min 2 Years) |
| <i>sm loratadine tablet 10 mg oral</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>12hr allergy relief tablet 60 mg oral</i> | Non Preferred | OTC; PA |
| <i>24hr allergy relief tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>all day allergy-d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>aller-ease tablet 60 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy 24-hr tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy childrens suspension 30 mg/5ml oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief (cetirizine) capsule 10 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>allergy relief d-12 tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief/nasal decongest tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy relief/nasal decongest tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>allergy/congestion relief tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>cetirizine hcl childrens solution 5 mg/5ml oral</i> | Non Preferred | OTC; PA |
| <i>cetirizine hcl tablet chewable 10 mg oral</i> | Non Preferred | OTC; PA |
| <i>cetirizine hcl tablet chewable 5 mg oral</i> | Non Preferred | OTC; PA |
| <i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>desloratadine tablet 5 mg oral</i> | Non Preferred | PA |
| <i>desloratadine tablet dispersible 2.5 mg oral</i> | Non Preferred | PA |
| <i>desloratadine tablet dispersible 5 mg oral</i> | Non Preferred | PA |
| <i>fexofenadine hcl tablet 180 mg oral (otc)</i> | Non Preferred | OTC; PA |
| <i>fexofenadine hcl tablet 60 mg oral (otc)</i> | Non Preferred | OTC; PA |
| <i>fexofenadine-pseudoephed er tablet extended release 24 hour 180-240 mg oral (otc)</i> | Non Preferred | OTC; PA |
| <i>ft all day allergy-d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>ft allergy relief 12 hour tablet 60 mg oral</i> | Non Preferred | OTC; PA |
| <i>ft allergy relief 24 hour tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>ft allergy relief childrens tablet chewable 5 mg oral</i> | Non Preferred | OTC; PA; AGE (Min 2 Years) |
| <i>ft allergy relief tablet 180 mg oral</i> | Non Preferred | PA |
| <i>ft allergy relief-d tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>gnp all day allergy relief capsule 10 mg oral</i> | Non Preferred | OTC; PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>gnp all day allergy-d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>gnp allergy & congestion tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>gnp allergy relief tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>gnp allergy/congestion relief tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>goodsense all day allergy-d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>goodsense aller-ease tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>hm allergy relief tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>hm allergy relief tablet 60 mg oral</i> | Non Preferred | OTC; PA |
| <i>hm allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i> | Non Preferred | PA |
| <i>loratadine childrens tablet chewable 5 mg oral</i> | Non Preferred | OTC; PA; AGE (Min 2 Years) |
| <i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| <i>sm all day allergy-d tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>sm allergy relief tablet 60 mg oral</i> | Non Preferred | OTC; PA |
| <i>sm fexofenadine hcl tablet 180 mg oral</i> | Non Preferred | OTC; PA |
| <i>sm loratadine d 12hr tablet extended release 12 hour 5-120 mg oral</i> | Non Preferred | OTC; PA |
| <i>sm lorata-dine d tablet extended release 24 hour 10-240 mg oral</i> | Non Preferred | OTC; PA |
| CLARINEX TABLET 5 MG ORAL (<i>desloratadine</i>) | Non Preferred | PA |
| CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL (<i>desloratadine-pseudoephedrine</i>) | Non Preferred | PA |
| SEDATIVES: HYPNOTICS [OPEN CLASS] | | |
| <i>eszopiclone tablet 1 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>eszopiclone tablet 2 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>eszopiclone tablet 3 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>temazepam capsule 15 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>temazepam capsule 30 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>triazolam tablet 0.125 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>triazolam tablet 0.25 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zaleplon capsule 10 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zaleplon capsule 5 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate tablet 10 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate tablet 5 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>doxepin hcl tablet 3 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>doxepin hcl tablet 6 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>estazolam tablet 1 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>estazolam tablet 2 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>flurazepam hcl capsule 15 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>flurazepam hcl capsule 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>quazepam tablet 15 mg oral</i> | Non Preferred | PA |
| <i>ramelteon tablet 8 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>tasimelteon capsule 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 16 Years) |
| <i>temazepam capsule 22.5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>temazepam capsule 7.5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate capsule 7.5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate er tablet extended release 12.5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate er tablet extended release 6.25 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>zolpidem tartrate tablet sublingual 1.75 mg sublingual</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>zolpidem tartrate tablet sublingual 3.5 mg sublingual</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| AMBIEN TABLET 10 MG ORAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| AMBIEN TABLET 5 MG ORAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| BELSOMRA TABLET 10 MG ORAL (<i>suvorexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| BELSOMRA TABLET 15 MG ORAL (<i>suvorexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| BELSOMRA TABLET 20 MG ORAL (<i>suvorexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| BELSOMRA TABLET 5 MG ORAL (<i>suvorexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| DAYVIGO TABLET 10 MG ORAL (<i>lemborexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| DAYVIGO TABLET 5 MG ORAL (<i>lemborexant</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| DORAL TABLET 15 MG ORAL (<i>quazepam</i>) | Non Preferred | PA |
| EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL (<i>zolpidem tartrate</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| HALCION TABLET 0.25 MG ORAL (<i>triazolam</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| HETLIOZ CAPSULE 20 MG ORAL (<i>tasimelteon</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 16 Years) |
| HETLIOZ LQ SUSPENSION 4 MG/ML ORAL (<i>tasimelteon</i>) | Non Preferred | PA; QL (5 ML per 1 day); AGE (Min 3 Years and Max 15 Years) |
| LUNESTA TABLET 1 MG ORAL (<i>eszopiclone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LUNESTA TABLET 2 MG ORAL (<i>eszopiclone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| LUNESTA TABLET 3 MG ORAL (<i>eszopiclone</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| QUVIVIQ TABLET 25 MG ORAL (<i>daridorexant hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| QUVIVIQ TABLET 50 MG ORAL (<i>daridorexant hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RESTORIL CAPSULE 15 MG ORAL (<i>temazepam</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RESTORIL CAPSULE 22.5 MG ORAL (<i>temazepam</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RESTORIL CAPSULE 30 MG ORAL (<i>temazepam</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| RESTORIL CAPSULE 7.5 MG ORAL (<i>temazepam</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ROZEREM TABLET 8 MG ORAL (<i>ramelteon</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| SICKLE CELL ANEMIA TREATMENTS [CLOSED CLASS] | | |
| DROXIA CAPSULE 200 MG ORAL (<i>hydroxyurea</i>) | Preferred | AGE (Min 18 Years) |
| DROXIA CAPSULE 300 MG ORAL (<i>hydroxyurea</i>) | Preferred | AGE (Min 18 Years) |
| DROXIA CAPSULE 400 MG ORAL (<i>hydroxyurea</i>) | Preferred | AGE (Min 18 Years) |
| ENDARI PACKET 5 GM ORAL (<i>glutamine (sickle cell)</i>) | Preferred | AGE (Min 5 Years) |
| OXBRYTA TABLET 300 MG ORAL (<i>voxelotor</i>) | Preferred | AGE (Min 12 Years) |
| OXBRYTA TABLET 500 MG ORAL (<i>voxelotor</i>) | Preferred | AGE (Min 4 Years) |
| OXBRYTA TABLET SOLUBLE 300 MG ORAL (<i>voxelotor</i>) | Preferred | AGE (Min 4 Years) |
| ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS (<i>crizanlizumab-tmca</i>) | Non Preferred | PA; AGE (Min 16 Years) |
| SIKLOS TABLET 100 MG ORAL (<i>hydroxyurea</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| SIKLOS TABLET 1000 MG ORAL (<i>hydroxyurea</i>) | Non Preferred | PA; AGE (Min 2 Years) |
| SKELETAL MUSCLE RELAXANTS [OPEN CLASS] | | |
| <i>baclofen solution 5 mg/5ml oral</i> | Preferred | |
| <i>baclofen tablet 10 mg oral</i> | Preferred | |
| <i>baclofen tablet 15 mg oral</i> | Preferred | |
| <i>baclofen tablet 20 mg oral</i> | Preferred | |
| <i>baclofen tablet 5 mg oral</i> | Preferred | |
| <i>chlorzoxazone tablet 250 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>chlorzoxazone tablet 375 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>chlorzoxazone tablet 500 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>chlorzoxazone tablet 750 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>cyclobenzaprine hcl tablet 10 mg oral</i> | Preferred | QL (3 EA per 1 day); AGE (Min 15 Years) |
| <i>cyclobenzaprine hcl tablet 5 mg oral</i> | Preferred | QL (3 EA per 1 day); AGE (Min 15 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>cyclobenzaprine hcl tablet 7.5 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 15 Years) |
| <i>dantrolene sodium capsule 100 mg oral</i> | Preferred | |
| <i>dantrolene sodium capsule 25 mg oral</i> | Preferred | |
| <i>dantrolene sodium capsule 50 mg oral</i> | Preferred | |
| <i>methocarbamol tablet 500 mg oral</i> | Preferred | AGE (Min 16 Years) |
| <i>methocarbamol tablet 750 mg oral</i> | Preferred | AGE (Min 16 Years) |
| <i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i> | Preferred | QL (2 EA per 1 day); AGE (Min 18 Years) |
| <i>tizanidine hcl tablet 2 mg oral</i> | Preferred | QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>tizanidine hcl tablet 4 mg oral</i> | Preferred | QL (9 EA per 1 day); AGE (Min 18 Years) |
| <i>baclofen solution 10 mg/5ml oral</i> | Non Preferred | PA; QL (40 ML per 1 day) |
| <i>baclofen suspension 25 mg/5ml oral</i> | Non Preferred | PA |
| <i>carisoprodol tablet 250 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>carisoprodol tablet 350 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 16 Years) |
| <i>carisoprodol-aspirin tablet 200-325 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day) |
| <i>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</i> | Non Preferred | PA; AGE (Min 16 Years) |
| <i>cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>metaxalone tablet 400 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 13 Years) |
| <i>metaxalone tablet 800 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 13 Years) |
| <i>norgesic forte tablet 50-770-60 mg oral</i> | Non Preferred | PA |
| <i>tizanidine hcl capsule 2 mg oral</i> | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>tizanidine hcl capsule 4 mg oral</i> | Non Preferred | PA; QL (9 EA per 1 day); AGE (Min 18 Years) |
| <i>tizanidine hcl capsule 6 mg oral</i> | Non Preferred | PA; QL (6 EA per 1 day); AGE (Min 18 Years) |
| AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>cyclobenzaprine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>cyclobenzaprine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| DANTRIUM CAPSULE 25 MG ORAL (<i>dantrolene sodium</i>) | Non Preferred | PA |
| <i>cyclobenzaprine hcl</i> (Fexmid Tablet 7.5 Mg Oral) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 15 Years) |
| FLEQSUVY SUSPENSION 25 MG/5ML ORAL (<i>baclofen</i>) | Non Preferred | PA |
| <i>chlorzoxazone</i> (Lorzone Tablet 375 Mg Oral) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 18 Years) |
| <i>chlorzoxazone</i> (Lorzone Tablet 750 Mg Oral) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 18 Years) |
| LYVISPAH PACKET 10 MG ORAL (<i>baclofen</i>) | Non Preferred | PA |
| LYVISPAH PACKET 20 MG ORAL (<i>baclofen</i>) | Non Preferred | PA |
| LYVISPAH PACKET 5 MG ORAL (<i>baclofen</i>) | Non Preferred | PA |
| <i>orphenadrine-aspirin-caffeine</i> (Norgesic Tablet 25-385-30 Mg Oral) | Non Preferred | PA |
| <i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Tablet 50-770-60 Mg Oral) | Non Preferred | PA |
| SOMA TABLET 250 MG ORAL (<i>carisoprodol</i>) | Non Preferred | PA; QL (4 EA per 1 day) |
| SOMA TABLET 350 MG ORAL (<i>carisoprodol</i>) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 16 Years) |
| ZANAFLEX CAPSULE 2 MG ORAL (<i>tizanidine hcl</i>) | Non Preferred | PA; QL (4 EA per 1 day); AGE (Min 18 Years) |
| ZANAFLEX CAPSULE 4 MG ORAL (<i>tizanidine hcl</i>) | Non Preferred | PA; QL (9 EA per 1 day); AGE (Min 18 Years) |
| ZANAFLEX CAPSULE 6 MG ORAL (<i>tizanidine hcl</i>) | Non Preferred | PA; QL (6 EA per 1 day); AGE (Min 18 Years) |
| ZANAFLEX TABLET 4 MG ORAL (<i>tizanidine hcl</i>) | Non Preferred | PA; QL (9 EA per 1 day); AGE (Min 18 Years) |
| SMOKING CESSATION [OPEN CLASS] | | |
| <i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>ft nicotine lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>ft nicotine lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>ft nicotine mini lozenge 2 mg mouth/throat</i> | Preferred | |
| <i>ft nicotine mini lozenge 4 mg mouth/throat</i> | Preferred | |
| <i>gnp nicotine gum 2 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine mini lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine mini lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i> | Preferred | OTC |
| <i>gnp nicotine patch 24 hour 21 mg/24hr transdermal</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i> | Preferred | OTC |
| <i>gnp nicotine polacrilex gum 2 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine polacrilex gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>goodsense nicotine gum 2 mg mouth/throat</i> | Preferred | OTC |
| <i>goodsense nicotine gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>goodsense nicotine lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>goodsense nicotine lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>hm nicotine patch 24 hour 14 mg/24hr transdermal</i> | Preferred | OTC |
| <i>hm nicotine patch 24 hour 21 mg/24hr transdermal</i> | Preferred | OTC |
| <i>hm nicotine patch 24 hour 7 mg/24hr transdermal</i> | Preferred | OTC |
| <i>hm nicotine polacrilex lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>hm nicotine polacrilex lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine kit 21-14-7 mg/24hr transdermal</i> | Preferred | OTC |
| <i>nicotine mini lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine mini lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i> | Preferred | OTC |
| <i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i> | Preferred | OTC |
| <i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i> | Preferred | OTC |
| <i>nicotine polacrilex gum 2 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine polacrilex gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine polacrilex lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine polacrilex lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i> | Preferred | OTC |
| <i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i> | Preferred | OTC |
| <i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i> | Preferred | OTC |
| <i>sm nicotine gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>sm nicotine lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>sm nicotine patch 24 hour 14 mg/24hr transdermal</i> | Preferred | OTC |
| <i>sm nicotine patch 24 hour 21 mg/24hr transdermal</i> | Preferred | OTC |
| <i>sm nicotine patch 24 hour 7 mg/24hr transdermal</i> | Preferred | OTC |
| <i>sm nicotine polacrilex gum 2 mg mouth/throat</i> | Preferred | OTC |
| <i>sm nicotine polacrilex gum 4 mg mouth/throat</i> | Preferred | OTC |
| <i>sm nicotine polacrilex lozenge 2 mg mouth/throat</i> | Preferred | OTC |
| <i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i> | Preferred | OTC |
| <i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i> | Preferred | |
| <i>varenicline tartrate tablet 0.5 mg oral</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>varenicline tartrate tablet 1 mg oral</i> | Preferred | |
| <i>varenicline tartrate(continue) tablet 1 mg oral</i> | Preferred | |
| CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL (<i>varenicline tartrate</i>) | Preferred | |
| CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 ORAL (<i>varenicline tartrate</i>) | Preferred | |
| CHANTIX TABLET 1 MG ORAL (<i>varenicline tartrate</i>) | Preferred | |
| NICOTROL INHALER 10 MG INHALATION (<i>nicotine</i>) | Non Preferred | PA |
| NICOTROL NS SOLUTION 10 MG/ML NASAL (<i>nicotine</i>) | Non Preferred | PA |
| STEROIDS: TOPICAL, HIGH POTENCY [OPEN CLASS] | | |
| <i>betamethasone dipropionate aug cream 0.05 % external</i> | Preferred | |
| <i>betamethasone valerate cream 0.1 % external</i> | Preferred | |
| <i>betamethasone valerate lotion 0.1 % external</i> | Preferred | |
| <i>betamethasone valerate ointment 0.1 % external</i> | Preferred | |
| <i>triamcinolone acetonide cream 0.025 % external</i> | Preferred | |
| <i>triamcinolone acetonide cream 0.1 % external</i> | Preferred | |
| <i>triamcinolone acetonide cream 0.5 % external</i> | Preferred | |
| <i>triamcinolone acetonide lotion 0.025 % external</i> | Preferred | |
| <i>triamcinolone acetonide lotion 0.1 % external</i> | Preferred | |
| <i>triamcinolone acetonide ointment 0.025 % external</i> | Preferred | |
| <i>triamcinolone acetonide ointment 0.05 % external</i> | Preferred | |
| <i>triamcinolone acetonide ointment 0.1 % external</i> | Preferred | |
| <i>triamcinolone acetonide ointment 0.5 % external</i> | Preferred | |
| <i>triamcinolone in absorbase ointment 0.05 % external</i> | Preferred | |
| <i>betamethasone dipropionate aug gel 0.05 % external</i> | Non Preferred | PA |
| <i>betamethasone dipropionate aug lotion 0.05 % external</i> | Non Preferred | PA |
| <i>betamethasone dipropionate aug ointment 0.05 % external</i> | Non Preferred | PA |
| <i>betamethasone dipropionate cream 0.05 % external</i> | Non Preferred | PA |
| <i>betamethasone dipropionate lotion 0.05 % external</i> | Non Preferred | PA |
| <i>betamethasone dipropionate ointment 0.05 % external</i> | Non Preferred | PA |
| <i>desoximetasone cream 0.05 % external</i> | Non Preferred | PA |
| <i>desoximetasone cream 0.25 % external</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>desoximetasone gel 0.05 % external</i> | Non Preferred | PA |
| <i>desoximetasone liquid 0.25 % external</i> | Non Preferred | PA |
| <i>desoximetasone ointment 0.05 % external</i> | Non Preferred | PA |
| <i>desoximetasone ointment 0.25 % external</i> | Non Preferred | PA |
| <i>diflorasone diacetate cream 0.05 % external</i> | Non Preferred | PA |
| <i>diflorasone diacetate ointment 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinonide cream 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinonide cream 0.1 % external</i> | Non Preferred | PA |
| <i>fluocinonide emulsified base cream 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinonide gel 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinonide ointment 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinonide solution 0.05 % external</i> | Non Preferred | PA |
| <i>halcinonide cream 0.1 % external</i> | Non Preferred | PA |
| <i>triamcinolone acetonide aerosol solution 0.147 mg/gm external</i> | Non Preferred | PA |
| DIPROLENE OINTMENT 0.05 % EXTERNAL (<i>betamethasone dipropionate aug</i>) | Non Preferred | PA |
| HALOG CREAM 0.1 % EXTERNAL (<i>halcinonide</i>) | Non Preferred | PA |
| HALOG OINTMENT 0.1 % EXTERNAL (<i>halcinonide</i>) | Non Preferred | PA |
| HALOG SOLUTION 0.1 % EXTERNAL (<i>halcinonide</i>) | Non Preferred | PA |
| KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL (<i>triamcinolone acetonide</i>) | Non Preferred | PA |
| TOPICORT CREAM 0.05 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |
| TOPICORT CREAM 0.25 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |
| TOPICORT GEL 0.05 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |
| TOPICORT OINTMENT 0.05 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| TOPICORT OINTMENT 0.25 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |
| TOPICORT SPRAY LIQUID 0.25 % EXTERNAL (<i>desoximetasone</i>) | Non Preferred | PA |
| VANOS CREAM 0.1 % EXTERNAL (<i>fluocinonide</i>) | Non Preferred | PA |
| STEROIDS: TOPICAL, LOW POTENCY [OPEN CLASS] | | |
| <i>anti-itch maximum strength cream 1 % external</i> | Preferred | OTC |
| <i>gnp hydrocortisone cream 0.5 % external</i> | Preferred | OTC |
| <i>gnp hydrocortisone max st ointment 1 % external</i> | Preferred | OTC |
| <i>gnp hydrocortisone plus cream 1 % external</i> | Preferred | OTC |
| <i>gnp hydrocortisone/aloe cream 1 % external</i> | Preferred | OTC |
| <i>hm hydrocortisone plus cream 1 % external</i> | Preferred | OTC |
| <i>hm hydrocortisone-aloe max st cream 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone (perianal) cream 2.5 % external</i> | Preferred | |
| <i>hydrocortisone acetate cream 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone acetate ointment 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone cream 0.5 % external</i> | Preferred | OTC |
| <i>hydrocortisone cream 1 % external (otc)</i> | Preferred | OTC |
| <i>hydrocortisone cream 1 % external (rx)</i> | Preferred | |
| <i>hydrocortisone cream 2.5 % external</i> | Preferred | |
| <i>hydrocortisone lotion 2.5 % external</i> | Preferred | |
| <i>hydrocortisone max st cream 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone max st/12 moist cream 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone ointment 1 % external (otc)</i> | Preferred | OTC |
| <i>hydrocortisone ointment 1 % external (rx)</i> | Preferred | |
| <i>hydrocortisone ointment 2.5 % external</i> | Preferred | |
| <i>hydrocortisone/aloe max str cream 1 % external</i> | Preferred | OTC |
| <i>sm hydrocortisone cream 1 % external</i> | Preferred | OTC |
| <i>sm hydrocortisone max st ointment 1 % external</i> | Preferred | OTC |
| <i>sm hydrocortisone plus cream 1 % external</i> | Preferred | OTC |
| <i>hydrocortisone (Proctocort Cream 1 % External)</i> | Preferred | |
| <i>hydrocortisone (Procto-Med Hc Cream 2.5 % External)</i> | Preferred | |
| <i>hydrocortisone (Proctosol Hc Cream 2.5 % External)</i> | Preferred | |
| <i>hydrocortisone (Proctozone-Hc Cream 2.5 % External)</i> | Preferred | |
| <i>alclometasone dipropionate cream 0.05 % external</i> | Non Preferred | PA |
| <i>alclometasone dipropionate ointment 0.05 % external</i> | Non Preferred | PA |
| <i>desonide cream 0.05 % external</i> | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>desonide lotion 0.05 % external</i> | Non Preferred | PA |
| <i>desonide ointment 0.05 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide body oil 0.01 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide scalp oil 0.01 % external</i> | Non Preferred | PA |
| <i>hydrocortisone complete kit therapy pack 2 % external</i> | Non Preferred | PA |
| ANUSOL-HC CREAM 2.5 % EXTERNAL (<i>hydrocortisone</i>) | Non Preferred | PA |
| DERMA-SMOOTH/FS BODY OIL 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>) | Non Preferred | PA |
| DERMA-SMOOTH/FS SCALP OIL 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>) | Non Preferred | PA |
| TEXACORT SOLUTION 2.5 % EXTERNAL (<i>hydrocortisone</i>) | Non Preferred | PA |
| STERIODS: TOPICAL, MEDIUM POTENCY [OPEN CLASS] | | |
| <i>fluticasone propionate cream 0.05 % external</i> | Preferred | |
| <i>fluticasone propionate ointment 0.005 % external</i> | Preferred | |
| <i>mometasone furoate cream 0.1 % external</i> | Preferred | |
| <i>mometasone furoate ointment 0.1 % external</i> | Preferred | |
| <i>mometasone furoate solution 0.1 % external</i> | Preferred | |
| <i>betamethasone valerate foam 0.12 % external</i> | Non Preferred | PA |
| <i>clocortolone pivalate cream 0.1 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide cream 0.01 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide cream 0.025 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide ointment 0.025 % external</i> | Non Preferred | PA |
| <i>fluocinolone acetonide solution 0.01 % external</i> | Non Preferred | PA |
| <i>flurandrenolide cream 0.05 % external</i> | Non Preferred | PA |
| <i>flurandrenolide lotion 0.05 % external</i> | Non Preferred | PA |
| <i>flurandrenolide ointment 0.05 % external</i> | Non Preferred | PA |
| <i>fluticasone propionate lotion 0.05 % external</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>hydrocortisone butyr lipo base cream 0.1 % external</i> | Non Preferred | PA |
| <i>hydrocortisone butyrate cream 0.1 % external</i> | Non Preferred | PA |
| <i>hydrocortisone butyrate lotion 0.1 % external</i> | Non Preferred | PA |
| <i>hydrocortisone butyrate ointment 0.1 % external</i> | Non Preferred | PA |
| <i>hydrocortisone butyrate solution 0.1 % external</i> | Non Preferred | PA |
| <i>hydrocortisone valerate cream 0.2 % external</i> | Non Preferred | PA |
| <i>hydrocortisone valerate ointment 0.2 % external</i> | Non Preferred | PA |
| <i>prednicarbate cream 0.1 % external</i> | Non Preferred | PA |
| <i>prednicarbate ointment 0.1 % external</i> | Non Preferred | PA |
| <i>triamcinolone acetonide paste 0.1 % mouth/throat</i> | Non Preferred | PA |
| <i>fluticasone propionate (Beser Lotion 0.05 % External)</i> | Non Preferred | PA |
| CLODERM CREAM 0.1 % EXTERNAL (<i>clocortolone pivalate</i>) | Non Preferred | PA |
| CLODERM PUMP CREAM 0.1 % EXTERNAL (<i>clocortolone pivalate</i>) | Non Preferred | PA |
| LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL (<i>hydrocortisone butyr lipo base</i>) | Non Preferred | PA |
| LOCOID LOTION 0.1 % EXTERNAL (<i>hydrocortisone butyrate</i>) | Non Preferred | PA |
| <i>triamcinolone acetonide (Oralone Paste 0.1 % Mouth/Throat)</i> | Non Preferred | PA |
| PANDEL CREAM 0.1 % EXTERNAL (<i>hydrocortisone probutate</i>) | Non Preferred | PA |
| SYNALAR (CREAM) KIT 0.025 % EXTERNAL (<i>fluocinolone-emollient</i>) | Non Preferred | PA |
| SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL (<i>fluocinolone-emollient</i>) | Non Preferred | PA |
| SYNALAR CREAM 0.025 % EXTERNAL (<i>fluocinolone acetonide</i>) | Non Preferred | PA |
| SYNALAR OINTMENT 0.025 % EXTERNAL (<i>fluocinolone acetonide</i>) | Non Preferred | PA |
| SYNALAR SOLUTION 0.01 % EXTERNAL (<i>fluocinolone acetonide</i>) | Non Preferred | PA |
| SYNALAR TS KIT 0.01 % EXTERNAL (<i>fluocinolone & cleanser</i>) | Non Preferred | PA |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| STEROIDS: TOPICAL, VERY HIGH POTENCY [OPEN CLASS] | | |
| <i>clobetasol prop emollient base cream 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate cream 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate e cream 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate gel 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate ointment 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate solution 0.05 % external</i> | Preferred | |
| <i>halobetasol propionate cream 0.05 % external</i> | Preferred | |
| <i>clobetasol propionate emulsion foam 0.05 % external</i> | Non Preferred | PA |
| <i>clobetasol propionate foam 0.05 % external</i> | Non Preferred | PA |
| <i>clobetasol propionate liquid 0.05 % external</i> | Non Preferred | PA |
| <i>clobetasol propionate lotion 0.05 % external</i> | Non Preferred | PA |
| <i>clobetasol propionate shampoo 0.05 % external</i> | Non Preferred | PA |
| <i>halobetasol propionate foam 0.05 % external</i> | Non Preferred | PA |
| <i>halobetasol propionate ointment 0.05 % external</i> | Non Preferred | PA |
| APEXICON E CREAM 0.05 % EXTERNAL (<i>diflorasone diacet emoll base</i>) | Non Preferred | PA |
| BRYHALI LOTION 0.01 % EXTERNAL (<i>halobetasol propionate</i>) | Non Preferred | PA |
| CLODAN KIT 0.05 % EXTERNAL (<i>clobetasol prop & cleanser</i>) | Non Preferred | PA |
| <i>clobetasol propionate</i> (Clodan Shampoo 0.05 % External) | Non Preferred | PA |
| IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL (<i>clobetasol propionate</i>) | Non Preferred | PA |
| LEXETTE FOAM 0.05 % EXTERNAL (<i>halobetasol propionate</i>) | Non Preferred | PA |
| OLUX FOAM 0.05 % EXTERNAL (<i>clobetasol propionate</i>) | Non Preferred | PA |
| TEMOVATE OINTMENT 0.05 % EXTERNAL (<i>clobetasol propionate</i>) | Non Preferred | PA |
| <i>clobetasol propionate emulsion</i> (Tovet Foam 0.05 % External) | Non Preferred | PA |
| TOVET KIT 0.05 % EXTERNAL (<i>clobetasol emul foam w/moistcr</i>) | Non Preferred | PA |
| ULTRAVATE LOTION 0.05 % EXTERNAL (<i>halobetasol propionate</i>) | Non Preferred | PA |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| STIMULANTS AND RELATED AGENTS [CLOSED CLASS] | | |
| <i>amphetamine-dextroamphetamine tablet 10 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 15 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 20 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 30 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>atomoxetine hcl capsule 10 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 100 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 18 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 25 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 40 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 60 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>atomoxetine hcl capsule 80 mg oral</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i> | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl tablet 10 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl tablet 2.5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dexmethylphenidate hcl tablet 5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 10 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 15 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 2.5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 20 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 30 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate tablet 7.5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>methylphenidate hcl solution 10 mg/5ml oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl solution 5 mg/5ml oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet 10 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet 20 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet 5 mg oral</i> | Preferred | AGE (Min 4 Years and Max 17 Years) |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (<i>methylphenidate hcl</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (<i>methylphenidate hcl</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (<i>methylphenidate hcl</i>) | Preferred | QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (<i>methylphenidate hcl</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| DAYTRANA PATCH 10 MG/9HR TRANSDERMAL (<i>methylphenidate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| DAYTRANA PATCH 15 MG/9HR TRANSDERMAL (<i>methylphenidate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| DAYTRANA PATCH 20 MG/9HR TRANSDERMAL (<i>methylphenidate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| DAYTRANA PATCH 30 MG/9HR TRANSDERMAL (<i>methylphenidate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| VYVANSE CAPSULE 10 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE CAPSULE 20 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE CAPSULE 30 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| VYVANSE CAPSULE 40 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE CAPSULE 50 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE CAPSULE 60 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE CAPSULE 70 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 10 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 20 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 30 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 40 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 50 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| VYVANSE TABLET CHEWABLE 60 MG ORAL (<i>lisdexamfetamine dimesylate</i>) | Preferred | QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>amphetamine sulfate tablet 10 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine sulfate tablet 5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 12.5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 25 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 37.5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>amphetamine-dextroamphetamine 3-bead capsule extended release 24 hour 50 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>armodafinil tablet 150 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>armodafinil tablet 200 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>armodafinil tablet 250 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>armodafinil tablet 50 mg oral</i> | Non Preferred | PA; AGE (Min 18 Years) |
| <i>dextroamphetamine sulfate capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate capsule extended release 24 hour 15 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate capsule extended release 24 hour 5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate solution 5 mg/5ml oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 50 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate capsule 60 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>lisdexamfetamine dimesylate capsule 70 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>methamphetamine hcl tablet 5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| <i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>methylphenidate hcl er tablet extended release 10 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er tablet extended release 20 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i> | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet chewable 10 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet chewable 2.5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate hcl tablet chewable 5 mg oral</i> | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate patch 10 mg/9hr transdermal</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate patch 15 mg/9hr transdermal</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate patch 20 mg/9hr transdermal</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>methylphenidate patch 30 mg/9hr transdermal</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| <i>modafinil tablet 100 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| <i>modafinil tablet 200 mg oral</i> | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| ADDERALL TABLET 10 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADDERALL TABLET 12.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADDERALL TABLET 15 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADDERALL TABLET 20 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| ADDERALL TABLET 30 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADDERALL TABLET 5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADDERALL TABLET 7.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| AZSTARYS CAPSULE 26.1-5.2 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| AZSTARYS CAPSULE 39.2-7.8 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| AZSTARYS CAPSULE 52.3-10.4 MG ORAL (<i>serdexmethylphen-dexmethylphen</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL (<i>methylphenidate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL (<i>methylphenidate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL (<i>methylphenidate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DESOXYN TABLET 5 MG ORAL (<i>methamphetamine hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>dextroamphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>dextroamphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG ORAL (<i>amphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO TABLET 10 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| EVEKEO TABLET 5 MG ORAL (<i>amphetamine sulfate</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| FOCALIN TABLET 10 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| FOCALIN TABLET 2.5 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| FOCALIN TABLET 5 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL (<i>dexmethylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL (<i>guanfacine hcl</i>) | Non Preferred | PA |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL (<i>guanfacine hcl</i>) | Non Preferred | PA |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL (<i>guanfacine hcl</i>) | Non Preferred | PA |
| INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>guanfacine hcl</i>) | Non Preferred | PA |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| METHYLIN SOLUTION 10 MG/5ML ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| METHYLIN SOLUTION 5 MG/5ML ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>amphetamine-dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| NUVIGIL TABLET 150 MG ORAL (<i>armodafinil</i>) | Non Preferred | PA; AGE (Min 18 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| NUVIGIL TABLET 200 MG ORAL (<i>armodafinil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NUVIGIL TABLET 250 MG ORAL (<i>armodafinil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| NUVIGIL TABLET 50 MG ORAL (<i>armodafinil</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| <i>dextroamphetamine sulfate</i> (Procentra Solution 5 Mg/5ML Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| PROVIGIL TABLET 100 MG ORAL (<i>modafinil</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| PROVIGIL TABLET 200 MG ORAL (<i>modafinil</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 18 Years) |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL (<i>viloxazine hcl</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL (<i>viloxazine hcl</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL (<i>viloxazine hcl</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (2 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 17 Years) |
| RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day); AGE (Min 4 Years and Max 17 Years) |
| RITALIN TABLET 10 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| RITALIN TABLET 20 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| RITALIN TABLET 5 MG ORAL (<i>methylphenidate hcl</i>) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| STRATTERA CAPSULE 10 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 100 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 18 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 25 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 40 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 60 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| STRATTERA CAPSULE 80 MG ORAL (<i>atomoxetine hcl</i>) | Non Preferred | PA; QL (1 EA per 1 day) |
| SUNOSI TABLET 150 MG ORAL (<i>solriamfetol hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| SUNOSI TABLET 75 MG ORAL (<i>solriamfetol hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| WAKIX TABLET 17.8 MG ORAL (<i>pitolisant hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| WAKIX TABLET 4.45 MG ORAL (<i>pitolisant hcl</i>) | Non Preferred | PA; AGE (Min 18 Years) |
| XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| XELSTRYM PATCH 18 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| XELSTRYM PATCH 9 MG/9HR TRANSDERMAL (<i>dextroamphetamine</i>) | Non Preferred | PA; AGE (Min 6 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 10 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 15 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 2.5 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 20 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 30 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 5 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| <i>dextroamphetamine sulfate</i> (Zenedi Tablet 7.5 Mg Oral) | Non Preferred | PA; AGE (Min 4 Years and Max 17 Years) |
| SUPPLEMENTAL | | |
| *ACNE PRODUCTS*** | | |
| <i>acne maximum strength external cream 10 %</i> | Preferred | OTC |
| <i>cvs acne control cleanser external cream 10 %</i> | Preferred | OTC |
| <i>cvs acne treatment external cream 10 %</i> | Preferred | OTC |
| <i>cvs creamy acne face wash external liquid 4 %</i> | Preferred | OTC |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Preferred | PA; QL (2 EA per 1 day) |
| <i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Preferred | PA; QL (2 EA per 1 day) |
| <i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg) | Preferred | PA; QL (2 EA per 1 day) |
| CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID 4 % (<i>benzoyl peroxide</i>) | Preferred | OTC |
| <i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Preferred | PA; QL (2 EA per 1 day) |
| CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>) | Preferred | OTC |
| CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>) | Preferred | OTC |
| CLEARSKIN EXTERNAL CREAM 10 % (<i>benzoyl peroxide</i>) | Preferred | OTC |
| PANOXYL CREAMY WASH EXTERNAL LIQUID 4 % (<i>benzoyl peroxide</i>) | Preferred | OTC |
| <i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Preferred | PA; QL (2 EA per 1 day) |
| *ALCOHOL DETERRENTS*** | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | Preferred | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Preferred | |
| *ALTERNATIVE MEDICINE - AL'S*** | | |
| <i>alpha-lipoic acid oral capsule 100 mg, 300 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>ra alpha-lipoic acid oral capsule 100 mg</i> | Preferred | OTC |
| *ALTERNATIVE MEDICINE - CO'S*** | | |
| <i>co q 10 oral capsule 100 mg</i> | Preferred | OTC |
| <i>co q-10 oral capsule 100 mg, 200 mg, 50 mg</i> | Preferred | OTC |
| <i>co q10 oral capsule 30 mg</i> | Preferred | OTC |
| <i>co-enzyme q10 oral capsule 100 mg, 200 mg</i> | Preferred | OTC |
| <i>coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg</i> | Preferred | OTC |
| <i>co-enzyme q-10 oral capsule 30 mg</i> | Preferred | OTC |
| <i>coenzyme q10 oral capsule 50 mg</i> | Preferred | OTC |
| <i>coq10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg</i> | Preferred | OTC |
| <i>coq-10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg</i> | Preferred | OTC |
| <i>cvs coenzyme q-10 oral capsule 100 mg</i> | Preferred | OTC |
| <i>cvs coq-10 oral capsule 200 mg, 50 mg</i> | Preferred | OTC |
| <i>eql coq10 oral capsule 100 mg, 200 mg</i> | Preferred | OTC |
| <i>gnp co q-10 oral capsule 100 mg</i> | Preferred | OTC |
| <i>gnp co q10 oral capsule 100 mg, 200 mg</i> | Preferred | OTC |
| <i>hm coq-10 oral capsule 200 mg</i> | Preferred | OTC |
| <i>qc co q-10 oral capsule 100 mg</i> | Preferred | OTC |
| <i>ra coenzyme q-10 oral capsule 100 mg, 200 mg</i> | Preferred | OTC |
| <i>sm co q-10 oral capsule 100 mg, 200 mg</i> | Preferred | OTC |
| <i>sm coenzyme q-10 oral capsule 100 mg</i> | Preferred | OTC |
| <i>sm coq-10 oral capsule 50 mg</i> | Preferred | OTC |
| <i>yl coenzyme q10 oral capsule 30 mg</i> | Preferred | OTC |
| PRONUTRIENTS COQ10 ORAL CAPSULE 100 MG (<i>coenzyme q10</i>) | Preferred | OTC |
| Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG (<i>coenzyme q10</i>) | Preferred | OTC |
| *ALTERNATIVE MEDICINE - ME'S*** | | |
| <i>cvs melatonin oral tablet 3 mg, 5 mg</i> | Preferred | OTC |
| <i>gnp melatonin maximum strength oral tablet 5 mg</i> | Preferred | OTC |
| <i>gnp melatonin oral tablet 3 mg</i> | Preferred | OTC |
| <i>hm melatonin oral tablet 5 mg</i> | Preferred | OTC |
| <i>kp melatonin oral tablet 3 mg</i> | Preferred | OTC |
| <i>melatonin maximum strength oral tablet 5 mg</i> | Preferred | OTC |
| <i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i> | Preferred | OTC |
| <i>melatonin sublingual tablet sublingual 3 mg</i> | Preferred | OTC |
| <i>qc melatonin max st oral tablet 5 mg</i> | Preferred | OTC |
| <i>ra melatonin oral tablet 3 mg, 5 mg</i> | Preferred | OTC |
| <i>sm melatonin oral tablet 3 mg, 5 mg</i> | Preferred | OTC |
| <i>sv melatonin oral tablet 5 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| *ALTERNATIVE MEDICINE - UB*** | | |
| CYTO-Q MAX ORAL LIQUID 100 MG/ML (<i>ubiquinol liposomal</i>) | Preferred | OTC |
| *ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS*** | | |
| <i>omega dha oral tablet chewable</i> | Preferred | OTC |
| *ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS*** | | |
| <i>co q-10 plus oral capsule 100-20 mg</i> | Preferred | OTC |
| <i>cvs glucosamine-chondroitin oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>glucosamine-chondroitin ds oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>glucosamine-chondroitin oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>glucosamine-chondroitin pm oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>melatonin-pyridoxine oral tablet 5-10 mg</i> | Preferred | OTC |
| <i>px glucosamine-chondroitin ds oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>px glucosamine-chondroitin oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>ra glucosamine-chondroitin oral tablet 500-400 mg</i> | Preferred | OTC |
| <i>ra melatonin oral tablet 3-2 mg</i> | Preferred | OTC |
| COSAMIN DS ORAL TABLET 500-400 MG (<i>glucosamine-chondroitin</i>) | Preferred | OTC |
| LIQ-10 ORAL SYRUP 50-15 (<i>coenzyme q10-vitamin e</i>) | Preferred | OTC |
| *AMINO ACIDS-SINGLE*** | | |
| <i>nac 600 oral capsule 600 mg</i> | Preferred | OTC |
| <i>nac oral capsule 600 mg</i> | Preferred | OTC |
| <i>n-acetyl cysteine oral capsule 600 mg</i> | Preferred | OTC |
| NF FORMULAS NAC ORAL CAPSULE 600 MG (<i>acetylcysteine</i>) | Preferred | OTC |
| *AMINOPENICILLINS*** | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Preferred | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | Preferred | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Preferred | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | Preferred | |
| *ANALGESIC COMBINATIONS*** | | |
| <i>added strength headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>cvs headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>cvs migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>eq headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>eql migraine formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>extraprin oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>ft migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>gnp headache relief extra str oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>gnp migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>goodsense headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>goodsense migraine formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>headache formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>hm migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>kls migraine headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>meijer migraine formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>migraine formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>pain reliever extra strength oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>pain reliever plus oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>pain-off oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>px headache relief added st oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>px migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>qc headache relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>ra headache formula oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>ra migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>ra pain reliever ex st oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>sb pain relief x-str oral tablet 250-250-65 mg</i> | Preferred | OTC |
| <i>sm migraine relief oral tablet 250-250-65 mg</i> | Preferred | OTC |
| PAMPRIN MAX ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>) | Preferred | OTC |
| *ANALGESICS OTHER*** | | |
| <i>8 hour arthritis pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>8 hour pain reliever oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>8 hr arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>acetaminophen 8 hour oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>acetaminophen childrens oral solution 160 mg/5ml</i> | Preferred | OTC |
| <i>acetaminophen childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>acetaminophen childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>acetaminophen er oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>acetaminophen extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>acetaminophen infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>acetaminophen junior strength oral tablet dispersible 160 mg</i> | Preferred | OTC |
| <i>acetaminophen oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i> | Preferred | OTC |
| <i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i> | Preferred | OTC |
| <i>acetaminophen oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>acetaminophen oral tablet chewable 160 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>acetaminophen rectal suppository 120 mg, 650 mg</i> | Preferred | OTC |
| <i>apra oral elixir 160 mg/5ml</i> | Preferred | OTC |
| <i>arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>arthritis pain reliever oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>betatemp childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>childrens acetaminophen oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>childrens apap oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>childrens aspirin free oral elixir 80 mg/2.5ml</i> | Preferred | OTC |
| <i>childrens non-aspirin oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>childrens non-aspirin oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>childrens pain reliever oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>childrens silapap oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>cvs 8hr arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>cvs 8hr muscle aches & pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>cvs acetaminophen ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs acetaminophen oral tablet 325 mg</i> | Preferred | OTC |
| <i>cvs arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>cvs childs non-aspirin oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>cvs fever reducing childrens rectal suppository 120 mg</i> | Preferred | OTC |
| <i>cvs infants pain relief drops oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>cvs non-aspirin childrens oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>cvs non-aspirin extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>cvs pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>cvs pain relief childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>cvs pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs pain relief oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>ed-apap oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>eq 8hr arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>eq acetaminophen oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>eq arthritis pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>eq pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>eq pain & fever childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>eq pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>eq pain relief/rapid burst oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>eq pain reliever ex st oral tablet 500 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>eq pain reliever oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>eql acetaminophen childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>eql acetaminophen ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>eql acetaminophen oral tablet 325 mg</i> | Preferred | OTC |
| <i>ft 8 hour pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>ft children's pain/fever oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>ft pain relief adult extra st oral tablet 500 mg</i> | Preferred | OTC |
| <i>ft pain relief oral tablet 325 mg</i> | Preferred | OTC |
| <i>gnp 8 hour arthritis relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>gnp 8 hour pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>gnp 8 hour pain reliever oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>gnp acetaminophen oral tablet 325 mg</i> | Preferred | OTC |
| <i>gnp acetaminophen oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>gnp children's pain & fever oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>gnp infants pain/fever oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>gnp pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>gnp pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>gnp pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>gnp pain relief oral tablet 325 mg</i> | Preferred | OTC |
| <i>goodsense arthritis pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>goodsense pain & fever child oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>goodsense pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>goodsense pain relief extra st oral tablet 500 mg</i> | Preferred | OTC |
| <i>goodsense pain relief oral tablet 325 mg</i> | Preferred | OTC |
| <i>hm acetaminophen childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>hm arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>hm pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>hm pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>hm pain reliever oral tablet 325 mg</i> | Preferred | OTC |
| <i>infants pain & fever oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>kls acetaminophen ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>liquid acetaminophen oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>liquid pain relief oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>mapap oral capsule 500 mg</i> | Preferred | OTC |
| <i>meijer aspirin free oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>meijer jr st aspirin free oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>mm arthritis pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>m-pap oral liquid 160 mg/5ml</i> | Preferred | OTC |
| <i>non-aspirin extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>non-aspirin jr strength oral tablet chewable 160 mg</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>non-aspirin oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>non-aspirin pain relief oral tablet 325 mg</i> | Preferred | OTC |
| <i>pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>pain & fever childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>pain & fever kids oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>pain relief childrens oral elixir 160 mg/5ml</i> | Preferred | OTC |
| <i>pain relief childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>pain relief extra strength oral capsule 500 mg</i> | Preferred | OTC |
| <i>pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>pain relief oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>pain relief regular strength oral tablet 325 mg</i> | Preferred | OTC |
| <i>pain reliever extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>pain reliever for adults oral tablet 500 mg</i> | Preferred | OTC |
| <i>pain reliever oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>pain reliever oral tablet 325 mg</i> | Preferred | OTC |
| <i>pain reliever/fever reducer rectal suppository 120 mg</i> | Preferred | OTC |
| <i>px arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>px childrens pain relief oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>px pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>qc 8 hour pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc acetaminophen 8 hours oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc acetaminophen 8hr arth pain oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc acetaminophen 8hr musc ache oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc acetaminophen infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>qc arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc non-aspirin 8 hour oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>qc non-aspirin childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>qc non-aspirin childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>qc non-aspirin extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>qc pain relief childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>qc pain relief extra strength oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>qc pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>qc pain relief oral tablet 325 mg</i> | Preferred | OTC |
| <i>ra 8 hour pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>ra acetaminophen childrens oral tablet chewable 160 mg</i> | Preferred | OTC |
| <i>ra acetaminophen ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>ra acetaminophen oral tablet 325 mg</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>ra arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>ra childrens fever/pain oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>ra fever reducer/pain reliever oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>ra pain relief acetaminophen oral tablet 325 mg, 500 mg</i> | Preferred | OTC |
| <i>ra pain reliever ex st oral liquid 500 mg/15ml</i> | Preferred | OTC |
| <i>sb arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>sb non-aspirin extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>sb non-aspirin jr strength oral tablet dispersible 160 mg</i> | Preferred | OTC |
| <i>sb non-aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>sb non-aspirin oral tablet chewable 160 mg, 80 mg</i> | Preferred | OTC |
| <i>sb pain reliever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>sb pain reliever ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm 8 hour pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>sm arthritis pain relief oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>sm arthritis pain reliever oral tablet extended release 650 mg</i> | Preferred | OTC |
| <i>sm pain & fever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>sm pain & fever infants oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>sm pain relief extra strength oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm pain relief oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm pain reliever childrens oral suspension 160 mg/5ml</i> | Preferred | OTC |
| <i>sm pain reliever ex st oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm pain reliever oral tablet 325 mg</i> | Preferred | OTC |
| <i>sm rapid melts junior oral tablet dispersible 160 mg</i> | Preferred | OTC |
| APHEN ORAL TABLET 325 MG (<i>acetaminophen</i>) | Preferred | OTC |
| CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG (<i>acetaminophen</i>) | Preferred | OTC |
| FEVERALL ADULTS RECTAL SUPPOSITORY 650 MG (<i>acetaminophen</i>) | Preferred | OTC |
| FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>) | Preferred | OTC |
| FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>) | Preferred | OTC |
| FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (<i>acetaminophen</i>) | Preferred | OTC |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (<i>acetaminophen</i>) | Preferred | OTC |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (<i>acetaminophen</i>) | Preferred | OTC |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG (<i>acetaminophen</i>) | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-------------------------|
| MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML (<i>acetaminophen</i>) | Preferred | OTC |
| MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>) | Preferred | OTC |
| MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG (<i>acetaminophen</i>) | Preferred | OTC |
| MIDOL ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>) | Preferred | OTC |
| MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (<i>acetaminophen</i>) | Preferred | OTC |
| PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>) | Preferred | OTC |
| PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>) | Preferred | OTC |
| PHARBETOL ORAL TABLET 325 MG (<i>acetaminophen</i>) | Preferred | OTC |
| TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML (<i>acetaminophen</i>) | Preferred | OTC |
| TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG (<i>acetaminophen</i>) | Preferred | OTC |
| *ANALGESICS-SEDATIVES*** | | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)</i> | Preferred | QL (6 EA per 1 day) |
| TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>) | Preferred | QL (6 EA per 1 day) |
| *ANDROGEN BIOSYNTHESIS INHIBITORS*** | | |
| <i>abiraterone acetate oral tablet 250 mg</i> | Preferred | PA; QL (4 EA per 1 day) |
| <i>abiraterone acetate oral tablet 500 mg</i> | Preferred | PA; QL (2 EA per 1 day) |
| *ANDROGENS*** | | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | Preferred | |
| <i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| *ANESTHETICS TOPICAL ORAL - COMBINATIONS*** | | |
| <i>cvs sore throat mouth/throat lozenge 15-2.6 mg, 15-3.6 mg</i> | Preferred | OTC |
| <i>goodsense sore throat mouth/throat lozenge 15-3.6 mg</i> | Preferred | OTC |
| <i>sore throat lozenges mouth/throat lozenge 6-10 mg</i> | Preferred | OTC |
| <i>sore throat mouth/throat lozenge 15-3.6 mg, 6-10 mg</i> | Preferred | OTC |
| <i>ultra throat mouth/throat lozenge 6-10 mg</i> | Preferred | OTC |
| *ANESTHETICS TOPICAL ORAL*** | | |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | Preferred | |
| *ANOREXIANTS NON-AMPHETAMINE*** | | |
| <i>benzphetamine hcl oral tablet 50 mg</i> | Preferred | PA |
| <i>diethylpropion hcl oral tablet 25 mg</i> | Preferred | PA |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | Preferred | PA |
| <i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i> | Preferred | PA |
| <i>phentermine hcl oral tablet 37.5 mg</i> | Preferred | PA |
| *ANTACID & SIMETHICONE*** | | |
| <i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i> | Preferred | OTC |
| <i>antacid & antigas oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml</i> | Preferred | OTC |
| <i>antacid advanced oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>antacid anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid extra strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>antacid fast relief oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid i oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid iii oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>antacid liquid oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid m oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml</i> | Preferred | OTC |
| <i>antacid multi-symptom oral tablet chewable 675-135-60 mg</i> | Preferred | OTC |
| <i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i> | Preferred | OTC |
| <i>antacid regular strength oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>antacid/antigas oral suspension 400-400-40 mg/10ml</i> | Preferred | OTC |
| <i>antacid/simethicone ds oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>comfort gel oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>cvs antacid & anti-gas oral tablet chewable 1000-60 mg, 750-80 mg</i> | Preferred | OTC |
| <i>cvs antacid plus antigas oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>eq antacid antigas multi-sympt oral tablet chewable 675-135-60 mg</i> | Preferred | OTC |
| <i>eq antacid maximum strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>geri-lanta maximum strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>geri-lanta oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>geri-mox oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>gnp antacid & anti-gas oral tablet chewable 1000-60 mg</i> | Preferred | OTC |
| <i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>hm antacid anti-gas ex st oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>hm antacid oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>mag-al plus oral liquid 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>mag-al plus xs oral liquid 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i> | Preferred | OTC |
| <i>meijer antacid anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>meijer antacid oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>px antacid maximum strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>px antacid regular strength oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>qc antacid multi-symptom oral tablet chewable 675-135-60 mg</i> | Preferred | OTC |
| <i>qc antacid oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml, 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>ra antacid/anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>sb antacid anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>sm antacid advanced max st oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i> | Preferred | OTC |
| <i>sm antacid maximum strength oral suspension 400-400-40 mg/5ml</i> | Preferred | OTC |
| <i>sm antacid oral suspension 400-400-40 mg/10ml</i> | Preferred | OTC |
| ALKA-SELTZER HEARTBURN + GAS ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>) | Preferred | OTC |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>) | Preferred | OTC |
| MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>) | Preferred | OTC |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>) | Preferred | OTC |
| MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (<i>alum & mag hydroxide-simeth</i>) | Preferred | OTC |
| MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (<i>alum & mag hydroxide-simeth</i>) | Preferred | OTC |
| TUMS GAS RELIEF CHEWY BITES ORAL TABLET CHEWABLE 750-80 MG (<i>calcium carbonate-simethicone</i>) | Preferred | OTC |
| *ANTACID COMBINATIONS*** | | |
| <i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i> | Preferred | OTC |
| <i>antacid ultra strength oral tablet chewable 1000-200 mg</i> | Preferred | OTC |
| <i>cvs antacid supreme oral suspension 400-135 mg/5ml</i> | Preferred | OTC |
| <i>cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml</i> | Preferred | OTC |
| <i>cvs heartburn relief oral tablet chewable 160-105 mg</i> | Preferred | OTC |
| <i>geri-lanta supreme oral suspension 400-135 mg/5ml</i> | Preferred | OTC |
| <i>gnp antacid extra strength oral tablet chewable 160-105 mg</i> | Preferred | OTC |
| <i>heartburn antacid ex st oral tablet chewable 160-105 mg</i> | Preferred | OTC |
| <i>heartburn relief ex st oral suspension 254-237.5 mg/5ml</i> | Preferred | OTC |
| <i>mag-al oral liquid 200-200 mg/5ml</i> | Preferred | OTC |
| <i>qc heartburn antacid oral tablet chewable 160-105 mg</i> | Preferred | OTC |
| ACID GONE ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>) | Preferred | OTC |
| ACID GONE ORAL TABLET CHEWABLE 160-105 MG (<i>alum hydroxide-mag carbonate</i>) | Preferred | OTC |
| GAVISCON EXTRA RELIEF FORMULA ORAL SUSPENSION 508-475 MG/10ML (<i>alum hydroxide-mag carbonate</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5ML (<i>alum hydroxide-mag carbonate</i>) | Preferred | OTC |
| GAVISCON ORAL SUSPENSION 95-358 MG/15ML (<i>alum hydroxide-mag carbonate</i>) | Preferred | OTC |
| ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000-200 MG (<i>ca carbonate-mag hydroxide</i>) | Preferred | OTC |
| *ANTACIDS - ALUMINUM SALTS*** | | |
| <i>aluminum hydroxide gel oral suspension 320 mg/5ml</i> | Preferred | OTC |
| *ANTACIDS - BICARBONATE COMBINATIONS*** | | |
| ALKA-SELTZER GOLD ORAL TABLET EFFERVESCENT 1050-344-1000 MG (<i>sod bicarb-k bicarb-citric acid</i>) | Preferred | OTC |
| *ANTACIDS - BICARBONATE*** | | |
| <i>sodium bicarbonate oral tablet 325 mg, 650 mg</i> | Preferred | OTC |
| *ANTACIDS - CALCIUM SALTS*** | | |
| <i>antacid calcium oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>antacid calcium rich oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>antacid maximum oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>antacid oral tablet chewable 1177 mg, 500 mg, 750 mg</i> | Preferred | OTC |
| <i>antacid regular strength oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>antacid soft chews oral tablet chewable 1177 mg</i> | Preferred | OTC |
| <i>antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>calcium antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>calcium antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>calcium carbonate antacid oral suspension 1250 mg/5ml</i> | Preferred | OTC |
| <i>calcium carbonate antacid oral tablet 648 mg</i> | Preferred | OTC |
| <i>calcium carbonate antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>cvs antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>cvs antacid kids oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>cvs antacid maximum strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>cvs antacid soft chews ultr st oral tablet chewable 1177 mg</i> | Preferred | OTC |
| <i>cvs antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>cvs smooth antacid extra st oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>eq antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>eq antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>eq antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>eql antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>eql antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>ft antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>ft antacid regular strength oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>gnp antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>gnp antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>gnp antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>goodsense antacid oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | Preferred | OTC |
| <i>hm antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>hm antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>long lasting antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>px antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>px antacid maximum strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>px calcium antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>qc antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>qc antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>qc antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>ra antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>ra antacid ultra strength oral tablet chewable 1000 mg</i> | Preferred | OTC |
| <i>sb antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>sb antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm calcium antacid ex st oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>sm calcium antacid oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm smooth antacid ex st oral tablet chewable 750 mg</i> | Preferred | OTC |
| <i>smooth antacid extra strength oral tablet chewable 750 mg</i> | Preferred | OTC |
| ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE 750 MG (calcium carbonate antacid) | Preferred | OTC |
| ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG (calcium carbonate antacid) | Preferred | OTC |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (calcium carbonate antacid) | Preferred | OTC |
| CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG (calcium carbonate antacid) | Preferred | OTC |
| HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG (calcium carbonate antacid) | Preferred | OTC |
| TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE 1177 MG (calcium carbonate antacid) | Preferred | OTC |
| TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG (calcium carbonate antacid) | Preferred | OTC |
| TUMS ORAL TABLET CHEWABLE 500 MG (calcium carbonate antacid) | Preferred | OTC |
| *ANTACIDS - MAGNESIUM SALTS*** | | |
| <i>gnp magnesium oxide oral tablet 250 mg</i> | Preferred | OTC |
| <i>magnesium oxide (antacid) oral capsule 500 mg</i> | Preferred | OTC |
| <i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| <i>qc magnesium oral tablet 250 mg</i> | Preferred | OTC |
| MAOX ORAL TABLET 420 MG (<i>magnesium oxide</i>) | Preferred | OTC |
| *ANTHELMINTICS*** | | |
| <i>albendazole oral tablet 200 mg</i> | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 1 day) |
| <i>cvs pinworm treatment oral suspension 144 (50 base) mg/ml</i> | Preferred | OTC |
| <i>ivermectin oral tablet 3 mg</i> | Preferred | |
| <i>pin-away oral suspension 144 (50 base) mg/ml</i> | Preferred | OTC |
| <i>pinworm medicine oral suspension 144 (50 base) mg/ml</i> | Preferred | OTC |
| <i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i> | Preferred | OTC |
| *ANTIADRENERGICS - PERIPHERALLY ACTING*** | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | Preferred | Max 90-day supply per fill |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | Preferred | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Preferred | Max 90-day supply per fill |
| *ANTIANDROGENS*** | | |
| <i>bicalutamide oral tablet 50 mg</i> | Preferred | |
| EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>) | Preferred | |
| *ANTIANGINALS-OTHER*** | | |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i> | Preferred | QL (2 EA per 1 day) |
| *ANTIANSIETY AGENTS - MISC.*** | | |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i> | Preferred | |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | Preferred | AGE (Min 2 Years) |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Preferred | AGE (Min 2 Years) |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | Preferred | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | Preferred | AGE (Min 2 Years) |
| *ANTIARRHYTHMICS TYPE I-B*** | | |
| <i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i> | Preferred | |
| *ANTIARRHYTHMICS TYPE I-C*** | | |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | Preferred | |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | Preferred | |
| *ANTIARRHYTHMICS TYPE III*** | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> | Preferred | |
| <i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i> | Preferred | |
| *ANTIBIOTIC MIXTURES TOPICAL*** | | |
| <i>cvs antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>cvs antibiotic pain/scar external ointment 1 %</i> | Preferred | OTC |
| <i>cvs antibiotic/pain relief external cream 1 %</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>cvs poly bacitracin external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>cvs triple antibiotic/pain external ointment 1 %</i> | Preferred | OTC |
| <i>double antibiotic external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>eq triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>eql antibiotic + pain relief external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>eql first aid antibiotic external ointment 1 %, 3.5-400-5000</i> | Preferred | OTC |
| <i>first aid antibiotic external ointment 3.5-400-5000 mg-unit, 3.5-500-10000</i> | Preferred | OTC |
| <i>gnp antibiotic/pain relief external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>gnp triple antibiotic external ointment</i> | Preferred | OTC |
| <i>gnp triple antibiotic plus external ointment 1 %</i> | Preferred | OTC |
| <i>goodsense antibiotic/pain external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>hm double antibiotic external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>hm triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>hm triple antibiotic max st external ointment 1 %</i> | Preferred | OTC |
| <i>medi-first triple antibiotic external ointment 5-400-5000 mg-unit</i> | Preferred | OTC |
| <i>meijer triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>multi antibiotic plus external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>poly bacitracin external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>px triple external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>qc triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>qc triple antibiotic max st external ointment 1 %</i> | Preferred | OTC |
| <i>qc triple antibiotic multi-act external ointment 1 %</i> | Preferred | OTC |
| <i>qc triple antibiotic pain rlf external ointment 1 %</i> | Preferred | OTC |
| <i>ra antibiotic + pain relief external ointment 1 %</i> | Preferred | OTC |
| <i>ra antibiotic plus external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>ra antibiotic/pain relief external ointment 1 %</i> | Preferred | OTC |
| <i>ra double antibiotic external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>ra triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>sb triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>sm antibiotic plus pain relief external cream 3.5-10000-10</i> | Preferred | OTC |
| <i>sm double antibiotic external ointment 500-10000 unit/gm</i> | Preferred | OTC |
| <i>sm triple antibiotic external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>sm triple antibiotic max st external ointment 1 %</i> | Preferred | OTC |
| <i>sm triple antibiotic original external ointment 3.5-400-5000</i> | Preferred | OTC |
| <i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i> | Preferred | OTC |
| <i>triple antibiotic pain relief external ointment 1 %</i> | Preferred | OTC |
| <i>triple antibiotic plus external ointment 1 %</i> | Preferred | OTC |
| <i>triple antibiotic plus max st external ointment 1 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>triple antibiotic+pain relief external ointment 1 %</i> | Preferred | OTC |
| <i>wal-sporin external ointment 500-100000 unit/gm</i> | Preferred | OTC |
| LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (<i>neomycin-bacitracin-polymyxin</i>) | Preferred | OTC |
| NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>) | Preferred | OTC |
| NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>) | Preferred | OTC |
| NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>) | Preferred | OTC |
| NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>) | Preferred | OTC |
| *ANTIBIOTICS - TOPICAL*** | | |
| <i>antibiotic external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>bacitracin external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>bacitracin zinc-aloe external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>cvs bacitracin external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>cvs bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>eq bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>eql bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>gentamicin sulfate external cream 0.1 %</i> | Preferred | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | Preferred | |
| <i>gnp bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>hm bacitracin zinc external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>qc bacitracin external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>ra bacitracin external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>ra bacitracin zinc first aid external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>sb bacitracin external ointment 500 unit/gm</i> | Preferred | OTC |
| <i>sm antibiotic external ointment 500 unit/gm</i> | Preferred | OTC |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM (<i>bacitracin</i>) | Preferred | OTC |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** | | |
| <i>4x probiotic oral tablet</i> | Preferred | OTC |
| <i>acidophilus extra strength oral capsule</i> | Preferred | OTC |
| <i>acidophilus lactobacillus oral capsule</i> | Preferred | OTC |
| <i>acidophilus oral capsule , 100 mg</i> | Preferred | OTC |
| <i>acidophilus oral tablet , 0.5 mg</i> | Preferred | OTC |
| <i>acidophilus probiotic blend oral capsule</i> | Preferred | OTC |
| <i>acidophilus probiotic formula oral tablet</i> | Preferred | OTC |
| <i>acidophilus probiotic oral capsule , 10 mg, 100 mg</i> | Preferred | OTC |
| <i>acidophilus probiotic oral tablet , 0.5 mg, 10 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>acidophilus/l-sporogenes oral tablet</i> | Preferred | OTC |
| <i>acidophilus/pectin oral capsule 100 mg</i> | Preferred | OTC |
| <i>advanced probiotic oral capsule</i> | Preferred | OTC |
| <i>advanced probiotic-14 oral capsule</i> | Preferred | OTC |
| <i>aloe 10000 & probiotics oral capsule</i> | Preferred | OTC |
| <i>bacicap oral capsule</i> | Preferred | OTC |
| <i>bilac oral capsule</i> | Preferred | |
| <i>biohm probiotic supplement oral capsule</i> | Preferred | OTC |
| <i>biohm probiotic/vitamin c oral capsule</i> | Preferred | OTC |
| <i>biomepro oral capsule</i> | Preferred | OTC |
| <i>biotinex oral capsule</i> | Preferred | OTC |
| <i>bismuth oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>bismuth subsalicylate oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>cvs acidophilus probiotic oral tablet , 0.5 mg</i> | Preferred | OTC |
| <i>cvs adult 50+ probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs adult probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs anti-diarrheal oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>cvs daily probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs digestive probiotic oral capsule , 250 mg</i> | Preferred | OTC |
| <i>cvs everyday care probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs mood support probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs probiotic (lactobacillus) oral capsule</i> | Preferred | OTC |
| <i>cvs probiotic adult 50+ oral capsule</i> | Preferred | OTC |
| <i>cvs probiotic maximum strength oral capsule</i> | Preferred | OTC |
| <i>cvs probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs probiotic pearls ex st oral capsule</i> | Preferred | OTC |
| <i>cvs senior probiotic oral capsule</i> | Preferred | OTC |
| <i>cvs stomach relief max st oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml</i> | Preferred | OTC |
| <i>cvs stomach relief oral tablet 262 mg</i> | Preferred | OTC |
| <i>cvs stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>daily digestive probiotic oral capsule</i> | Preferred | OTC |
| <i>daily probiotic oral capsule</i> | Preferred | OTC |
| <i>daily probiotic supplement oral capsule 250 mg</i> | Preferred | OTC |
| <i>diarrhea oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>digestive health probiotic oral capsule</i> | Preferred | OTC |
| <i>digestive probiotic oral capsule 250 mg</i> | Preferred | OTC |
| <i>diotame instydose oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>eq pink-bismuth oral tablet chewable 262 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>eq probiotic oral capsule</i> | Preferred | OTC |
| <i>eq probiotic oral capsule delayed release</i> | Preferred | OTC |
| <i>eq probiotic-lactobacillus oral capsule</i> | Preferred | OTC |
| <i>eq stomach relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>eql 2 in 1 probiotic oral tablet</i> | Preferred | OTC |
| <i>eql 4x probiotic oral tablet</i> | Preferred | OTC |
| <i>eql daily probiotic oral capsule</i> | Preferred | OTC |
| <i>eql digestive probiotic oral capsule</i> | Preferred | OTC |
| <i>eql probiotic colon support oral capsule</i> | Preferred | OTC |
| <i>eql stomach relief max st oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>eql stomach relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>eql stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>florasave oral capsule delayed release</i> | Preferred | OTC |
| <i>freeze dried acidophilus oral capsule</i> | Preferred | OTC |
| <i>ft stomach relief oral suspension 525 mg/30ml</i> | Preferred | OTC |
| <i>ft stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>gnp acidophilus high potency oral capsule</i> | Preferred | OTC |
| <i>gnp pink bismuth oral tablet 262 mg</i> | Preferred | OTC |
| <i>gnp pink bismuth oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>gnp pink bismuth ultra str oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>gnp probiotic colon support oral capsule</i> | Preferred | OTC |
| <i>gnp probiotic extra strength oral capsule</i> | Preferred | OTC |
| <i>gnp stomach relief oral suspension 525 mg/30ml</i> | Preferred | OTC |
| <i>goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml</i> | Preferred | OTC |
| <i>high potency probiotic oral capsule</i> | Preferred | OTC |
| <i>hm probiotic digestive health oral capsule</i> | Preferred | OTC |
| <i>hm stomach relief oral suspension 525 mg/30ml</i> | Preferred | OTC |
| <i>hm stomach relief ultra oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>ideal bowel support oral capsule</i> | Preferred | OTC |
| <i>lactobacillus extra strength oral capsule</i> | Preferred | OTC |
| <i>lactobacillus oral packet</i> | Preferred | OTC |
| <i>lactobacillus oral tablet , 0.05-0.05 mg</i> | Preferred | OTC |
| <i>lacto-pectin oral capsule</i> | Preferred | OTC |
| <i>medi-bismuth oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>mega probiotic oral capsule</i> | Preferred | OTC |
| <i>natrul probiotic oral capsule</i> | Preferred | OTC |
| <i>newflora probiotic oral capsule</i> | Preferred | OTC |
| <i>pink bismuth maximum strength oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>pink bismuth oral suspension 262 mg/15ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>preorbatic oral capsule</i> | Preferred | OTC |
| <i>primadophilus oral capsule</i> | Preferred | OTC |
| <i>probiomax daily df oral capsule</i> | Preferred | OTC |
| <i>probionexx oral capsule</i> | Preferred | OTC |
| <i>probiotic (lactobacillus) oral capsule</i> | Preferred | OTC |
| <i>probiotic + omega-3 oral capsule</i> | Preferred | OTC |
| <i>probiotic + turmeric extract oral capsule 400 mg</i> | Preferred | OTC |
| <i>probiotic 10 ultra strength oral capsule</i> | Preferred | OTC |
| <i>probiotic acidophilus oral capsule</i> | Preferred | OTC |
| <i>probiotic blend oral capsule</i> | Preferred | OTC |
| <i>probiotic childrens oral packet</i> | Preferred | OTC |
| <i>probiotic childrens oral tablet chewable</i> | Preferred | OTC |
| <i>probiotic colon support oral capsule</i> | Preferred | OTC |
| <i>probiotic daily oral capsule</i> | Preferred | OTC |
| <i>probiotic digestive supp oral capsule</i> | Preferred | OTC |
| <i>probiotic gold extra strength oral capsule</i> | Preferred | OTC |
| <i>probiotic mature adult oral capsule</i> | Preferred | OTC |
| <i>probiotic multi-enzyme oral tablet</i> | Preferred | OTC |
| <i>probiotic oral capsule 250 mg</i> | Preferred | OTC |
| <i>probiotic product oral capsule</i> | Preferred | OTC |
| <i>probiotic/prebiotic/cranberry oral capsule</i> | Preferred | OTC |
| <i>probizen oral capsule</i> | Preferred | OTC |
| <i>promella in prebiotic oral capsule</i> | Preferred | |
| <i>px stomach relief max st oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>px stomach relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>px stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>qc diarrhea relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml</i> | Preferred | OTC |
| <i>qc pink bismuth oral tablet 262 mg</i> | Preferred | OTC |
| <i>qc stomach relief oral suspension 525 mg/30ml</i> | Preferred | OTC |
| <i>qc stomach relief oral tablet 262 mg</i> | Preferred | OTC |
| <i>qc stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>qc stomach relief ultra oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>quad-probiotic oral capsule</i> | Preferred | OTC |
| <i>ra digestive health oral capsule</i> | Preferred | OTC |
| <i>ra probiotic acidophilus oral capsule 1 mg</i> | Preferred | OTC |
| <i>ra probiotic colon care oral capsule</i> | Preferred | OTC |
| <i>ra probiotic complex oral capsule</i> | Preferred | OTC |
| <i>ra probiotic digestive support oral capsule</i> | Preferred | OTC |
| <i>ra probiotic max strength oral capsule</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>ra stomach relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>rejuvaflor oral capsule</i> | Preferred | OTC |
| <i>revitaflor oral capsule</i> | Preferred | OTC |
| <i>saccharomyces boulardii oral capsule 250 mg</i> | Preferred | OTC |
| <i>sb bismuth oral tablet 262 mg</i> | Preferred | OTC |
| <i>sd probiotic-10 complex ultra oral capsule</i> | Preferred | OTC |
| <i>sm 4x probiotic oral tablet</i> | Preferred | OTC |
| <i>sm acidophilus oral capsule , 10 mg</i> | Preferred | OTC |
| <i>sm advanced probiotic oral capsule</i> | Preferred | OTC |
| <i>sm probiotic oral capsule 250 mg</i> | Preferred | OTC |
| <i>sm stomach relief oral suspension 262 mg/15ml</i> | Preferred | OTC |
| <i>sm stomach relief oral tablet 262 mg</i> | Preferred | OTC |
| <i>sm stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>stomach relief extra strength oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml</i> | Preferred | OTC |
| <i>stomach relief oral tablet 262 mg</i> | Preferred | OTC |
| <i>stomach relief oral tablet chewable 262 mg</i> | Preferred | OTC |
| <i>stomach relief plus oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>stomach relief ultra oral suspension 525 mg/15ml</i> | Preferred | OTC |
| <i>super probiotic digestive oral capsule</i> | Preferred | OTC |
| <i>super probiotic oral capsule</i> | Preferred | OTC |
| <i>superior probiotic oral capsule</i> | Preferred | OTC |
| <i>triple probiotic oral tablet</i> | Preferred | OTC |
| <i>wellpro 31 oral capsule</i> | Preferred | |
| <i>xybiotic oral capsule</i> | Preferred | |
| <i>zelac oral capsule</i> | Preferred | |
| ABATINEX ORAL CAPSULE (<i>lactobacillus</i>) | Preferred | OTC |
| ACIDOPHILUS HIGH-POTENCY ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ACIDOPHILUS PEARLS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ACTIPHLOA ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ALIGN EXTRA STRENGTH ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ALIGN ORAL CAPSULE , 4 MG (<i>probiotic product</i>) | Preferred | OTC |
| AZO COMPLETE FEMININE BALANCE ORAL CAPSULE (<i>lactobacillus</i>) | Preferred | OTC |
| AZO DUAL PROTECTION ORAL CAPSULE (<i>lactobacillus</i>) | Preferred | OTC |
| BACID ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| BACID ORAL TABLET (<i>probiotic product</i>) | Preferred | OTC |
| BIOGAIA PROTECTIS MUM ORAL CAPSULE (<i>lactobacillus</i>) | Preferred | OTC |
| BIO-KULT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| CULTURELLE ADVANCED REGULARITY ORAL CAPSULE (<i>Lactobacillus</i>) | Preferred | OTC |
| CULTURELLE HEALTH & WELLNESS ORAL CAPSULE (<i>Lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| CULTURELLE IMMUNE DEFENSE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| CULTURELLE KID PROBIOTIC+FIBER ORAL PACKET (<i>Lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| CULTURELLE KIDS ORAL PACKET (<i>Lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| CULTURELLE KIDS PURELY ORAL PACKET (<i>Lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| CULTURELLE PRENATAL WELLNESS ORAL TABLET CHEWABLE (<i>Lactobacillus</i>) | Preferred | OTC |
| CULTURELLE PROBIOTICS KIDS ORAL PACKET 5 B CELL (<i>Lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| CULTURELLE PRO-WELL ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| CULTURELLE TOTAL BALANCE ORAL CAPSULE (<i>Lactobacillus</i>) | Preferred | OTC |
| CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE (<i>Lactobacillus</i>) | Preferred | OTC |
| CULTURELLE WOMEN'S WELLNESS ORAL TABLET CHEWABLE (<i>Lactobacillus</i>) | Preferred | OTC |
| DERMACINRX PROBISOL ORAL CAPSULE (<i>probiotic product</i>) | Preferred | |
| DERMACINRX PROBITRAN ORAL CAPSULE (<i>probiotic product</i>) | Preferred | |
| DIGESTIVE ADV DIGESTIVE/IMMUNE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADV LACTOSE SUPPORT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADV MULTI-STRAIN ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADV+BOWEL SUPPORT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADV+GAS DEFENSE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADV+LACTOSE SUPPORT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| DIGESTIVE ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ENVIVE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FEM-DOPHILUS WOMENS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORA VANCE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORAJEN ACIDOPHILUS ORAL CAPSULE (<i>Lactobacillus</i>) | Preferred | OTC |
| FLORAJEN DIGESTION ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORAJEN WOMEN ORAL CAPSULE (<i>Lactobacillus</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| FLORAJEN3 ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORAJEN4KIDS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORANEX ORAL PACKET (<i>lactobacillus</i>) | Preferred | OTC |
| FLORANEX ORAL TABLET (<i>lactobacillus</i>) | Preferred | OTC |
| FLORASTOR SELECT GUT BOOST ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY 30 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY 50 BILLION PROBIOT 50+ ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY DAILY PROBIOTIC EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY DAILY PROBIOTIC ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY PROBIOTIC WOMENS EX ST ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| FORTIFY PROBIOTIC WOMENS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| GENORAVANCE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| INTESTINEX ORAL CAPSULE 600 MG (<i>lactobacillus</i>) | Preferred | OTC |
| JARRO-DOPHILUS EPS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| JARRO-DOPHILUS EPS PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| JARRO-DOPHILUS HYPOALLERGENIC ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| JARRO-DOPHILUS PROBIOT+PRE+FOS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| JARRO-DOPHILUS VAGINAL PROBIOT ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| KAOPECTATE ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| LACTEROL ORAL CAPSULE (<i>probiotic product</i>) | Preferred | |
| MAGE ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| META BIOTIC/BIO-ACTIVE 12 ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| MICROFLOR 33 ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| MOMMY'S BLISS PROBIOTIC ORAL PACKET 5 B CELL (<i>lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| MVW COMPL FORM PROBIOTIC-KIDS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| MVW COMPLETE PROBIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| NEXABIOTIC ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| PEARLS IC ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| PHILLIPS COLON HEALTH ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PRIMADOPHILUS BIFIDUS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>) | Preferred | OTC |
| PRIMIDAR ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIATA ORAL TABLET (<i>lactobacillus</i>) | Preferred | OTC |
| PROBINATE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | |
| PROBIO DEFENSE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOMAX COMPLETE DF ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOMAX IG 26 DF ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOMAX LEAN DF ORAL CAPSULE 25 MG (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOMAX SB DF ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOMAX SERENITY ORAL CAPSULE 43.75 MG (<i>lactobacillus</i>) | Preferred | OTC |
| PROBIOTIC PEARLS ADVANTAGE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOTIC PEARLS MAX POTENCY ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOTIC PEARLS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOTIC PEARLS WOMENS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBIOTIC-10 ULTIMATE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROBITROL ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PRO-FLORA IMMUNE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROMEROL ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| PROVELLA ORAL TABLET (<i>probiotic product</i>) | Preferred | OTC |
| REPHRESH PRO-B ORAL CAPSULE (<i>lactobacillus</i>) | Preferred | OTC |
| RESTORA ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| RISA-BID PROBIOTIC ORAL TABLET (<i>probiotic product</i>) | Preferred | OTC |
| RISAQUAD ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| RISAQUAD-2 ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| SACCHAROMYCIN DF ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| SOOTHE ORAL TABLET CHEWABLE 262 MG (<i>bismuth subsalicylate</i>) | Preferred | OTC |
| STABLEGI ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>) | Preferred | OTC |
| TRUBIOTICS DIGEST + IMM HEALTH ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| TRUBIOTICS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| ULTRAFLOA IMMUNE HEALTH ORAL CAPSULE 170 MG (<i>probiotic product</i>) | Preferred | OTC |
| UP4 PROBIOTICS ADULT ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| UP4 PROBIOTICS MENS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| UP4 PROBIOTICS ULTRA ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| UP4 PROBIOTICS WOMENS ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| UPSPRING DUAL PRENATAL IMMUN ORAL CAPSULE (<i>lactobacillus rhamnosus (gg)</i>) | Preferred | OTC |
| VH ESSENTIALS OPTIBALANCE ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| VISBIOME HIGH POTENCY ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| VSL#3 ORAL CAPSULE (<i>probiotic product</i>) | Preferred | OTC |
| *ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** | | |
| <i>acidophilus/citrus pectin oral tablet</i> | Preferred | OTC |
| <i>acidophilus/pectin oral capsule</i> | Preferred | OTC |
| <i>eql probiotic acidophilus oral capsule</i> | Preferred | OTC |
| <i>probiotic digestive support oral capsule</i> | Preferred | OTC |
| CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| CULTURELLE DIGESTIVE DAILY ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| CULTURELLE DIGESTIVE DAILY PRO ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| CULTURELLE HEALTH (INULIN) ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (<i>lactobacillus-inulin</i>) | Preferred | OTC |
| KALA ORAL TABLET (<i>lactobacillus acid-pectin</i>) | Preferred | OTC |
| *ANTIDOTES - CHELATING AGENTS*** | | |
| <i>deferasirox granules oral packet 180 mg, 360 mg</i> | Preferred | PA |
| <i>deferasirox oral packet 180 mg, 360 mg</i> | Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | Preferred | PA |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| <i>potassium iodide (antidote) oral solution 65 mg/ml</i> | Preferred | OTC |
| *ANTIEMETIC COMBINATIONS*** | | |
| <i>anti-nausea oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>eql anti-nausea oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>gnp anti-nausea relief oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>gnp nausea relief oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>goodsense nausea relief oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>nausea control oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>nausea relief oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>qc anti-nausea oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>ra anti-nausea oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>sb anti-nausea oral solution 1.87-1.87-21.5</i> | Preferred | OTC |
| <i>EMETROL ORAL SOLUTION 1.87-1.87-21.5 (fructose-dextrose-phosphor acid)</i> | Preferred | OTC |
| *ANTIESTROGENS*** | | |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | Preferred | |
| *ANTIFLATULENTS*** | | |
| <i>cvs gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>cvs gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>cvs gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>cvs gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>cvs infants gas relief oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>drxchoice gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>eq gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>eq gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>eq gas relief oral capsule 125 mg</i> | Preferred | OTC |
| <i>eq gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i> | Preferred | OTC |
| <i>eql gas gone oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>eql gas relief oral capsule 125 mg</i> | Preferred | OTC |
| <i>eql gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>ft gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>ft gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>ft gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>ft gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>ft gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>gas relief infants oral liquid 40 mg/0.6ml</i> | Preferred | OTC |
| <i>gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>gas relief oral liquid 40 mg/0.6ml</i> | Preferred | OTC |
| <i>gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>gnp anti-gas oral capsule 180 mg</i> | Preferred | OTC |
| <i>gnp gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>gnp gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>gnp gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>gnp infant gas relief oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>goodsense gas relief oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>heartland gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>hm gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i> | Preferred | OTC |
| <i>px gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>px gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>px gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>qc anti-gas oral capsule 180 mg</i> | Preferred | OTC |
| <i>qc gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>qc gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>qc gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>qc gas relief oral capsule 250 mg</i> | Preferred | OTC |
| <i>qc gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>ra gas relief extra strength oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>ra gas relief oral capsule 125 mg</i> | Preferred | OTC |
| <i>ra gas relief oral tablet chewable 80 mg</i> | Preferred | OTC |
| <i>ra gas relief ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>sb anti-gas oral capsule 180 mg</i> | Preferred | OTC |
| <i>sb gas relief oral suspension 40 mg/0.6ml</i> | Preferred | OTC |
| <i>sb gas relief oral tablet chewable 125 mg</i> | Preferred | OTC |
| <i>simeped oral suspension 40 mg/0.6ml</i> | Preferred | OTC |
| <i>simethicone drops infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>simethicone extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>simethicone oral capsule 125 mg, 180 mg</i> | Preferred | OTC |
| <i>simethicone oral suspension 40 mg/0.6ml</i> | Preferred | OTC |
| <i>simethicone oral tablet chewable 125 mg, 80 mg</i> | Preferred | OTC |
| <i>simethicone ultra strength oral capsule 180 mg</i> | Preferred | OTC |
| <i>sm gas relief extra strength oral capsule 125 mg</i> | Preferred | OTC |
| <i>sm gas relief infants drops oral suspension 40 mg/0.6ml</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>sm gas relief infants oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| <i>sm gas relief oral capsule 180 mg</i> | Preferred | OTC |
| <i>sm gas relief oral tablet chewable 125 mg, 80 mg</i> | Preferred | OTC |
| <i>teeny tummy gas relief drops oral suspension 20 mg/0.3ml</i> | Preferred | OTC |
| BICARSIM ORAL TABLET 80 MG (<i>simethicone</i>) | Preferred | OTC |
| GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (<i>simethicone</i>) | Preferred | OTC |
| GAS-X EXTRA STRENGTH ORAL STRIP 62.5 MG (<i>simethicone</i>) | Preferred | OTC |
| GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML (<i>simethicone</i>) | Preferred | OTC |
| GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>) | Preferred | OTC |
| LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>) | Preferred | OTC |
| LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>) | Preferred | OTC |
| MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>) | Preferred | OTC |
| PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (<i>simethicone</i>) | Preferred | OTC |
| PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>) | Preferred | OTC |
| *ANTIHISTAMINE HYPNOTIC COMBINATIONS*** | | |
| <i>acetaminophen pm ex st oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>acetaminophen pm oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>cvs acetaminophen pm ext st oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>cvs non-aspirin headache pm oral tablet 500-38 mg</i> | Preferred | OTC |
| <i>cvs pain relief pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>eq acetaminophen pm oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>eql acetaminophen pm oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>eql pain relief pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>ft pain reliever pm extra str oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>gnp pain relief pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>goodsense pain relief pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>headache relief pm oral tablet 500-38 mg</i> | Preferred | OTC |
| <i>hm pain reliever pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>kls rapid release apap pm oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>night time pain medicine ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>non-aspirin pm extra strength oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>non-aspirin pm oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>pain relief pm extra strength oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>pain reliever pm ex st oral tablet 25-500 mg, 500-25 mg</i> | Preferred | OTC |
| <i>pain reliever pm oral tablet 25-500 mg, 500-25 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>px pain relief pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>qc acetaminophen pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>qc headache relief pm oral tablet 500-38 mg</i> | Preferred | OTC |
| <i>qc pain relief extra strength oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>qc pain reliever pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>ra acetaminophen pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| <i>sb non-asa night time oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>sb non-aspirin nighttime oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>sb pain reliever pm oral tablet 500-25 mg</i> | Preferred | OTC |
| <i>sm headache relief pm oral tablet 500-38 mg</i> | Preferred | OTC |
| <i>sm pain reliever pm ex st oral tablet 25-500 mg</i> | Preferred | OTC |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>) | Preferred | OTC |
| MEDI-TABS PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>) | Preferred | OTC |
| PANADOL PM EXTRA STRENGTH ORAL TABLET 25-500 MG (<i>diphenhydramine-apap (sleep)</i>) | Preferred | OTC |
| TYLENOL PM EXTRA STRENGTH ORAL TABLET 500-25 MG (<i>diphenhydramine-apap (sleep)</i>) | Preferred | OTC |
| *ANTI-HISTAMINE HYPNOTICS*** | | |
| <i>cvs sleep aid nighttime oral tablet 25 mg</i> | Preferred | OTC |
| <i>cvs sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>eql nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>ft nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>gnp sleep aid nighttime oral tablet 25 mg</i> | Preferred | OTC |
| <i>hm nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>night time sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>qc rest simply oral tablet 25 mg</i> | Preferred | OTC |
| <i>ra nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| <i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i> | Preferred | OTC |
| <i>sb sleep oral tablet 25 mg</i> | Preferred | OTC |
| <i>sleep aid (diphenhydramine) oral tablet 25 mg</i> | Preferred | OTC |
| <i>sleep tabs oral tablet 25 mg</i> | Preferred | OTC |
| <i>sleep-tabs oral tablet 25 mg</i> | Preferred | OTC |
| <i>sm nighttime sleep aid oral tablet 25 mg</i> | Preferred | OTC |
| NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>) | Preferred | OTC |
| SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>) | Preferred | OTC |
| SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>) | Preferred | OTC |
| *ANTI-HISTAMINES - ALKYLAMINES*** | | |
| <i>aller-chlor oral tablet 4 mg</i> | Preferred | OTC |
| <i>allergy oral tablet 4 mg</i> | Preferred | OTC |
| <i>allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>chlorhist oral tablet 4 mg</i> | Preferred | OTC |
| <i>chlorphen oral tablet 4 mg</i> | Preferred | OTC |
| <i>chlorpheniramine maleate er oral tablet extended release 12 mg</i> | Preferred | OTC |
| <i>chlorpheniramine maleate oral tablet 4 mg</i> | Preferred | OTC |
| <i>cvs allergy relief oral tablet extended release 12 mg</i> | Preferred | OTC |
| <i>ed chlorped jr oral syrup 2 mg/5ml</i> | Preferred | OTC |
| <i>eq chlortabs oral tablet 4 mg</i> | Preferred | OTC |
| <i>eql allergy oral tablet 4 mg</i> | Preferred | OTC |
| <i>ft allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>gnp allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>goodsense allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>hm allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>pharbechlor oral tablet 4 mg</i> | Preferred | OTC |
| <i>qc allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>qc chlor-pheniramine oral tablet 4 mg</i> | Preferred | OTC |
| <i>ra allergy relief oral tablet 4 mg</i> | Preferred | OTC |
| <i>ra chlorpheniramine maleate oral tablet 4 mg</i> | Preferred | OTC |
| <i>sb chlorpheniramine oral tablet 4 mg</i> | Preferred | OTC |
| <i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i> | Preferred | OTC |
| ALA-HIST IR ORAL TABLET 2 MG (<i>dexbrompheniramine maleate</i>) | Preferred | OTC |
| DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (<i>chlorpheniramine maleate</i>) | Preferred | OTC |
| HISTEX ORAL SYRUP 2.5 MG/5ML (<i>triprolidine hcl</i>) | Preferred | OTC |
| HISTEX PD ORAL LIQUID 0.938 MG/ML (<i>triprolidine hcl</i>) | Preferred | OTC |
| WAL-FINATE ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>) | Preferred | OTC |
| *ANTI-HISTAMINES - ETHANOLAMINES*** | | |
| <i>aler-cap oral capsule 25 mg</i> | Preferred | OTC |
| <i>alertab oral tablet 25 mg</i> | Preferred | OTC |
| <i>allergy childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>allergy relief childrens oral tablet dispersible 12.5 mg</i> | Preferred | OTC |
| <i>allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>allergy relief oral liquid 25 mg/10ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>anti-hist allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>carbinoxamine maleate oral solution 4 mg/5ml</i> | Preferred | AGE (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Preferred | AGE (Min 2 Years) |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | Preferred | AGE (Min 2 Years) |
| <i>complete allergy medicine oral capsule 25 mg</i> | Preferred | OTC |
| <i>complete allergy medicine oral tablet 25 mg</i> | Preferred | OTC |
| <i>complete allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>cvs allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>cvs allergy relief adult oral liquid 50 mg/20ml</i> | Preferred | OTC |
| <i>cvs allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>cvs allergy relief childrens oral tablet chewable 12.5 mg</i> | Preferred | OTC |
| <i>cvs allergy relief childrens oral tablet dispersible 12.5 mg</i> | Preferred | OTC |
| <i>cvs allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>cvs allergy relief oral liquid 25 mg/10ml</i> | Preferred | OTC |
| <i>cvs allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>cvs childrens allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>diphen oral tablet 25 mg</i> | Preferred | OTC |
| <i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Preferred | |
| <i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i> | Preferred | OTC |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i> | Preferred | |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>diphenhydramine hcl oral tablet 25 mg</i> | Preferred | OTC |
| <i>diphenhydramine hcl oral tablet chewable 12.5 mg</i> | Preferred | OTC |
| <i>eq allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>eq allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>eq allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>eql allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>eql allergy relief childrens oral tablet dispersible 12.5 mg</i> | Preferred | OTC |
| <i>eql allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>eql childrens allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>ft allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>ft allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>geri-dryl oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>geri-dryl oral tablet 25 mg</i> | Preferred | OTC |
| <i>gnp allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>gnp allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>gnp allergy relief max st oral liquid 12.5 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>gnp allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>gnp allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>gnp allergy relief oral tablet chewable 12.5 mg</i> | Preferred | OTC |
| <i>gnp childrens allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>goodsense allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>h-e-b childrens allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>kls allergy medicine oral tablet 25 mg</i> | Preferred | OTC |
| <i>kp diphenhydramine hcl oral capsule 50 mg</i> | Preferred | OTC |
| <i>liquid allergy relief oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>m-dryl oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>meijer antihistamine allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>pharbedryl oral capsule 25 mg, 50 mg</i> | Preferred | OTC |
| <i>px allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>px allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>px allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>qc allergy childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>qc allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>qc allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>qc complete allergy medicine oral tablet 25 mg</i> | Preferred | OTC |
| <i>ra allergy medication oral capsule 25 mg</i> | Preferred | OTC |
| <i>ra allergy medication oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>ra allergy medication oral tablet 25 mg</i> | Preferred | OTC |
| <i>ra allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>ra allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>ra allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>ra allergy relief childrens oral tablet dispersible 12.5 mg</i> | Preferred | OTC |
| <i>ra allergy relief oral capsule 25 mg</i> | Preferred | OTC |
| <i>ra complete allergy oral tablet 25 mg</i> | Preferred | OTC |
| <i>sb allergy medicine oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>sb allergy medicine oral tablet 25 mg</i> | Preferred | OTC |
| <i>sb allergy oral capsule 25 mg</i> | Preferred | OTC |
| <i>siladryl allergy oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i> | Preferred | OTC |
| <i>sm allergy relief oral tablet 25 mg</i> | Preferred | OTC |
| <i>total allergy oral tablet 25 mg</i> | Preferred | OTC |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| BANOPHEN ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| BANOPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE 12.5 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>) | Preferred | OTC |
| KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| MEDI-PHEDRYL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| NARAMIN ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| PX DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>) | Preferred | OTC |
| RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| WAL-DRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (<i>diphenhydramine hcl</i>) | Preferred | OTC |
| *ANTI-HISTAMINES - NON-SEDATING*** | | |
| <i>cvs allergy relief oral tablet dispersible 5 mg</i> | Preferred | OTC |
| *ANTI-HISTAMINES - PIPERAZINES*** | | |
| AHIST ORAL TABLET 25 MG (<i>chlorcyclizine hcl</i>) | Preferred | OTC |
| *ANTI-HISTAMINES - PIPERIDINES*** | | |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | Preferred | AGE (Min 2 Years) |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | Preferred | AGE (Min 2 Years) |
| *ANTI-HISTAMINE-TOPICAL COMBINATIONS*** | | |
| <i>anti-itch external cream 2-0.1 %</i> | Preferred | OTC |
| <i>anti-itch extra strength external cream 2-0.1 %</i> | Preferred | OTC |
| <i>cvs itch relief extra strength external cream 2-0.1 %</i> | Preferred | OTC |
| <i>diphenhydramine-zinc acetate external cream 2-0.1 %</i> | Preferred | OTC |
| <i>gnp anti-itch external cream 2-0.1 %</i> | Preferred | OTC |
| <i>itch relief extra strength external cream 2-0.1 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| <i>qc anti-itch extra strength external cream 2-0.1 %</i> | Preferred | OTC |
| <i>ra allergy external cream 2-0.1 %</i> | Preferred | OTC |
| <i>ra anti-itch skin protectant external cream 2-0.1 %</i> | Preferred | OTC |
| <i>sm anti-itch extra strength external cream 2-0.1 %</i> | Preferred | OTC |
| BANOPHEN EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>) | Preferred | OTC |
| BENADRYL EXTRA STRENGTH EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>) | Preferred | OTC |
| WAL-DRYL EXTERNAL CREAM 2-0.1 % (<i>diphenhydramine-zinc acetate</i>) | Preferred | OTC |
| *ANTI-INFECTIVE AGENTS - MISC.*** | | |
| <i>trimethoprim oral tablet 100 mg</i> | Preferred | |
| *ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Preferred | Max 90-day supply per fill |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Preferred | Max 90-day supply per fill |
| <i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i> | Preferred | Max 90-day supply per fill |
| *ANTIMALARIAL COMBINATIONS*** | | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | Preferred | |
| *ANTIMALARIALS*** | | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | Preferred | PA |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | Preferred | |
| <i>mefloquine hcl oral tablet 250 mg</i> | Preferred | |
| <i>quinine sulfate oral capsule 324 mg</i> | Preferred | QL (42 EA per 365 days) |
| *ANTIMANIC AGENTS*** | | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | Preferred | Max 90-day supply per fill |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Preferred | Max 90-day supply per fill |
| <i>lithium carbonate oral tablet 300 mg</i> | Preferred | Max 90-day supply per fill |
| *ANTIMETABOLITES*** | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Preferred | PA |
| <i>mercaptopurine oral tablet 50 mg</i> | Preferred | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | | |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i> | Preferred | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Preferred | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | Preferred | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | Preferred | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Preferred | |
| <i>rifabutin oral capsule 150 mg</i> | Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Preferred | |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| <i>imatinib mesylate oral tablet 100 mg</i> | Preferred | PA; QL (8 EA per 1 day) |
| <i>imatinib mesylate oral tablet 400 mg</i> | Preferred | PA; QL (2 EA per 1 day) |
| *ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** | | |
| <i>sunitinib malate oral capsule 12.5 mg</i> | Preferred | PA; QL (7 EA per 1 day) |
| <i>sunitinib malate oral capsule 25 mg</i> | Preferred | PA; QL (3 EA per 1 day) |
| <i>sunitinib malate oral capsule 37.5 mg, 50 mg</i> | Preferred | PA; QL (1 EA per 1 day) |
| *ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** | | |
| <i>fluorouracil external cream 5 %</i> | Preferred | |
| <i>fluorouracil external solution 5 %</i> | Preferred | |
| *ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** | | |
| <i>diclofenac sodium external gel 3 %</i> | Preferred | PA; QL (3.334 GM per 1 day) |
| *ANTINEOPLASTICS MISC.*** | | |
| <i>hydroxyurea oral capsule 500 mg</i> | Preferred | |
| *ANTIPARKINSON ANTICHOLINERGICS*** | | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | Preferred | Max 90-day supply per fill |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i> | Preferred | |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | Preferred | |
| *ANTIPARKINSON DOPAMINERGICS*** | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Preferred | |
| *ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| <i>selegiline hcl oral capsule 5 mg</i> | Preferred | |
| <i>selegiline hcl oral tablet 5 mg</i> | Preferred | |
| *ANTIPERISTALTIC AGENTS*** | | |
| <i>anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>anti-diarrheal oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>cvs anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>cvs anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>diamode oral tablet 2 mg</i> | Preferred | OTC |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | Preferred | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Preferred | |
| <i>eq anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>eq anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>eq loperamide hcl oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>eql anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>ft anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>ft anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>gnp anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>gnp anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>gnp loperamide hcl oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>hm anti-diarrheal oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>loperamide hcl oral capsule 2 mg</i> | Preferred | |
| <i>loperamide hcl oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>loperamide hcl oral suspension 1 mg/7.5ml</i> | Preferred | OTC |
| <i>loperamide hcl oral tablet 2 mg</i> | Preferred | OTC |
| <i>meijer anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>px anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>qc anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>qc anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>ra anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| <i>sb anti-diarrhea oral tablet 2 mg</i> | Preferred | OTC |
| <i>sm anti-diarrheal oral capsule 2 mg</i> | Preferred | OTC |
| <i>sm anti-diarrheal oral solution 1 mg/7.5ml</i> | Preferred | OTC |
| <i>sm anti-diarrheal oral tablet 2 mg</i> | Preferred | OTC |
| *ANTIPROTOZOAL AGENTS*** | | |
| <i>atovaquone oral suspension 750 mg/5ml</i> | Preferred | PA |
| *ANTISEBORRHEIC COMBINATIONS*** | | |
| DERMAZINC CREAM EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>) | Preferred | OTC |
| NUTRASEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>) | Preferred | |
| PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>) | Preferred | |
| *ANTISEBORRHEIC PRODUCTS*** | | |
| <i>anti-dandruff external shampoo 1 %</i> | Preferred | OTC |
| <i>beta med external shampoo 2 %</i> | Preferred | OTC |
| <i>cvs anti-dandruff external lotion 1 %</i> | Preferred | OTC |
| <i>dandruff shampoo external lotion 1 %</i> | Preferred | OTC |
| <i>eql medicated dandruff external lotion 1 %</i> | Preferred | OTC |
| <i>selenium sulfide external lotion 2.5 %</i> | Preferred | |
| <i>selenium sulfide external shampoo 2.25 %</i> | Preferred | |
| DERMAZINC SHAMPOO EXTERNAL SHAMPOO 2 % (<i>pyrithione zinc</i>) | Preferred | OTC |
| DHS ZINC EXTERNAL SHAMPOO 2 % (<i>pyrithione zinc</i>) | Preferred | OTC |
| *ANTISEPTICS - MOUTH/THROAT*** | | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | Preferred | |
| <i>cvs sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |

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|---|------------------|--|
| <i>eql sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>gnp sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>goodsense sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>ora relief mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>oral relief mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>oralseptic mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>phenaseptic mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>px sore throat mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>ra sore throat mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>sb sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>sm sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| <i>sore throat mouth/throat liquid , 1.4 %</i> | Preferred | OTC |
| <i>sore throat spray mouth/throat liquid 1.4 %</i> | Preferred | OTC |
| CHLORASEPTIC MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>) | Preferred | OTC |
| CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>) | Preferred | OTC |
| DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID 1.4 % (<i>phenol</i>) | Preferred | OTC |
| <i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %) | Preferred | |
| *ANTISPASMODICS*** | | |
| <i>dicyclomine hcl oral capsule 10 mg</i> | Preferred | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | Preferred | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | Preferred | |
| *ANTITHYROID AGENTS*** | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Preferred | |
| <i>propylthiouracil oral tablet 50 mg</i> | Preferred | |
| *ANTITUSSIVE - NONNARCOTIC*** | | |
| <i>benzonatate oral capsule 100 mg</i> | Preferred | QL (6 EA per 1 day); AGE (Min 6 Years) |
| <i>benzonatate oral capsule 200 mg</i> | Preferred | QL (3 EA per 1 day) |
| <i>cough dm childrens oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>cvs cough dm childrens oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>cvs cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>cvs tussin long-acting oral liquid 15 mg/5ml</i> | Preferred | OTC |
| <i>cvs tussin maximum strength oral syrup 15 mg/5ml</i> | Preferred | OTC |
| <i>daytime cough oral liquid 15 mg/15ml</i> | Preferred | OTC |
| <i>dextromethorphan hbr oral capsule 15 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>eq cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>eql cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>gnp cough dm er oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>gnp tussin cough long acting oral syrup 15 mg/5ml</i> | Preferred | OTC |
| <i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>goodsense cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>hm cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>px tussin max oral syrup 15 mg/5ml</i> | Preferred | OTC |
| <i>qc cough relief oral liquid 15 mg/5ml</i> | Preferred | OTC |
| <i>ra cough dm oral suspension extended release 30 mg/5ml</i> | Preferred | OTC |
| <i>sm cough relief oral syrup 15 mg/5ml</i> | Preferred | OTC |
| <i>tussin cough oral capsule 15 mg</i> | Preferred | OTC |
| <i>tussin cough oral syrup 15 mg/5ml</i> | Preferred | OTC |
| GILTUSS HONEY DM CHILDRENS ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| GILTUSS HONEY DM ORAL LIQUID 30 MG/10ML (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>) | Preferred | OTC |
| ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>) | Preferred | OTC |
| VICKS DAYQUIL COUGH ORAL LIQUID 15 MG/15ML (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID 15 MG/5ML (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| WAL-TUSSIN COUGH ORAL CAPSULE 15 MG (<i>dextromethorphan hbr</i>) | Preferred | OTC |
| *ANTITUSSIVE-ANTI-HISTAMINE-ANALGESIC*** | | |
| <i>all-nite cold & flu nighttime oral liquid 30-12.5-650 mg/30ml</i> | Preferred | OTC |
| <i>cold & flu nighttime oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>cold & flu nighttime relief oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>cold & flu relief nighttime oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>cold & flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>cold/flu relief nighttime oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>cough & sore throat nighttime oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>cvs cold/flu nighttime oral capsule 15-6.25-325 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>cvs night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>cvs nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml, 650-30-12.5 mg/30ml</i> | Preferred | OTC |
| <i>eq nitetime cold/flu ms relief oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>eql nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>eql nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i> | Preferred | OTC |
| <i>gnp night time cold & flu oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>gnp night time cold-flu oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>goodsense nighttime cold & flu oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>hm nighttime cold & flu relief oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>night time cold/flu relief oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>nighttime cold medicine oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>nighttime cold/flu relief oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>nighttime cold/flu relief oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>px nitetime cold/flu relief oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>px nitetime cold/flu relief oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>qc nighttime cold & flu oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>qc nighttime cold & flu oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| <i>qc nighttime cold/flu relief oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>qc nighttime multi-symptom oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>ra cold/flu relief nighttime oral capsule 15-6.25-325 mg</i> | Preferred | OTC |
| <i>ra nighttime cold/flu relief oral liquid 30-12.5-650 mg/30ml</i> | Preferred | OTC |
| <i>sb flu maximum strength hbp oral tablet 15-500-2 mg</i> | Preferred | OTC |
| <i>sb night time cold/flu relief oral liquid 15-6.25-500 mg/15ml</i> | Preferred | OTC |
| <i>sm cough/sore throat nighttime oral liquid 30-12.5-1000 mg/30ml</i> | Preferred | OTC |
| <i>sm nite time cold & flu oral liquid 15-6.25-325 mg/15ml</i> | Preferred | OTC |
| CORICIDIN HBP NIGHTTIME COLD ORAL LIQUID 15-6.25-325 MG/15ML, 15-6.25-500 MG/15ML (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |
| NYQUIL HBP COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |
| TRIAMINIC FLU COUGH & FEVER ORAL SYRUP 7.5-160-1 MG/5ML (<i>dm-apap-cpm</i>) | Preferred | OTC |
| VICKS NYQUIL COLD & FLU NIGHT ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |
| VICKS NYQUIL COLD & FLU NIGHT ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |
| VICKS NYQUIL COLD & FLU ORAL CAPSULE 15-6.25-325 MG (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |
| VICKS NYQUIL COLD & FLU ORAL LIQUID 15-6.25-325 MG/15ML (<i>dm-doxylamine-acetaminophen</i>) | Preferred | OTC |

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|---|------------------|---------------------|
| *ANTITUSSIVE-DECONGESTANT-ANALGESIC*** | | |
| <i>cold & flu relief daytime oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>cold multi-symptom daytime oral tablet 10-5-325 mg</i> | Preferred | OTC |
| <i>cold/flu daytime relief oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>cvs daytime cold/flu relief oral liquid 325-10-5 mg/15ml</i> | Preferred | OTC |
| <i>cvs flu/severe cold daytime oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>cvs severe cold/flu daytime oral liquid 650-20-10 mg/30ml</i> | Preferred | OTC |
| <i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>daytime cold/flu relief oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>day-time pe cold/flu relief oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>eq daytime cold/flu ms relief oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>eq daytime cold/flu ms relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>eql daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>flu/severe cold & cough day oral packet 20-10-650 mg</i> | Preferred | OTC |
| <i>gnp cold max daytime oral tablet 10-5-325 mg</i> | Preferred | OTC |
| <i>gnp day time cold/flu oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>goodsense day time cold & flu oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>goodsense daytime oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>goodsense severe cold/cough oral liquid 20-10-650 mg/30ml</i> | Preferred | OTC |
| <i>px daytime cold oral tablet 10-5-325 mg</i> | Preferred | OTC |
| <i>px daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>px daytime pe oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>qc daytime cold/flu oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>qc severe cold/cough daytime oral packet 20-10-650 mg</i> | Preferred | OTC |
| <i>ra cold/flu relief daytime oral capsule 10-5-325 mg</i> | Preferred | OTC |
| <i>ra daytime cold/flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>sb daytime oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>sb flu relief therapy daytime oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| <i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i> | Preferred | OTC |
| ALKA-SELTZER PLS SINUS & COUGH ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| ALKA-SELTZER PLUS DAY COLD/FLU ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| COMTrex COLD & COUGH MAX ST ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| MAPAP COLD FORMULA MULTI-SYMPPT ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |

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|--|------------------|--------------------------|
| MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| THERAFLU EXPRESSMAX ORAL LIQUID 20-10-650 MG/30ML (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| THERAFLU EXPRESSMAX SEV CLD/CG ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| THERAFLU SEVERE COLD DAYTIME ORAL TABLET 15-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| THERAFLU SEVERE COLD/CGH DAY ORAL TABLET 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| VICKS DAYQUIL COLD & FLU ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| VICKS DAYQUIL COLD & FLU ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| WAL-FLU SEVERE COLD & COUGH ORAL LIQUID 10-5-325 MG/15ML (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| WAL-FLU SEVERE COLD & COUGH ORAL PACKET 20-10-650 MG (<i>dm-phenylephrine-acetaminophen</i>) | Preferred | OTC |
| *ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC*** | | |
| <i>cold & flu severe daytime oral liquid 5-10-200-325 mg/15ml</i> | Preferred | OTC |
| <i>cold & flu severe daytime oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>cvs cold/flu/sore throat adult oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>cvs multi-symptoms cold/fever oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>eq multi-symp cold/fever child oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>eql cold multi-symptom severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>eql daytime severe cold/flu oral liquid 5-10-200-325 mg/15ml</i> | Preferred | OTC |
| <i>eql mucus relief cold/flu oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>ft cold & flu daytime severe oral liquid 5-10-200-325 mg/15ml</i> | Preferred | OTC |
| <i>ft cold & flu daytime severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>gnp cold/flu severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>goodsense cold + flu severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>goodsense day time cold & flu oral liquid 5-10-200-325 mg/15ml</i> | Preferred | OTC |
| <i>herbiomed severe cold & flu oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>hm daytime cold & flu oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| <i>mucus relief plus oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>mucus relief severe cong/cold oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>px severe cold oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>qc mucus cold flu & throat oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>qc mucus relief cold & flu oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>qc mucus relief sinus pressure oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>qc severe cold & flu oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>ra cold multi-symptom daytime oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>ra cold/flu/sore throat max oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>ra severe congestion/cold max oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sb cold head congestion severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sb cold multi-symptom severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>severe cold & flu oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sm cold & flu severe oral tablet 5-10-200-325 mg</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sm daytime severe cold & flu oral liquid 5-10-200-325 mg/15ml</i> | Preferred | OTC |
| <i>tussin cf severe multi-symptom oral liquid 5-10-200-325 mg/10ml</i> | Preferred | OTC |
| DAYQUIL SEVERE + VAPOCOOL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX CHILD MULTI-SYMP TOM ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX COLD CGH THROAT CHILD ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| MUCINEX FAST-MAX COLD FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX FAST-MAX COLD/FLU MS ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX FAST-MAX COLD/FLU ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX FAST-MAX COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| MUCINEX FREEFROM COLD/FLU DAY ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| ROBITUSSIN SEVERE MULTI-SYMP ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| ROMPE PECHO MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--------------------------|
| THERAFLU EXPRESSMAX SEV CLD/FL ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| TYLENOL WARMING COUGH/CONGEST ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| VICKS DAYQUIL SEVERE COLD/FLU ORAL LIQUID 5-10-200-325 MG/15ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET 5-10-200-325 MG (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200-325 MG/10ML (<i>phenylephrine-dm-gg-apap</i>) | Preferred | OTC |
| *ANTITUSSIVE-EXPECTORANT*** | | |
| <i>altarussin dm oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>biocotron oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>chest congestion relief dm oral syrup 10-100 mg/5ml</i> | Preferred | OTC |
| <i>chest congestion relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>chest congestion/cough relief oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>childrens cough oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>childrens mucus relief cough oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>cough & chest congestion dm oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>cough & congestion kids oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>cvs chest congest/cough child oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>cvs chest congestion relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>cvs chest congestion-cough hbp oral capsule 10-200 mg</i> | Preferred | OTC |
| <i>cvs cough & chest congestion oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>cvs dm maximum adult oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i> | Preferred | OTC |
| <i>cvs tussin dm max st oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>cvs tussin dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml, 200-20 mg/10ml</i> | Preferred | OTC |
| <i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 5-100 mg/5ml</i> | Preferred | OTC |
| <i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i> | Preferred | OTC |
| <i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>eq cough childrens oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>eq mucus dm oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>eq mucus relief dm oral liquid 20-400 mg/20ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>eq mucus relief dm oral tablet extended release 12 hour 30-600 mg</i> | Preferred | OTC |
| <i>eq tussin dm cough/chest oral syrup 10-100 mg/5ml</i> | Preferred | OTC |
| <i>eq tussin dm max adult oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>eq tussin dm max daytime oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>eql mucus-dm oral tablet extended release 12 hour 30-600 mg</i> | Preferred | OTC |
| <i>eql tussin cough/chest dm max oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>ft chest congestion relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>ft mucus relief dm oral tablet extended release 12 hour 1200-60 mg, 30-600 mg</i> | Preferred | OTC |
| <i>geri-tussin dm oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>geri-tussin dm oral syrup 10-100 mg/5ml</i> | Preferred | OTC |
| <i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>gnp mucus relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>gnp tab tussin dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>gnp tussin dm cough oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>gnp tussin dm max oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i> | Preferred | OTC |
| <i>guaifenesin-dm oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>hm chest congestion relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>hm mucus relief dm oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i> | Preferred | OTC |
| <i>kls mucus-dm max strength oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>maxi-tuss g oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i> | Preferred | OTC; QL (10 ML per 1 day) |
| <i>medi-tussin dm double strength oral liquid 30-200 mg/5ml</i> | Preferred | OTC |
| <i>medi-tussin dm oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>mucus dm oral tablet extended release 12 hour 30-600 mg</i> | Preferred | OTC |
| <i>mucus relief cough childrens oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus relief dm cough oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>mucus relief dm oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>mucus relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>mucus relief dm oral tablet extended release 12 hour 30-600 mg, 60-1200 mg</i> | Preferred | OTC |
| <i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i> | Preferred | OTC |
| <i>neotuss oral liquid 30-200 mg/5ml</i> | Preferred | OTC |
| <i>pharbinex-dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>px tussin dm oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>qc medifin dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>qc mucus & cough relief child oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>qc mucus relief dm max oral liquid 5-100 mg/5ml</i> | Preferred | OTC |
| <i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i> | Preferred | OTC |
| <i>qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i> | Preferred | OTC |
| <i>ra mucus relief dm oral tablet extended release 12 hour 30-600 mg</i> | Preferred | OTC |
| <i>ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>ra tussin cough dm sugar free oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>ra tussin cough oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>ra tussin cough/chest dm max oral liquid 10-200 mg/5ml</i> | Preferred | OTC; QL (10 ML per 1 day) |
| <i>ra tussin dm oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>refenesen dm oral tablet 400-20 mg</i> | Preferred | OTC |
| <i>sb mucus relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>siltussin dm das oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>siltussin-dm alcohol free oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>sm chest congestion relief dm oral tablet 20-400 mg</i> | Preferred | OTC |
| <i>sm tussin cough/chest congest oral liquid 20-200 mg/10ml</i> | Preferred | OTC |
| <i>sm tussin cough/chest congest oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>sm tussin dm max oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>sm tussin dm oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| <i>sorbutuss nr oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>tusnel diabetic oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>tussin cough+chest cong dm sf oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>tussin cough+chest congest dm oral liquid 10-100 mg/5ml</i> | Preferred | OTC |
| <i>tussin dm cough + chest oral liquid 10-100 mg/5ml, 20-400 mg/20ml</i> | Preferred | OTC |
| <i>tussin dm max adult oral liquid 5-100 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------|
| <i>tussin dm max oral liquid 20-400 mg/20ml</i> | Preferred | OTC |
| <i>tussin dm oral liquid 100-10 mg/5ml</i> | Preferred | OTC |
| <i>tussin dm oral syrup 100-10 mg/5ml</i> | Preferred | OTC |
| ALKA-SELTZER PLUS MUCUS & CONG ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC; QL (10 ML per 1 day) |
| DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| FENESIN DM IR ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| G-ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 20-200 MG/10ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| MUCINEX COUGH & CHEST CONGEST ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| ROBITUSSIN COUGH+CHEST CONG DM ORAL CAPSULE 10-200 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| SB TAB TUSSIN DM ORAL TABLET 20-400 MG (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| SORBUGEN NR ORAL LIQUID 15-150 MG/7.5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| ZYNCOF ORAL SYRUP 20-400 MG/5ML (<i>dextromethorphan-guaifenesin</i>) | Preferred | OTC |
| *ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** | | |
| <i>bionel oral liquid 30-15-200 mg/5ml</i> | Preferred | OTC |
| <i>capmist dm oral tablet 60-15-400 mg</i> | Preferred | OTC |
| <i>cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>despec dm oral syrup 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>despec dm-g oral syrup 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i> | Preferred | OTC |
| <i>gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus congest & cough child oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus relief childrens oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>mucus relief severe congst/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>pres gen oral liquid 5-10-200 mg/5ml</i> | Preferred | OTC |
| <i>px tussin cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>qc tussin cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>ra tussin cgh & cold mucus cf oral liquid 5-10-200 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------|
| <i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>sb cough control cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i> | Preferred | OTC |
| <i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i> | Preferred | OTC |
| <i>sm tussin cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>teo-tus oral liquid 5-10-200 mg/5ml</i> | Preferred | OTC |
| <i>tussin cf cough & cold oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>tussin cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| <i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i> | Preferred | OTC |
| DESGEN DM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>) | Preferred | OTC |
| ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (<i>phenylephrine-dm-gg</i>) | Preferred | OTC |
| ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML (<i>phenylephrine-dm-gg</i>) | Preferred | OTC |
| TUSNEL ORAL LIQUID 30-15-200 MG/5ML (<i>pseudoephedrine-dm-gg</i>) | Preferred | OTC |
| TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML (<i>pseudoephedrine-dm-gg</i>) | Preferred | OTC |
| TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>) | Preferred | OTC |
| WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML (<i>phenylephrine-dm-gg</i>) | Preferred | OTC |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>) | Preferred | Max 5-day supply per fill |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>) | Preferred | Max 5-day supply per fill |
| *ANTIVIRAL MONOCLONAL ANTIBODIES*** | | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>) | Preferred | PA |
| *APPLICATORS,COTTON BALLS,ETC*** | | |
| <i>alcohol pads pad 70 %</i> | Preferred | OTC |
| <i>alcohol prep pad , 70 %</i> | Preferred | OTC |
| <i>alcohol prep pads pad 70 %</i> | Preferred | OTC |
| <i>alcohol swabs pad , 70 %</i> | Preferred | OTC |
| <i>alcoh-wipe sheet</i> | Preferred | |
| <i>cvs alcohol prep pads pad 70 %</i> | Preferred | OTC |
| <i>cvs prep pad 70 %</i> | Preferred | OTC |
| <i>easy comfort alcohol pads pad</i> | Preferred | OTC |
| <i>eql alcohol swabs pad 70 %</i> | Preferred | OTC |
| <i>essentra wipes 9x9" sheet 70 %</i> | Preferred | |
| <i>global alcohol prep ease pad 70 %</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug **PA** - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>gnp alcohol swabs pad 70 %</i> | Preferred | OTC |
| <i>h-e-b incontrol alcohol pad</i> | Preferred | OTC |
| <i>hm sterile alcohol prep pad</i> | Preferred | OTC |
| <i>meijer alcohol swabs pad 70 %</i> | Preferred | OTC |
| <i>pro comfort alcohol pad 70 %</i> | Preferred | OTC |
| <i>pure comfort alcohol prep pad</i> | Preferred | OTC |
| <i>qc alcohol swabs pad 70 %</i> | Preferred | OTC |
| <i>ra alcohol swabs pad 70 %</i> | Preferred | OTC |
| <i>reality swabs pad</i> | Preferred | OTC |
| <i>saps care alcohol prep pad 70 %</i> | Preferred | OTC |
| <i>saps health alcohol prep pad , 70 %</i> | Preferred | OTC |
| <i>saps health care alcohol prep pad 70 %</i> | Preferred | OTC |
| <i>sb alcohol prep pad 70 %</i> | Preferred | OTC |
| <i>sm alcohol prep pad , 70 %</i> | Preferred | OTC |
| <i>sure comfort alcohol prep pad 70 %</i> | Preferred | OTC |
| <i>true comfort alcohol prep pads pad 70 %</i> | Preferred | OTC |
| <i>true comfort pro alcohol prep pad 70 %</i> | Preferred | OTC |
| <i>ultilet alcohol swabs pad</i> | Preferred | OTC |
| <i>ultra-care alcohol prep pads pad 70 %</i> | Preferred | OTC |
| <i>zevrx sterile alcohol prep pad pad 70 %</i> | Preferred | OTC |
| ADVOCATE ALCOHOL PREP PADS PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| ALCOH-GLOVE CONTOURED WIPE PAD (<i>alcohol swabs</i>) | Preferred | |
| ALCOHOL SWABSTICK PAD (<i>alcohol swabs</i>) | Preferred | OTC |
| BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>) | Preferred | OTC |
| CARETOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| COMFORT TOUCH ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| CURITY ALCOHOL PREPS PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| FIFTY50 ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| PHARMACIST CHOICE ALCOHOL PAD (<i>alcohol swabs</i>) | Preferred | OTC |
| RELION ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| ULTICARE ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| WEBCOL ALCOHOL PREP LARGE PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>) | Preferred | OTC |
| *AROMATASE INHIBITORS*** | | |
| <i>anastrozole oral tablet 1 mg</i> | Preferred | |
| <i>letrozole oral tablet 2.5 mg</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| *ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** | | |
| <i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 5-6 mg/ml</i> | Preferred | OTC |
| <i>artificial tears pf ophthalmic solution 0.1-0.3 %</i> | Preferred | OTC |
| <i>cvs dry eye relief ophthalmic solution 0.2-0.2-1 %</i> | Preferred | OTC |
| <i>cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %</i> | Preferred | OTC |
| <i>cvs eye lubricant ophthalmic ointment</i> | Preferred | OTC |
| <i>cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>cvs lubricating eye/overnight ophthalmic ointment</i> | Preferred | OTC |
| <i>cvs natural tears pf ophthalmic solution 0.1-0.3 %</i> | Preferred | OTC |
| <i>cvs nighttime dry-eye relief ophthalmic ointment</i> | Preferred | OTC |
| <i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i> | Preferred | OTC |
| <i>dry eye relief ophthalmic gel 0.4-0.3 %</i> | Preferred | OTC |
| <i>eq lubricant eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>eye lubricant ophthalmic ointment</i> | Preferred | OTC |
| <i>for sty relief ophthalmic ointment 31.9-57.7 %</i> | Preferred | OTC |
| <i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i> | Preferred | OTC |
| <i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i> | Preferred | OTC |
| <i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i> | Preferred | OTC |
| <i>goodsense artificial tears ophthalmic solution 0.5-0.6 %</i> | Preferred | OTC |
| <i>goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i> | Preferred | OTC |
| <i>lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %, 0.4-0.3 %</i> | Preferred | OTC |
| <i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>lubricant eye fast acting ophthalmic ointment</i> | Preferred | OTC |
| <i>lubricant eye nighttime ophthalmic ointment</i> | Preferred | OTC |
| <i>lubricant eye ophthalmic ointment</i> | Preferred | OTC |
| <i>lubricant pm ophthalmic ointment</i> | Preferred | OTC |
| <i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>lubrifresh p.m. ophthalmic ointment</i> | Preferred | OTC |
| <i>px artificial tears ophthalmic solution 5-6 mg/ml</i> | Preferred | OTC |
| <i>qc artificial tears ophthalmic solution 5-6 mg/ml</i> | Preferred | OTC |
| <i>ra lubricant eye ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i> | Preferred | OTC |
| <i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| <i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i> | Preferred | OTC |
| ALTALUBE OPHTHALMIC OINTMENT 85-15 % (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>) | Preferred | OTC |
| CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML (<i>polyvinyl alcohol-povidone</i>) | Preferred | OTC |
| EQ RESTORE PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| FRESHKOTE OPHTHALMIC SOLUTION 2.7-2 % (<i>polyvinyl alcohol-povidone</i>) | Preferred | OTC |
| GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>) | Preferred | OTC |
| HYPOTEARs OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>) | Preferred | OTC |
| REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>) | Preferred | OTC |
| REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % (<i>polyvinyl alcohol-povidone</i>) | Preferred | OTC |
| REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>) | Preferred | OTC |
| REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>) | Preferred | OTC |
| REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 % (<i>carboxymeth-glycerin-polysorb</i>) | Preferred | OTC |
| REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % (<i>carboxymethylcellul-glycerin</i>) | Preferred | OTC |
| REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>) | Preferred | OTC |
| REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (<i>carboxymethylcellul-glycerin</i>) | Preferred | OTC |
| RETAIN PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| STYE OPHTHALMIC OINTMENT 31.9-57.7 % (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| STYE OPHTHALMIC SOLUTION 0.5-0.6 % (<i>polyvinyl alcohol-povidone</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| SYSTANE OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>) | Preferred | OTC |
| ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>) | Preferred | OTC |
| *ARTIFICIAL TEAR SOLUTIONS*** | | |
| <i>artificial tears ophthalmic solution</i> | Preferred | OTC |
| <i>just tears eye drops ophthalmic solution</i> | Preferred | OTC |
| <i>sm artificial tears ophthalmic solution</i> | Preferred | OTC |
| GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (<i>artificial tear solution</i>) | Preferred | OTC |
| SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % (<i>artificial tear solution</i>) | Preferred | OTC |
| SOOTHE XP OPHTHALMIC SOLUTION (<i>artificial tear solution</i>) | Preferred | OTC |
| SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>) | Preferred | OTC |
| SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>) | Preferred | OTC |
| *ARTIFICIAL TEARS AND LUBRICANTS*** | | |
| <i>artificial tears ophthalmic solution 1 %</i> | Preferred | OTC |
| <i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>cvs lubricant drops ophthalmic gel 1 %</i> | Preferred | OTC |
| <i>cvs lubricant drops ophthalmic solution 0.6 %</i> | Preferred | OTC |
| <i>cvs lubricant eye drops (pf) ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>cvs lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i> | Preferred | OTC |
| <i>dry eye relief ophthalmic gel 1 %</i> | Preferred | OTC |
| <i>eq lubricant eye drops ophthalmic solution 0.6 %</i> | Preferred | OTC |
| <i>eq restore plus lubricant eye ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>eq restore tears ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>gnp lubricant eye drops (pf) ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i> | Preferred | OTC |
| <i>lubricant eye drops pf ophthalmic solution 0.5 %</i> | Preferred | OTC |
| <i>polyvinyl alcohol ophthalmic solution 1.4 %</i> | Preferred | OTC |
| <i>ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %</i> | Preferred | OTC |
| <i>sm lubricating plus ophthalmic solution 0.5 %</i> | Preferred | OTC |
| ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (<i>hypromellose</i>) | Preferred | OTC |
| BIOLLE GEL TEARS OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>) | Preferred | OTC |
| GENTEAL SEVERE OPHTHALMIC GEL 0.3 % (<i>hypromellose</i>) | Preferred | OTC |
| PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (<i>hypromellose</i>) | Preferred | OTC |
| REFRESH CELLUVISC OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>) | Preferred | OTC |
| THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % (<i>carboxymethylcellulose sodium</i>) | Preferred | OTC |
| ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (<i>carboxymethylcellulose sodium</i>) | Preferred | OTC |
| *ASTRINGENTS*** | | |
| <i>boro-packs external packet 49-51 %</i> | Preferred | OTC |
| <i>calamine phenolated external lotion</i> | Preferred | OTC |
| <i>cvs astringent solution external packet</i> | Preferred | OTC |
| <i>cvs diaper rash external ointment 40 %</i> | Preferred | OTC |
| <i>cvs zinc oxide external ointment 20 %</i> | Preferred | OTC |
| <i>diaper rash external ointment 40 %</i> | Preferred | OTC |
| <i>eq diaper rash external ointment 40 %</i> | Preferred | OTC |
| <i>eql baby basics diaper rash external ointment 40 %</i> | Preferred | OTC |
| <i>gnp calamine phenolated external lotion</i> | Preferred | OTC |
| <i>gnp zinc oxide external ointment 20 %</i> | Preferred | OTC |
| <i>hygienic cleansing external pad 50 %</i> | Preferred | OTC |
| <i>medicated wipes (glycerin) external pad 50 %</i> | Preferred | OTC |
| <i>meijer zinc oxide external ointment 20 %</i> | Preferred | OTC |
| <i>qc calamine external lotion</i> | Preferred | OTC |
| <i>qc diaper rash external ointment 40 %</i> | Preferred | OTC |
| <i>qc zinc oxide external ointment 20 %</i> | Preferred | OTC |
| <i>ra hemorrhoidal medicated external pad 50 %</i> | Preferred | OTC |
| <i>ra zinc oxide external ointment 20 %</i> | Preferred | OTC |
| <i>sb hemorrhoid external pad</i> | Preferred | OTC |
| <i>sm calamine phenolated external lotion</i> | Preferred | OTC |
| <i>sm hygienic cleansing external pad 50 %</i> | Preferred | OTC |
| <i>zinc oxide external ointment 20 %, 40 %</i> | Preferred | OTC |
| A.E.R. TRAVELER EXTERNAL PAD (<i>witch hazel-glycerin</i>) | Preferred | OTC |
| A.E.R. WITCH HAZEL EXTERNAL PAD (<i>witch hazel-glycerin</i>) | Preferred | OTC |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (<i>zinc oxide</i>) | Preferred | OTC |
| DOMBORO EXTERNAL PACKET (<i>alum sulfate-ca acetate</i>) | Preferred | OTC |
| MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 % (<i>zinc oxide</i>) | Preferred | OTC |

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|--|------------------|---------------------|
| *B-COMPLEX VITAMINS*** | | |
| <i>b complex oral capsule</i> | Preferred | OTC |
| <i>b complex vitamins oral capsule</i> | Preferred | OTC |
| <i>b-complex plus b-12 oral tablet</i> | Preferred | OTC |
| <i>b-complex/b-12 oral tablet</i> | Preferred | OTC |
| <i>ra b-complex oral tablet</i> | Preferred | OTC |
| <i>ra b-complex with b-12 oral tablet</i> | Preferred | OTC |
| <i>vitamin b complex oral capsule</i> | Preferred | OTC |
| <i>vitamin b complex oral tablet</i> | Preferred | OTC |
| <i>vitamin-b complex oral tablet</i> | Preferred | OTC |
| *B-COMPLEX W/ C & CALCIUM*** | | |
| <i>gnp b-complex plus vitamin c oral tablet</i> | Preferred | OTC |
| <i>qc b-complex/vitamin c oral tablet</i> | Preferred | OTC |
| *B-COMPLEX W/ C & E + ZN*** | | |
| <i>bec/zinc oral tablet</i> | Preferred | OTC |
| <i>cvs stress formula/zinc oral tablet</i> | Preferred | OTC |
| <i>eql stress b-complex c/zinc oral tablet</i> | Preferred | OTC |
| <i>stress b/zinc oral tablet</i> | Preferred | OTC |
| <i>stress b-complex/vit c/zinc oral tablet</i> | Preferred | OTC |
| <i>stress formula/zinc (b-compl) oral tablet</i> | Preferred | OTC |
| <i>stress plus zinc oral tablet</i> | Preferred | OTC |
| <i>zinc-vites oral tablet</i> | Preferred | OTC |
| *B-COMPLEX W/ C & FOLIC ACID*** | | |
| <i>activite oral tablet 1 mg</i> | Preferred | |
| <i>folbee plus oral tablet</i> | Preferred | |
| <i>full spectrum b/vitamin c oral tablet 0.8 mg</i> | Preferred | OTC |
| <i>nephro vitamins oral tablet 0.8 mg</i> | Preferred | OTC |
| <i>renal vitamin oral tablet 0.8 mg</i> | Preferred | OTC |
| <i>rena-vite oral tablet</i> | Preferred | OTC |
| <i>rena-vite rx oral tablet 1 mg</i> | Preferred | OTC |
| <i>reno caps oral capsule 1 mg</i> | Preferred | |
| <i>tm-vite rx oral tablet 1 mg</i> | Preferred | |
| <i>triphrocaps oral capsule 1 mg</i> | Preferred | |
| <i>tronvite oral tablet 1 mg</i> | Preferred | |
| <i>virt-caps oral capsule 1 mg</i> | Preferred | |
| <i>vitasure oral tablet 1 mg</i> | Preferred | |
| <i>wescaps oral capsule 1 mg</i> | Preferred | |
| <i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i> | Preferred | |
| <i>DIALYVITE 800 ORAL TABLET 0.8 MG (b complex-c-folic acid)</i> | Preferred | OTC |
| <i>b complex-c-folic acid (Dialyvite Oral Tablet)</i> | Preferred | |

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|---|------------------|----------------------|
| <i>b complex-c-folic acid</i> (Genicin Vita-S Oral Tablet 1 Mg) | Preferred | |
| <i>b complex-c-folic acid</i> (Mynephron Oral Capsule 1 Mg) | Preferred | |
| <i>b complex-c-folic acid</i> (Nephronex Oral Tablet) | Preferred | |
| NEPHRO-VITE ORAL TABLET 0.8 MG (<i>b complex-c-folic acid</i>) | Preferred | OTC |
| <i>b complex-c-folic acid</i> (Renal Oral Capsule 1 Mg) | Preferred | |
| *B-COMPLEX W/ C*** | | |
| <i>b complex-c oral capsule</i> | Preferred | OTC |
| <i>b complex-c oral tablet</i> | Preferred | OTC |
| <i>b complex-vitamin c oral capsule</i> | Preferred | OTC |
| <i>b-complex-c oral tablet</i> | Preferred | OTC |
| <i>better b complex oral tablet</i> | Preferred | OTC |
| <i>cvs b complex plus c oral tablet</i> | Preferred | OTC |
| <i>cvs super b complex/c oral tablet</i> | Preferred | OTC |
| <i>hm b complex/c oral tablet</i> | Preferred | OTC |
| <i>sm super b complex/c oral tablet</i> | Preferred | OTC |
| <i>sm vitamin b complex/vitamin c oral tablet</i> | Preferred | OTC |
| <i>super b complex/vitamin c oral tablet</i> | Preferred | OTC |
| <i>super b/c oral capsule</i> | Preferred | OTC |
| <i>super b-complex + vitamin c oral tablet</i> | Preferred | OTC |
| <i>vitamin b + c complex oral tablet</i> | Preferred | OTC |
| <i>vitamin b complex-c oral capsule</i> | Preferred | OTC |
| ALLBEE/C ORAL TABLET (<i>b complex-c</i>) | Preferred | OTC |
| *B-COMPLEX W/ C-ZN & FOLIC ACID*** | | |
| DIALYVITE 800/ZINC ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>) | Preferred | OTC |
| DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG (<i>b complex-c-zn-folic acid</i>) | Preferred | OTC |
| *B-COMPLEX W/ MINERALS*** | | |
| ELDERTONIC ORAL LIQUID (<i>b complex-minerals</i>) | Preferred | OTC |
| *BENZODIAZEPINES*** | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> | Preferred | QL (4 EA per 1 day) |
| <i>alprazolam oral tablet 2 mg</i> | Preferred | QL (5 EA per 1 day) |
| <i>chlordiazepoxide hcl oral capsule 10 mg</i> | Preferred | QL (30 EA per 1 day) |
| <i>chlordiazepoxide hcl oral capsule 25 mg</i> | Preferred | QL (12 EA per 1 day) |
| <i>chlordiazepoxide hcl oral capsule 5 mg</i> | Preferred | QL (4 EA per 1 day) |
| <i>diazepam oral concentrate 5 mg/ml</i> | Preferred | |
| <i>diazepam oral solution 5 mg/5ml</i> | Preferred | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | Preferred | |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | Preferred | QL (3 EA per 1 day) |
| <i>lorazepam oral tablet 2 mg</i> | Preferred | QL (5 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/MI) | Preferred | |
| *BETA ADRENERGICS*** | | |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | Preferred | |
| *BIOTIN*** | | |
| <i>biotin maximum strength oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>biotin oral capsule 5 mg, 5000 mcg</i> | Preferred | OTC |
| <i>cvs biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>eql biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>gnp biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>hm biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>sm biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| <i>super biotin oral capsule 5000 mcg</i> | Preferred | OTC |
| MERIBIN ORAL CAPSULE 5 MG (<i>biotin</i>) | Preferred | OTC |
| *BIPHASIC CONTRACEPTIVES - ORAL*** | | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> | Preferred | Max 365-day supply per fill |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | Preferred | Max 365-day supply per fill |
| *BOWEL EVACUANT COMBINATIONS*** | | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | Preferred | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | Preferred | |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i> | Preferred | |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i> | Preferred | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>) | Preferred | |
| <i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm) | Preferred | |
| *BULK CHEMICALS - CI*** | | |
| <i>citrulline powder</i> | Preferred | |
| <i>l-citrulline powder</i> | Preferred | |
| *BULK LAXATIVES*** | | |
| <i>cvs daily fiber oral capsule 0.52 gm</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>cvs daily fiber oral packet 58.6 %</i> | Preferred | OTC |
| <i>cvs fiber laxative oral tablet 625 mg</i> | Preferred | OTC |
| <i>cvs fiber oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>cvs natural daily fiber oral powder 48.57 %, 58.6 %</i> | Preferred | OTC |
| <i>cvs natural fiber supplement oral powder 100 %</i> | Preferred | OTC |
| <i>cvs soluble fiber therapy oral tablet 500 mg</i> | Preferred | OTC |
| <i>daily fiber oral packet 51.7 %</i> | Preferred | OTC |
| <i>daily fiber oral powder 51.7 %</i> | Preferred | OTC |
| <i>eq daily fiber oral powder 25 %, 51.7 %</i> | Preferred | OTC |
| <i>eq fiber therapy oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>eq fiber therapy oral tablet 500 mg, 625 mg</i> | Preferred | OTC |
| <i>eql fiber laxative oral tablet 625 mg</i> | Preferred | OTC |
| <i>eql fiber therapy oral powder 28.3 %, 48.57 %</i> | Preferred | OTC |
| <i>eql fiber therapy oral tablet 500 mg</i> | Preferred | OTC |
| <i>eql natural fiber oral powder 28.3 %</i> | Preferred | OTC |
| <i>eql smooth texture fiber oral powder 51.7 %</i> | Preferred | OTC |
| <i>fiber laxative + calcium oral tablet 625 mg</i> | Preferred | OTC |
| <i>fiber laxative oral tablet 625 mg</i> | Preferred | OTC |
| <i>fiber oral powder 28.3 %</i> | Preferred | OTC |
| <i>fiber oral tablet 625 mg</i> | Preferred | OTC |
| <i>fiber therapy oral tablet 500 mg</i> | Preferred | OTC |
| <i>fiber-lax oral tablet 625 mg</i> | Preferred | OTC |
| <i>ft fiber laxative oral tablet 500 mg, 625 mg</i> | Preferred | OTC |
| <i>ft fiber oral powder 25 %, 51.7 %</i> | Preferred | OTC |
| <i>geri-mucil oral powder 25 %, 51.7 %</i> | Preferred | OTC |
| <i>gnp fiber therapy oral tablet 500 mg</i> | Preferred | OTC |
| <i>gnp fiber-caps oral tablet 625 mg</i> | Preferred | OTC |
| <i>gnp natural fiber oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>gnp natural fiber oral powder 28.3 %</i> | Preferred | OTC |
| <i>goodsense fiber oral tablet 500 mg</i> | Preferred | OTC |
| <i>goodsense psyllium fiber oral powder 51.7 %</i> | Preferred | OTC |
| <i>hm fiber oral powder 51.7 %</i> | Preferred | OTC |
| <i>hm fiber powder oral powder 25 %</i> | Preferred | OTC |
| <i>konsyl daily fiber oral powder 28.3 %, 60.3 %</i> | Preferred | OTC |
| <i>natural fiber laxative oral powder 28.3 %, 58.6 %</i> | Preferred | OTC |
| <i>natural fiber oral powder 58.6 %</i> | Preferred | OTC |
| <i>natural psyllium seed oral powder 100 %</i> | Preferred | OTC |
| <i>psyllium fiber oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>px fiber oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>px fiber oral tablet 625 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-------------------------|
| <i>qc fiber laxative oral capsule 0.52 gm</i> | Preferred | OTC |
| <i>qc fiber oral tablet 625 mg</i> | Preferred | OTC |
| <i>qc fiber therapy oral powder 25 %, 51.7 %</i> | Preferred | OTC |
| <i>qc fiber therapy oral tablet 500 mg</i> | Preferred | OTC |
| <i>qc natural vegetable oral powder 95 %</i> | Preferred | OTC |
| <i>ra multihealth fiber oral powder 48.57 %, 58.6 %</i> | Preferred | OTC |
| <i>sb fiber laxative oral tablet 625 mg</i> | Preferred | OTC |
| <i>sm fiber laxative oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm fiber oral powder 28.3 %, 48.57 %, 51.7 %, 58.6 %</i> | Preferred | OTC |
| <i>sm fiber oral tablet 625 mg</i> | Preferred | OTC |
| <i>sm fiber powder oral powder 25 %</i> | Preferred | OTC |
| EQUALACTIN ORAL TABLET CHEWABLE 625 MG (<i>calcium polycarbophil</i>) | Preferred | OTC |
| EVAC ORAL POWDER (<i>psyllium</i>) | Preferred | OTC |
| FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>) | Preferred | OTC |
| HYDROCIL ORAL PACKET 95 % (<i>psyllium</i>) | Preferred | OTC |
| KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 % (<i>psyllium</i>) | Preferred | OTC |
| MEDI-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>) | Preferred | OTC |
| METAMUCIL 4 IN 1 FIBER ORAL PACKET 51.7 % (<i>psyllium</i>) | Preferred | OTC |
| METAMUCIL ORAL PACKET 28 % (<i>psyllium</i>) | Preferred | OTC |
| METAMUCIL ORAL WAFER (<i>psyllium</i>) | Preferred | OTC |
| METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 % (<i>psyllium</i>) | Preferred | OTC |
| ONELAX FIBER THERAPY ORAL POWDER 25 % (<i>psyllium</i>) | Preferred | OTC |
| REGULOID ORAL CAPSULE 0.52 GM (<i>psyllium</i>) | Preferred | OTC |
| REGULOID ORAL POWDER 28.3 %, 48.57 %, 51.7 % (<i>psyllium</i>) | Preferred | OTC |
| SOLUBLE FIBER THERAPY ORAL POWDER (<i>methylcellulose laxative</i>) | Preferred | OTC |
| WAL-MUCIL ORAL CAPSULE 0.52 GM (<i>psyllium</i>) | Preferred | OTC |
| WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 48.57 %, 51.7 %, 58.6 % (<i>psyllium</i>) | Preferred | OTC |
| *BURN PRODUCTS*** | | |
| <i>silver sulfadiazine external cream 1 %</i> | Preferred | |
| <i>silver sulfadiazine (Ssd External Cream 1 %)</i> | Preferred | |
| *CALCIMIMETIC AGENTS*** | | |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i> | Preferred | PA; QL (2 EA per 1 day) |
| *CALCIUM COMBINATIONS*** | | |
| <i>600+d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>calcitrate plus d oral tablet 315-5 mg-mcg</i> | Preferred | OTC |
| <i>cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 1000 + d oral tablet 1000-20 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500/d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500+d high potency oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600 + d oral tablet 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600 + minerals oral tablet 600-200 mg-unit</i> | Preferred | OTC |
| <i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600+d high potency oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i> | Preferred | OTC |
| <i>calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit</i> | Preferred | OTC |
| <i>calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium 600+d3 plus minerals oral tablet 600-800 mg-unit</i> | Preferred | OTC |
| <i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i> | Preferred | OTC |
| <i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium carbonate-vitamin d oral capsule 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium carbonate-vitamin d oral tablet 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate + d oral tablet 315-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate + oral tablet 315-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>calcium creamies oral tablet chewable 600-10 mg-mcg</i> | Preferred | OTC |
| <i>calcium gummies oral tablet chewable 250-100-500 mg-unit</i> | Preferred | OTC |
| <i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium magnesium zinc oral tablet 333-133-5 mg</i> | Preferred | OTC |
| <i>calcium plus d3 absorbable oral capsule 600-62.5 mg-mcg</i> | Preferred | OTC |
| <i>calcium plus vitamin d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>calcium plus vitamin d3 oral capsule 600-12.5 mg-mcg</i> | Preferred | OTC |
| <i>calcium plus vitamin d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit</i> | Preferred | OTC |
| <i>calcium/vitamin d3/adult gummy oral tablet chewable 250-100-500 mg-mg-unit</i> | Preferred | OTC |
| <i>calcium+d3 gradual release oral tablet extended release 24 hour 600-40-500 mg-mg-unit</i> | Preferred | OTC |
| <i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg</i> | Preferred | OTC |
| <i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i> | Preferred | OTC |
| <i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i> | Preferred | OTC |
| <i>calcium-vitamin d3 oral capsule 600-12.5 mg-mcg</i> | Preferred | OTC |
| <i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i> | Preferred | OTC |
| <i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i> | Preferred | OTC |
| <i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>cvs calcium + d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit</i> | Preferred | OTC |
| <i>cvs calcium 600 + d/minerals oral tablet chewable 600-800 mg-unit</i> | Preferred | OTC |
| <i>cvs calcium 600+d oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>cvs calcium-magnesium-zinc oral tablet 333-133-5 mg</i> | Preferred | OTC |
| <i>cvs calcium-vitamin d oral tablet chewable 250-10 mg-mcg</i> | Preferred | OTC |
| <i>cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium 500+d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium 600+d oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium 600+d+minerals oral tablet 600-800 mg-unit</i> | Preferred | OTC |
| <i>eq calcium citrate+d oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>eq calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>eql calcium gummies oral tablet chewable 250-10 mg-mcg</i> | Preferred | OTC |
| <i>eql calcium/vitamin d oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>eql calcium/vitamin d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>finest nutrition calcium/vit d oral capsule 600-12.5 mg-mcg</i> | Preferred | OTC |
| <i>gnp calcium 500 +d3 oral tablet 500-15 mg-mcg</i> | Preferred | OTC |
| <i>gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit</i> | Preferred | OTC |
| <i>gnp calcium 600 +d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>gnp calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i> | Preferred | OTC |
| <i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>hm calcium-vitamin d-minerals oral tablet 600-400 mg-unit</i> | Preferred | OTC |
| <i>kp calcium 600+d oral capsule 600-12.5 mg-mcg</i> | Preferred | OTC |
| <i>kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg</i> | Preferred | OTC |
| <i>kp calcium 600+d3 oral capsule 600-12.5 mg-mcg</i> | Preferred | OTC |
| <i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>kp calcium-magnesium-zinc oral tablet 333-133-5 mg</i> | Preferred | OTC |
| <i>liquid calcium with d3 oral capsule 600-12.5 mg-mcg, 600-25 mg-mcg</i> | Preferred | OTC |
| <i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i> | Preferred | OTC |
| <i>nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg</i> | Preferred | OTC |
| <i>oyster calcium/d3 oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium + d3 oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i> | Preferred | OTC |
| <i>px calcium&d oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>qc calcium 600 +d3/minerals oral tablet chewable 600-800 mg-unit</i> | Preferred | OTC |
| <i>qc calcium/minerals/vitamin d oral tablet 600-400 mg-unit</i> | Preferred | OTC |
| <i>ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i> | Preferred | OTC |
| <i>ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium citrate plus vit d oral tablet 315-5 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>ra calcium/vitamin d/minerals oral tablet 600-400 mg-unit</i> | Preferred | OTC |
| <i>risacal-d oral tablet 105-81-120 mg-mg-unit</i> | Preferred | OTC |
| <i>sb calcium + d oral tablet 600-5 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium 600/vitamin d oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium 600+d plus minerals oral tablet chewable 600-800 mg-unit</i> | Preferred | OTC |
| <i>sm calcium 600+d3 oral tablet 600-20 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium/vitamin d oral tablet 500-5 mg-mcg, 600-20 mg-mcg</i> | Preferred | OTC |
| <i>sm calcium/vitamin d3 oral tablet 600-800 mg-unit</i> | Preferred | OTC |
| <i>sm calcium-magnesium-zinc oral tablet 333-133-5 mg</i> | Preferred | OTC |
| <i>sm calcium-vitamin d oral tablet 500-5 mg-mcg, 600-10 mg-mcg</i> | Preferred | OTC |
| <i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i> | Preferred | OTC |
| <i>super calcium 600 + d 400 oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>super calcium 600 + d3 oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| <i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i> | Preferred | OTC |
| CAL-QUICK ORAL LIQUID 500-10 MG-MCG/5ML (calcium carb-cholecalciferol) | Preferred | OTC |
| CALTRATE 600+D PLUS MINERALS ORAL TABLET CHEWABLE 600-800 MG-UNIT (calcium carbonate-vit d-min) | Preferred | OTC |
| CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (calcium carb-cholecalciferol) | Preferred | OTC |
| CALTRATE BONE HEALTH ADVANCED ORAL TABLET CHEWABLE 600-800 MG-UNIT (calcium carbonate-vit d-min) | Preferred | OTC |
| CITRACAL +D3 ORAL TABLET CHEWABLE 250-107-500 MG-MG-UNIT (calcium-phosphorus-vitamin d) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| MAGNEBIND 300 ORAL TABLET 250-300 MG (<i>calcium carb-magnesium carb</i>) | Preferred | OTC |
| OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| OYSCO 500+D ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| RA HI CAL ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>) | Preferred | OTC |
| UPCAL D ORAL PACKET 500-12.5 MG-MCG (<i>calcium citrate-vitamin d</i>) | Preferred | OTC |
| UPCAL D ORAL POWDER 500-12.5 MG-MCG/5GM (<i>calcium citrate-vitamin d</i>) | Preferred | OTC |
| *CALCIUM*** | | |
| <i>calcium 600 high potency oral tablet 600 mg</i> | Preferred | OTC |
| <i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i> | Preferred | OTC |
| <i>calcium carbonate oral powder 800 mg/2gm</i> | Preferred | OTC |
| <i>calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg</i> | Preferred | OTC |
| <i>calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg</i> | Preferred | OTC |
| <i>calcium citrate oral granules 760 mg/3.5gm</i> | Preferred | OTC |
| <i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i> | Preferred | OTC |
| <i>calcium gluconate oral tablet 50 mg</i> | Preferred | OTC |
| <i>calcium high potency oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>calcium lactate oral tablet 100 mg</i> | Preferred | OTC |
| <i>calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg</i> | Preferred | OTC |
| <i>cal-mint oral tablet chewable 260 mg</i> | Preferred | OTC |
| <i>chelated calcium oral tablet 200 mg</i> | Preferred | OTC |
| <i>cvs calcium carbonate oral tablet 1250 (500 ca) mg</i> | Preferred | OTC |
| <i>cvs calcium oral tablet 600 mg</i> | Preferred | OTC |
| <i>gnp calcium oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>hm calcium oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>oyster shell calcium oral tablet 500 mg</i> | Preferred | OTC |
| <i>pure calcium carbonate oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>qc calcium fast dissolution oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>ra calcium 600 oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| <i>ra calcium high potency oral tablet 600 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ra calcium oral tablet 500 mg</i> | Preferred | OTC |
| <i>sb oyster shell calcium oral tablet 500 mg</i> | Preferred | OTC |
| <i>super calcium oral tablet 1500 (600 ca) mg</i> | Preferred | OTC |
| SM CORAL CALCIUM ORAL TABLET 1000 (390 CA) MG (<i>coral calcium</i>) | Preferred | OTC |
| *CARBOHYDRATES*** | | |
| <i>cvs glucose shot oral liquid</i> | Preferred | OTC |
| <i>dextrose intravenous solution 5 %</i> | Preferred | |
| <i>gluco shot oral liquid</i> | Preferred | OTC |
| <i>glucose oral liquid</i> | Preferred | OTC |
| *CARBONIC ANHYDRASE INHIBITORS*** | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | Preferred | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Preferred | |
| *CARDIAC GLYCOSIDES*** | | |
| <i>digoxin oral solution 0.05 mg/ml</i> | Preferred | Max 90-day supply per fill |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i> | Preferred | Max 90-day supply per fill |
| *CEPHALOSPORINS - 1ST GENERATION*** | | |
| <i>cefadroxil oral capsule 500 mg</i> | Preferred | |
| <i>cefadroxil oral suspension reconstituted 500 mg/5ml</i> | Preferred | |
| <i>cefadroxil oral tablet 1 gm</i> | Preferred | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Preferred | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | Preferred | |
| *CHELATING AGENTS*** | | |
| <i>penicillamine oral tablet 250 mg</i> | Preferred | PA; QL (4 EA per 1 day) |
| *CHLORINE ANTISEPTICS*** | | |
| H-CHLOR 12 EXTERNAL SOLUTION 0.125 % (<i>sodium hypochlorite</i>) | Preferred | OTC |
| HYSEPT EXTERNAL SOLUTION 0.25 % (<i>sodium hypochlorite</i>) | Preferred | OTC |
| *CITRATES*** | | |
| <i>cytra-2 oral solution 500-334 mg/5ml</i> | Preferred | OTC |
| <i>cytra-k oral solution 1100-334 mg/5ml</i> | Preferred | OTC |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | Preferred | |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i> | Preferred | |
| <i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i> | Preferred | |
| *COBALAMINS*** | | |
| <i>b-12 (methylcobalamin) sublingual tablet sublingual 1000 mcg</i> | Preferred | OTC |
| <i>b-12 oral capsule 1000 mcg</i> | Preferred | OTC |
| <i>b-12 oral lozenge 1000 mcg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg, 500 mcg</i> | Preferred | OTC |
| <i>b-12 oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg</i> | Preferred | OTC |
| <i>b-12 super strength sublingual liquid 5000 mcg/ml</i> | Preferred | OTC |
| <i>b-12 tr oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>b-12-sl sublingual tablet sublingual 1000 mcg</i> | Preferred | OTC |
| <i>cvs b12 oral liquid 1000 mcg/15ml</i> | Preferred | OTC |
| <i>cvs b-12 oral liquid 1000 mcg/15ml</i> | Preferred | OTC |
| <i>cvs b-12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>cvs vitamin b12 oral tablet 1000 mcg</i> | Preferred | OTC |
| <i>cvs vitamin b-12 oral tablet 1000 mcg</i> | Preferred | OTC |
| <i>cvs vitamin b12 oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | Preferred | |
| <i>eql b-12 oral tablet 1000 mcg</i> | Preferred | OTC |
| <i>eql vitamin b-12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>eql vitamin b-12 tr oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>gnp b-12 sublingual tablet sublingual 2500 mcg</i> | Preferred | OTC |
| <i>gnp vitamin b-12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>gnp vitamin b-12 oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>hm vitamin b-12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>kp vitamin b-12 oral tablet 1000 mcg</i> | Preferred | OTC |
| <i>methylcobalamin oral tablet dispersible 5000 mcg</i> | Preferred | OTC |
| <i>qc vitamin b12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>qc vitamin b12 oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>ra vitamin b-12 oral liquid 1000 mcg/ml</i> | Preferred | OTC |
| <i>ra vitamin b-12 oral tablet 100 mcg</i> | Preferred | OTC |
| <i>ra vitamin b-12 tr oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>sm vitamin b-12 oral tablet 100 mcg, 500 mcg</i> | Preferred | OTC |
| <i>sm vitamin b12 tr oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>sv vitamin b-12 er oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>vitamin b 12 oral tablet 500 mcg</i> | Preferred | OTC |
| <i>vitamin b-12 er oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>vitamin b-12 oral liquid 1000 mcg/15ml</i> | Preferred | OTC |
| <i>vitamin b12 oral tablet 100 mcg</i> | Preferred | OTC |
| <i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg</i> | Preferred | OTC |
| <i>vitamin b12 oral tablet extended release 1000 mcg</i> | Preferred | OTC |
| <i>vitamin b12 sublingual liquid 3000 mcg/ml</i> | Preferred | OTC |
| <i>vitamin b-12 sublingual liquid 3000 mcg/ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 500 mcg</i> | Preferred | OTC |
| <i>vitamin b12 sublingual tablet sublingual 3000 mcg</i> | Preferred | OTC |
| B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG (cyanocobalamin) | Preferred | OTC |
| B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL 500 MCG (cyanocobalamin) | Preferred | OTC |
| <i>cyanocobalamin (Dodex Injection Solution 1000 Mcg/MI)</i> | Preferred | |
| FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG (cyanocobalamin) | Preferred | OTC |
| *COMBINATION CONTRACEPTIVES - ORAL*** | | |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Preferred | Max 365-day supply per fill |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i> | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i> | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg) | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21)) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg) | Preferred | Max 365-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---|
| <i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24)) | Preferred | Max 365-day supply per fill |
| <i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>) | Preferred | Max 365-day supply per fill |
| <i>drospire-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg) | Preferred | Max 365-day supply per fill |
| <i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | Preferred | Max 365-day supply per fill |
| <i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg) | Preferred | Max 365-day supply per fill |
| *COMBINATION CONTRACEPTIVES - TRANSDERMAL*** | | |
| <i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | Preferred | QL (0.12 EA per 1 day); Max 365-day supply per fill |
| <i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr) | Preferred | QL (0.12 EA per 1 day); Max 365-day supply per fill |
| *COMBINATION CONTRACEPTIVES - VAGINAL*** | | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> | Preferred | QL (0.04 EA per 1 day); Max 365-day supply per fill |
| <i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | Preferred | QL (0.04 EA per 1 day); Max 365-day supply per fill |
| <i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr) | Preferred | QL (0.04 EA per 1 day); Max 365-day supply per fill |
| <i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr) | Preferred | QL (0.04 EA per 1 day); Max 365-day supply per fill |
| *CONDOMS - MALE*** | | |
| <i>aimsco lubricated</i> | Preferred | OTC |
| <i>kimono</i> | Preferred | OTC |
| <i>kimono micro thin</i> | Preferred | OTC |
| <i>kimono micro thin plus</i> | Preferred | OTC |
| <i>kimono plus</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>kimono ps</i> | Preferred | OTC |
| <i>kimono ps plus</i> | Preferred | OTC |
| <i>kimono sensation</i> | Preferred | OTC |
| <i>kimono sensation plus</i> | Preferred | OTC |
| <i>maxx</i> | Preferred | OTC |
| <i>maxx plus</i> | Preferred | OTC |
| DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>) | Preferred | OTC |
| FANTASY LUBRICATED (<i>condoms latex lubricated</i>) | Preferred | OTC |
| FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| KAMELEON LUBRICATED (<i>condoms latex lubricated</i>) | Preferred | OTC |
| KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| K-Y ME & YOU INTENSE DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>) | Preferred | OTC |
| REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUB/RIBBED/STUDDDED (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>) | Preferred | OTC |
| TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>) | Preferred | OTC |
| TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>) | Preferred | OTC |
| TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| *CORTICOSTEROIDS - TOPICAL*** | | |
| <i>beta hc external lotion 1 %</i> | Preferred | OTC |
| <i>cvs cortisone maximum strength external lotion 1 %</i> | Preferred | OTC |
| <i>hydrocortisone external lotion 1 %</i> | Preferred | OTC |
| <i>hydrocortisone external ointment 0.5 %</i> | Preferred | OTC |
| <i>scalp relief maximum strength external solution 1 %</i> | Preferred | OTC |
| <i>sm hydrocortisone external ointment 0.5 %</i> | Preferred | OTC |
| AQUANIL HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| DERMAREST ECZEMA EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| SARNOL-HC EXTERNAL LOTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION 1 % (<i>hydrocortisone</i>) | Preferred | OTC |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | Preferred | |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i> | Preferred | |
| <i>tropicamide ophthalmic solution 1 %</i> | Preferred | |
| *CYCLOSPORINE ANALOGS*** | | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | Preferred | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Preferred | |
| <i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i> | Preferred | |
| <i>cyclosporine modified (Gengraf Oral Solution 100 Mg/MI)</i> | Preferred | |
| *DECONGESTANT & ANTIHISTAMINE*** | | |
| <i>allergy relief d oral tablet 4-60 mg</i> | Preferred | OTC |
| <i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i> | Preferred | OTC |
| <i>cold & allergy d oral tablet 2.5-60 mg</i> | Preferred | OTC |
| <i>cold & allergy oral elixir 1-2.5 mg/5ml</i> | Preferred | OTC |
| <i>cvs cold & cough nighttime oral liquid 6.25-2.5 mg/5ml</i> | Preferred | OTC |
| <i>cvs sinus pe/allergy max st oral tablet 4-10 mg</i> | Preferred | OTC |
| <i>eql sinus & allergy pe oral tablet 4-10 mg</i> | Preferred | OTC |
| <i>glenmax peb oral liquid 4-10 mg/5ml</i> | Preferred | OTC |
| <i>night time cold & cough oral syrup 6.25-2.5 mg/5ml</i> | Preferred | OTC |
| <i>nohist-lq oral liquid 4-10 mg/5ml</i> | Preferred | OTC |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i> | Preferred | AGE (Min 6 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>px dibromm cold/allergy child oral elixir 1-2.5 mg/5ml</i> | Preferred | OTC |
| <i>ra suphedrine pe oral tablet 4-10 mg</i> | Preferred | OTC |
| <i>rynex pe oral elixir 1-2.5 mg/5ml</i> | Preferred | OTC |
| <i>rynex pse oral liquid 1-15 mg/5ml</i> | Preferred | OTC |
| <i>sb cold & allergy childrens oral elixir 1-2.5 mg/5ml</i> | Preferred | OTC |
| <i>sb sinus & allergy max st oral tablet 4-10 mg</i> | Preferred | OTC |
| <i>sm cold & allergy childrens oral elixir 1-15 mg/5ml</i> | Preferred | OTC |
| <i>sm cold & allergy pe oral tablet 4-10 mg</i> | Preferred | OTC |
| <i>sm sinus & allergy max st oral tablet 4-60 mg</i> | Preferred | OTC |
| <i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i> | Preferred | OTC |
| ACTICON ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>) | Preferred | OTC |
| ACTICON ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>) | Preferred | OTC |
| APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>) | Preferred | OTC |
| CONEX COLD/ALLERGY ORAL SOLUTION 1-30 MG/5ML (<i>dexbrompheniramine-pseudoeph</i>) | Preferred | OTC |
| CONEX COLD/ALLERGY ORAL TABLET 2-60 MG (<i>dexbrompheniramine-pseudoeph</i>) | Preferred | OTC |
| DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>) | Preferred | OTC |
| ED A-HIST ORAL LIQUID 4-10 MG/5ML (<i>chlorpheniramine-phenylephrine</i>) | Preferred | OTC |
| ED A-HIST ORAL TABLET 4-10 MG (<i>chlorpheniramine-phenylephrine</i>) | Preferred | OTC |
| KINDERMED NIGHT COLD & CGH KID ORAL SYRUP 6.25-2.5 MG/5ML (<i>diphenhydramine-phenylephrine</i>) | Preferred | OTC |
| LOHIST-D ORAL LIQUID 2-30 MG/5ML (<i>chlorpheniramine-pseudoeph</i>) | Preferred | OTC |
| SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine-pseudoeph</i>) | Preferred | OTC |
| WAL-ACT D ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>) | Preferred | OTC |
| WAL-PHED PE SINUS/ALLERGY ORAL TABLET 4-10 MG (<i>chlorpheniramine-phenylephrine</i>) | Preferred | OTC |
| WAL-PHED SINUS/ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine-pseudoeph</i>) | Preferred | OTC |
| *DECONGESTANT W/ EXPECTORANT*** | | |
| <i>cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg</i> | Preferred | OTC |
| <i>cvs mucus d max st er oral tablet extended release 12 hour 1200-120 mg</i> | Preferred | OTC |
| <i>cvs stuffy nose & cold child oral liquid 2.5-100 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i> | Preferred | OTC |
| <i>maxi-tuss pe jr oral liquid 2.5-50 mg/5ml</i> | Preferred | OTC |
| <i>mucus d oral tablet extended release 12 hour 120-1200 mg</i> | Preferred | OTC |
| <i>mucus relief d 12hr er oral tablet extended release 12 hour 60-600 mg</i> | Preferred | OTC |
| <i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i> | Preferred | OTC |
| <i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i> | Preferred | OTC |
| <i>ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg</i> | Preferred | OTC |
| <i>ra mucus relief d oral tablet extended release 12 hour 60-600 mg, 600-60 mg</i> | Preferred | OTC |
| MUCINEX STUFFY NOSE & CHEST ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>) | Preferred | OTC |
| SUPRESS-PE PEDIATRIC ORAL LIQUID 2.5-50 MG/ML (<i>phenylephrine-guaifenesin</i>) | Preferred | OTC |
| TRIAMINIC CHEST/NASAL CONGEST ORAL LIQUID 2.5-50 MG/5ML (<i>phenylephrine-guaifenesin</i>) | Preferred | OTC |
| TUSSI-PRES PE PEDIATRIC ORAL LIQUID 2.5-100 MG/5ML (<i>phenylephrine-guaifenesin</i>) | Preferred | OTC |
| *DECONGESTANT-ANALGESIC*** | | |
| <i>cold & sinus oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>cvs cold & sinus relief oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>cvs sinus headache pe oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>cvs sinus pain/congestion day oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>gnp sinus pressure/pain oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>gnp sinus/headache oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>goodsense pressure/pain pe oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>hm cold & sinus relief oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>ibuprofen cold & sinus oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>px ibuprofen cold & sinus oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>px sinus relief oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>qc ibuprofen cold/sinus oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>qc sinus & headache oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>ra cold & sinus relief oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>ra ibu-profen cold/sinus oral tablet 30-200 mg</i> | Preferred | OTC |
| <i>ra sinus congestion/pain day oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>ra suphedrine pe oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>sb daytime sinus oral capsule 5-325 mg</i> | Preferred | OTC |
| <i>sb sinus congestion/pain day oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>sinus + headache oral tablet 5-325 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>sinus congestion/pain daytime oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>sinus congestion/pain oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>sinus pressure + pain oral tablet 5-325 mg</i> | Preferred | OTC |
| <i>sm cold & sinus relief oral tablet 30-200 mg</i> | Preferred | OTC |
| NEXAFED SINUS PRESSURE + PAIN ORAL TABLET 30-325 MG (<i>pseudoephedrine-acetaminophen</i>) | Preferred | OTC |
| PANADOL COLD/FLU ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>) | Preferred | OTC |
| SUDAFED PE SINUS PRESSURE+PAIN ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>) | Preferred | OTC |
| TYLENOL SINUS+HEADACHE ORAL TABLET 5-325 MG (<i>phenylephrine-acetaminophen</i>) | Preferred | OTC |
| VICKS SINEX DAYTIME ORAL CAPSULE 5-325 MG (<i>phenylephrine-acetaminophen</i>) | Preferred | OTC |
| WAL-FLU SEVERE COLD DAYTIME ORAL PACKET 10-650 MG (<i>phenylephrine-acetaminophen</i>) | Preferred | OTC |
| WAL-PROFEN COLD & SINUS ORAL TABLET 30-200 MG (<i>pseudoephedrine-ibuprofen</i>) | Preferred | OTC |
| *DECONGESTANT-ANALGESIC-EXPECTORANT*** | | |
| <i>cvs cold & sinus multi-symptom oral liquid 10-650-400 mg/20ml</i> | Preferred | OTC |
| <i>cvs severe congestion relief oral liquid 10-650-400 mg/20ml</i> | Preferred | OTC |
| <i>cvs sinus relief pressure/pain oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>eq sinus congestion & pain oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>eql pressure & pain pls/mucus oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>ft sinus severe oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>gnp cold/head congestion oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>gnp sinus severe daytime oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>goodsense cold & head congest oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>goodsense pressure/pain/mucus oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>goodsense sinus severe daytime oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>head congestion/mucus oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml</i> | Preferred | OTC |
| <i>mucus relief severe sinus oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>qc mucus relief sinus severe oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>qc pressure pain & mucus pe oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>qc severe cold head congestion oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>qc sinus congest/pain severe oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>ra cold/sinus max oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>ra sinus congest/pain relief oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>sb sinus congestion/pain oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>severe congestion oral liquid 10-650-400 mg/20ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>sinus relief congestion-pain oral tablet 5-325-200 mg</i> | Preferred | OTC |
| <i>sm sinus severe for adults oral tablet 5-325-200 mg</i> | Preferred | OTC |
| MUCINEX FAST-MAX ORAL LIQUID 10-650-400 MG/20ML (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX CONG & PAIN ORAL LIQUID 10-650-400 MG/20ML (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX SEV CONG/PN ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| SUDAFED PE HEAD CONGESTION ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| TYLENOL COLD & HEAD ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| TYLENOL SINUS SEVERE ORAL TABLET 5-325-200 MG (<i>phenylephrine-apap-guaifenesin</i>) | Preferred | OTC |
| *DECONGESTANT-ANTI-HISTAMINE-ANALGESIC*** | | |
| <i>allergy multi-symptom daytime oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>allergy multi-symptom night oral tablet 25-5-325 mg</i> | Preferred | OTC |
| <i>allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>cold & flu relief nighttime oral liquid 12.5-5-325 mg/10ml</i> | Preferred | OTC |
| <i>cvs sev allergy/sinus headache oral tablet 25-5-325 mg</i> | Preferred | OTC |
| <i>cvs severe cold/flu nighttime oral liquid 12.5-5-325 mg/15ml</i> | Preferred | OTC |
| <i>cvs sinus congest/pain dt/nt oral 2-5-325 & 5-325 mg</i> | Preferred | OTC |
| <i>cvs sinus pain/congest night oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>ft allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>gnp allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>goodsense allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>goodsense sinus congest/pain oral 2-5-325 & 5-325 mg</i> | Preferred | OTC |
| <i>herbiomed allergy cold & sinus oral liquid 12.5-5-325 mg/10ml</i> | Preferred | OTC |
| <i>hm allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>nighttime cold & flu max str oral liquid 12.5-5-325 mg/10ml</i> | Preferred | OTC |
| <i>px allergy sinus pe oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>qc allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>sb allergy multi-symptom oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>sb flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i> | Preferred | OTC |
| <i>sb nighttime sinus multi-symptom oral capsule 6.25-5-325 mg</i> | Preferred | OTC |
| <i>sb sinus congest/pain day/night oral 2-5-325 & 5-325 mg</i> | Preferred | OTC |
| <i>sb sinus congestion/pain night oral tablet 2-5-325 mg</i> | Preferred | OTC |
| <i>sm flu relief therapy night oral liquid 12.5-5-325 mg/15ml</i> | Preferred | OTC |
| <i>wal-flu severe cold nighttime oral liquid 12.5-5-325 mg/15ml</i> | Preferred | OTC |
| COMTrex FLU THERAPY DAY/NIGHT ORAL 2-5-325 & 5-325 MG (<i>chlorphen-pe-acetaminophen</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| COMTREX SEVERE COLD & SINUS ORAL 2-5-325 & 5-325 MG (chlorphen-pe-acetaminophen) | Preferred | OTC |
| CORICIDIN D COLD/FLU/SINUS ORAL TABLET 2-5-325 MG (chlorphen-pe-acetaminophen) | Preferred | OTC |
| DELSYM CGH/CLD NIGHTTIME CHILD ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap) | Preferred | OTC |
| DIMETAPP MULTISYMP TOM COLD/FLU ORAL LIQUID 6.25-2.5-160 MG/5ML (diphenhydramine-pe-apap) | Preferred | OTC |
| MEDICIDIN-D ORAL TABLET 2-5-325 MG (chlorphen-pe-acetaminophen) | Preferred | OTC |
| MUCINEX CHILDRENS NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap) | Preferred | OTC |
| MUCINEX FAST-MAX COLD FLU NGHT ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap) | Preferred | OTC |
| MUCINEX SINUS-MAX NIGHT TIME ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap) | Preferred | OTC |
| ROBITUSSIN SEVERE NIGHTTIME ORAL LIQUID 12.5-5-325 MG/10ML (diphenhydramine-pe-apap) | Preferred | OTC |
| THERAFLU EXPRESSMAX SEV CLD/CG ORAL LIQUID 12.5-5-325 MG/15ML (diphenhydramine-pe-apap) | Preferred | OTC |
| VALIHIST ORAL TABLET 2-5-325 MG (chlorphen-pe-acetaminophen) | Preferred | OTC |
| WAL-DRYL ALLRGY/SINUS HEADACHE ORAL TABLET 25-5-325 MG (diphenhydramine-pe-apap) | Preferred | OTC |
| WAL-PHED PE NIGHTTIME COLD ORAL TABLET 25-5-325 MG (diphenhydramine-pe-apap) | Preferred | OTC |
| *DIABETIC OTHER - COMBINATIONS*** | | |
| <i>cvs glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>glucose instant energy oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i> | Preferred | OTC |
| <i>glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>gnp glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>goodsense glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>hy-vee glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>groger glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>leader glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>longs glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>meijer glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>preferred plus glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>px glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i> | Preferred | OTC |
| <i>sm glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>tgt glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>up & up glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>value plus glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| <i>walgreens glucose oral tablet chewable 4-6 gm-mg</i> | Preferred | OTC |
| DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>) | Preferred | OTC |
| *DIABETIC OTHER*** | | |
| <i>cvs glucose bits oral tablet chewable 1 gm</i> | Preferred | OTC |
| <i>cvs glucose oral gel 15 gm/38gm, 40 %</i> | Preferred | OTC |
| <i>cvs glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>cvs glucose shot oral liquid 15 gm/59ml</i> | Preferred | OTC |
| <i>cvs soft glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>glucose oral gel 15 gm/33gm, 40 %</i> | Preferred | OTC |
| <i>glucose oral liquid 15 gm/59ml, 15 gm/60ml</i> | Preferred | OTC |
| <i>glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>gnp glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>gnp quick dissolve glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>leader quick dissolve glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>sm glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| <i>value plus glucose oral gel 40 %</i> | Preferred | OTC |
| <i>walgreens glucose oral tablet chewable 4 gm</i> | Preferred | OTC |
| DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| GLUCO TO GO 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| GLUCO TO GO ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| GLUTOSE 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| GLUTOSE 45 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| GLUTOSE 5 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| RA TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (<i>dextrose (diabetic use)</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| SWEET CHEEKS ORAL GEL 40 % (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>) | Preferred | OTC |
| *DIAGNOSTIC TESTS*** | | |
| RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (<i>glucose blood</i>) | Preferred | OTC; QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others) |
| TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (<i>glucose blood</i>) | Preferred | OTC; QL (8 strips/day for up to 18 years old, insulin users, or pregnancy; 4 strips/day for all others) |
| *DIAPER RASH PRODUCTS*** | | |
| <i>cvs diaper external cream 1-10 %</i> | Preferred | OTC |
| BENSONS BOTTOM PAINT EXTERNAL CREAM (<i>diaper rash products</i>) | Preferred | OTC |
| *DIARRHEA COMBINATIONS - OPIATES*** | | |
| <i>eql anti-diarrheal anti-gas oral tablet 2-125 mg</i> | Preferred | OTC |
| <i>gnp anti-diarrheal/anti-gas oral tablet 2-125 mg</i> | Preferred | OTC |
| <i>goodsense anti-diarr/ant-gas oral tablet 2-125 mg</i> | Preferred | OTC |
| <i>hm anti-diarrheal anti-gas oral tablet 2-125 mg</i> | Preferred | OTC |
| <i>loperamide-simethicone oral tablet 2-125 mg</i> | Preferred | OTC |
| IMODIUM MULTI-SYMPATOM RELIEF ORAL TABLET 2-125 MG (<i>loperamide-simethicone</i>) | Preferred | OTC |
| *DIETARY MANAGEMENT PRODUCT COMBINATIONS*** | | |
| <i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i> | Preferred | |
| <i>l-methylfolate-algae oral capsule 15-90.314 mg</i> | Preferred | |
| <i>l-methyl-mc oral tablet 6-1-50-5 mg</i> | Preferred | |
| <i>westab max oral tablet 2.5-25-2 mg</i> | Preferred | |
| CEREFOLIN ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>) | Preferred | |
| DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>) | Preferred | |
| DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (<i>l-methylfolate-algae</i>) | Preferred | |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>) | Preferred | |
| FOLBIC ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>) | Preferred | |
| FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>) | Preferred | |
| FOLTX ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>) | Preferred | |
| METAFOLBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>) | Preferred | |
| NIVA-FOL ORAL TABLET 2.5-25-2 MG (<i>fa-pyridoxine-cyanocobalamin</i>) | Preferred | OTC |
| *DISPOSABLE GLOVES*** | | |
| <i>cotton gloves medium</i> | Preferred | OTC |
| <i>cvs gloves</i> | Preferred | OTC |
| <i>cvs gloves vinyl</i> | Preferred | OTC |
| <i>cvs latex gloves small</i> | Preferred | OTC |
| <i>cvs nitrile exam gloves</i> | Preferred | OTC |
| <i>cvs nyplex gloves</i> | Preferred | OTC |
| <i>cvs super-soft vinyl gloves</i> | Preferred | OTC |
| <i>eql latex exam gloves</i> | Preferred | OTC |
| <i>eql nitrile exam gloves</i> | Preferred | OTC |
| <i>eql vinyl exam gloves</i> | Preferred | OTC |
| <i>eql vinyl gloves one size</i> | Preferred | OTC |
| <i>gnp latex exam gloves</i> | Preferred | OTC |
| <i>gnp nitrile exam gloves</i> | Preferred | OTC |
| <i>gnp vinyl exam gloves</i> | Preferred | OTC |
| <i>latex gloves</i> | Preferred | OTC |
| <i>latex gloves large</i> | Preferred | OTC |
| <i>latex gloves medium</i> | Preferred | OTC |
| <i>latex gloves one size</i> | Preferred | OTC |
| <i>latex gloves small</i> | Preferred | OTC |
| <i>lavender nitrile gloves/medium</i> | Preferred | OTC |
| <i>nitrile exam gloves large</i> | Preferred | OTC |
| <i>nitrile exam gloves medium</i> | Preferred | OTC |
| <i>nitrile gloves large</i> | Preferred | |
| <i>nitrile gloves medium</i> | Preferred | |
| <i>nitrile gloves small</i> | Preferred | |
| <i>nitrile gloves x-large</i> | Preferred | |
| <i>nitrile gloves/one size</i> | Preferred | OTC |
| <i>nitrile gloves/size 10</i> | Preferred | |
| <i>nitrile gloves/size 6</i> | Preferred | |
| <i>nitrile gloves/size 6.5</i> | Preferred | |
| <i>nitrile gloves/size 7</i> | Preferred | |
| <i>nitrile gloves/size 7.5</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>nitrile gloves/size 8</i> | Preferred | |
| <i>nitrile gloves/size 8.5</i> | Preferred | |
| <i>nitrile gloves/size 9</i> | Preferred | |
| <i>nitrile gloves/size 9.5 medium</i> | Preferred | |
| <i>powder free nitrile gloves lg</i> | Preferred | OTC |
| <i>powder free nitrile gloves med</i> | Preferred | OTC |
| <i>powder free nitrile gloves sm</i> | Preferred | |
| <i>powder free nitrile gloves xl</i> | Preferred | OTC |
| <i>pro comfort gloves large</i> | Preferred | OTC |
| <i>pro comfort gloves medium</i> | Preferred | OTC |
| <i>pro comfort gloves x-large</i> | Preferred | OTC |
| <i>pro-comfort examination gloves</i> | Preferred | OTC |
| <i>ra extended cuff nitrile glove</i> | Preferred | OTC |
| <i>ra heavy duty latex gloves</i> | Preferred | OTC |
| <i>ra vinyl gloves</i> | Preferred | OTC |
| <i>synthetic vinyl exam gloves</i> | Preferred | OTC |
| <i>ultra-soft gloves</i> | Preferred | OTC |
| <i>vinyl gloves</i> | Preferred | OTC |
| <i>vinyl gloves medium</i> | Preferred | OTC |
| <i>vinyl gloves one size</i> | Preferred | OTC |
| ALLERGARD SURGICAL GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| ASSURANCE VINYL EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES LATEX-PF GLOVE LARGE (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES LATEX-PF GLOVE MED (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES LATEX-PF GLOVE SMALL (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES LATEX-PF GLOVE XL (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES NITRILE GLOVES LARGE (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES NITRILE GLOVES MED (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES NITRILE GLOVES SMALL (<i>disposable gloves</i>) | Preferred | OTC |
| CAREMATES NITRILE GLOVES XL (<i>disposable gloves</i>) | Preferred | OTC |
| CHEMOPLUS LATEX GLOVES (<i>disposable gloves</i>) | Preferred | |
| CHEMOPLUS NEOPRENE GLOVE (<i>disposable gloves</i>) | Preferred | |
| CHEMOPLUS NITRILE GLOVES (<i>disposable gloves</i>) | Preferred | |
| CLEVER CHOICE COMFORT EZ GLOVE (<i>disposable gloves</i>) | Preferred | OTC |
| COMFORT TOUCH VINYL GLOVES/L (<i>disposable gloves</i>) | Preferred | OTC |
| COMFORT TOUCH VINYL GLOVES/M (<i>disposable gloves</i>) | Preferred | OTC |
| COMFORT TOUCH VINYL GLOVES/S (<i>disposable gloves</i>) | Preferred | OTC |
| DIGITEX EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| J & J HEALTH CARE GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| MAXXUS ORTHO SURGICAL GLOVES (<i>disposable gloves</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| MICRO-TOUCH GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| MICRO-TOUCH XP GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| NEUTRALON 50 BROWN LATEX GLOVE (<i>disposable gloves</i>) | Preferred | OTC |
| NEUTRALON BROWN SURGICAL GLOVE (<i>disposable gloves</i>) | Preferred | OTC |
| PURE-COMFORT DISPOSABLE VINYL (<i>disposable gloves</i>) | Preferred | OTC |
| PURE-COMFORT NITRILE EXAM (<i>disposable gloves</i>) | Preferred | OTC |
| PURE-COMFORT SYNTHETIC NITRILE (<i>disposable gloves</i>) | Preferred | OTC |
| RELION NITRILE EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVE-BLK-NITRL-L (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVE-BLK-NITRL-M (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVE-BLK-NITRL-S (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVE-BLK-NITRL-XL (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVE-BLUE-NITRL-L (<i>disposable gloves</i>) | Preferred | |
| SAFE-SENSE GLOVE-BLUE-NITRL-M (<i>disposable gloves</i>) | Preferred | |
| SAFE-SENSE GLOVE-BLUE-NITRL-S (<i>disposable gloves</i>) | Preferred | |
| SAFE-SENSE GLOVE-BLUE-NITRL-XL (<i>disposable gloves</i>) | Preferred | |
| SAFE-SENSE GLOVES-NITRILE-L (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVES-NITRILE-M (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVES-NITRILE-S (<i>disposable gloves</i>) | Preferred | OTC |
| SAFE-SENSE GLOVES-NITRILE-XL (<i>disposable gloves</i>) | Preferred | OTC |
| SAFESKIN NITRILE EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| SECURE GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| SHAMROCK LATEX EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| SHAMROCK VINYL EXAM GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| SURGIKOS LATEX SURGICAL GLOVES (<i>disposable gloves</i>) | Preferred | OTC |
| TRANQUILITY VINYL GLOVES LARGE (<i>disposable gloves</i>) | Preferred | OTC |
| TRANQUILITY VINYL GLOVES MED (<i>disposable gloves</i>) | Preferred | OTC |
| TRANQUILITY VINYL GLOVES SMALL (<i>disposable gloves</i>) | Preferred | OTC |
| *DIURETIC COMBINATIONS*** | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Preferred | |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | Preferred | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | Preferred | Max 90-day supply per fill |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | Preferred | Max 90-day supply per fill |
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Preferred | |
| *DRY MOUTH AGENTS AND ARTIFICIAL SALIVA*** | | |
| <i>cvs dry mouth mouth/throat solution</i> | Preferred | OTC |
| <i>eql dry mouth oral rinse mouth/throat solution</i> | Preferred | OTC |
| <i>oral relief spray mouth/throat solution</i> | Preferred | OTC |
| <i>ra dry mouth mouth/throat solution</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | |
| BIOTENE DRY MOUTH MOISTURIZING MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | OTC |
| CAPHOSOL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | OTC |
| MOI-STIR MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | OTC |
| MOUTH KOTE MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | OTC |
| MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | OTC |
| NUMOISYN MOUTH/THROAT LIQUID (<i>artificial saliva</i>) | Preferred | |
| XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (<i>artificial saliva</i>) | Preferred | |
| *ELECTROLYTES ORAL*** | | |
| <i>cvs electrolyte solution oral solution</i> | Preferred | OTC |
| <i>cvs ped electrolyte freeze pop oral solution</i> | Preferred | OTC |
| <i>cvs pediatric electrolyte oral solution</i> | Preferred | OTC |
| <i>gnp electrolyte powder oral packet</i> | Preferred | OTC |
| <i>gnp electrolyte solution oral solution</i> | Preferred | OTC |
| <i>gnp pediatric electrolyte oral solution</i> | Preferred | OTC |
| <i>h-e-b oral electrolyte oral solution</i> | Preferred | OTC |
| <i>oral electrolyte freezer pops oral solution</i> | Preferred | OTC |
| <i>oral electrolytes oral solution</i> | Preferred | OTC |
| <i>ped electrolyte freeze pops oral solution</i> | Preferred | OTC |
| <i>ped electrolyte freezer pops oral solution</i> | Preferred | OTC |
| <i>pediatric electrolyte oral packet</i> | Preferred | OTC |
| <i>pediatric electrolyte oral solution</i> | Preferred | OTC |
| <i>pediatric electrolyte-zinc oral solution</i> | Preferred | OTC |
| <i>ra pediatric electrolyte oral solution</i> | Preferred | OTC |
| <i>sb pediatric electrolyte oral solution</i> | Preferred | OTC |
| <i>sm pediatric electrolyte oral solution</i> | Preferred | OTC |
| ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>) | Preferred | OTC |
| CERALYTE 50 ORAL PACKET 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>) | Preferred | OTC |
| CERALYTE 50 POTASSIUM FREE ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| CERALYTE 70 ORAL PACKET , 1.3-2.2-2.9 GM/L (<i>oral electrolytes</i>) | Preferred | OTC |
| CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>) | Preferred | OTC |
| CERALYTE 90 ORAL PACKET 1.3-3.4-2.9 GM/L (<i>oral electrolytes</i>) | Preferred | OTC |
| CERASPORT ENDURANCE ORAL PACKET 160-400 MG (<i>oral electrolytes</i>) | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| CERASPORT EX1 ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| CERASPORT EX1 ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>) | Preferred | OTC |
| CERASPORT ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| CERASPORT ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>) | Preferred | OTC |
| CERASPORT PLUS ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| DRIPDROP HYDRATION ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| DRIPDROP ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| EMERGEN-C ELECTRO MIX ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| ENSURE RAPID HYDRATION ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| HYDRALYTE ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| HYDRALYTE ORAL SOLUTION RECONSTITUTED (<i>oral electrolytes</i>) | Preferred | OTC |
| KINDERLYTE IMMUNITY ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| KINDERLYTE ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| KINDERLYTE PREMAX ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| LIQUID I.V. ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| NORMALYTE ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| ORALYTE ORAL SOLUTION (<i>oral electrolytes</i>) | Preferred | OTC |
| PEDIA VANCE ORAL SOLUTION (<i>oral electrolytes</i>) | Preferred | OTC |
| PEDIALYTE ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| PEDIALYTE SPARKLING RUSH ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| PEDIA-POP ORAL PACKET (<i>oral electrolytes</i>) | Preferred | OTC |
| REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>) | Preferred | OTC |
| REPLACE SR ORAL TABLET EXTENDED RELEASE (<i>oral electrolytes</i>) | Preferred | OTC |
| *EMERGENCY CONTRACEPTIVES*** | | |
| <i>levonorgestrel oral tablet 1.5 mg</i> | Preferred | OTC |
| AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |
| TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| *EMOLLIENT COMBINATIONS*** | | |
| <i>mineral oil-hydrophil petrolat external ointment</i> | Preferred | OTC |
| *EMOLLIENT/KERATOLYTIC AGENTS*** | | |
| <i>gormel 10 external lotion 10 %</i> | Preferred | OTC |
| <i>gormel external cream 20 %</i> | Preferred | OTC |
| <i>urea 10 hydrating external cream 10 %</i> | Preferred | OTC |
| <i>urea 20 intensive hydrating external cream 20 %</i> | Preferred | OTC |
| <i>urea external cream 10 %, 20 %</i> | Preferred | OTC |
| <i>urea external lotion 10 %</i> | Preferred | OTC |
| <i>ureacin-10 external lotion 10 %</i> | Preferred | OTC |
| <i>ureacin-20 external cream 20 %</i> | Preferred | OTC |
| AQUA CARE EXTERNAL CREAM 10 % (urea) | Preferred | OTC |
| AQUA CARE EXTERNAL LOTION 10 % (urea) | Preferred | OTC |
| NUTRAPLUS EXTERNAL CREAM 10 % (urea) | Preferred | OTC |
| NUTRAPLUS EXTERNAL LOTION 10 % (urea) | Preferred | OTC |
| *EMOLLIENTS*** | | |
| <i>a&d external ointment</i> | Preferred | OTC |
| <i>advanced healing/baby external ointment</i> | Preferred | OTC |
| <i>ammonium lactate external cream 12 %</i> | Preferred | OTC |
| <i>ammonium lactate external lotion 12 %</i> | Preferred | OTC |
| <i>beauty lotion external lotion</i> | Preferred | OTC |
| <i>beta care external lotion</i> | Preferred | OTC |
| <i>cocoa butter external lotion</i> | Preferred | OTC |
| <i>cocoa butter hand & body external lotion</i> | Preferred | OTC |
| <i>cocoa butter skin external cream</i> | Preferred | OTC |
| <i>collagen external cream</i> | Preferred | OTC |
| <i>complete moisture external lotion</i> | Preferred | OTC |
| <i>cvs advanced healing external ointment</i> | Preferred | OTC |
| <i>cvs beauty 360 dry skin external lotion</i> | Preferred | OTC |
| <i>cvs daily ultra moisture external lotion</i> | Preferred | OTC |
| <i>cvs dry skin therapy external lotion</i> | Preferred | OTC |
| <i>cvs extra moisturizing external lotion</i> | Preferred | OTC |
| <i>cvs gentle skin cleanser external lotion</i> | Preferred | OTC |
| <i>cvs hydrating skin treatment external lotion 12 %</i> | Preferred | OTC |
| <i>cvs intense dry skin therapy external lotion</i> | Preferred | OTC |
| <i>cvs moisturizing external lotion</i> | Preferred | OTC |
| <i>cvs skin treatment external lotion 12 %</i> | Preferred | OTC |
| <i>cvs special care external lotion</i> | Preferred | OTC |
| <i>cvs vitamin a&d external ointment</i> | Preferred | OTC |
| <i>dry skin treatment adv therapy external ointment</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>dry skin treatment external ointment</i> | Preferred | OTC |
| <i>e-ointment external ointment</i> | Preferred | OTC |
| <i>eq vitamins a & d external ointment</i> | Preferred | OTC |
| <i>eql absolute moisture dry skin external lotion</i> | Preferred | OTC |
| <i>eql advanced healing external ointment 41 %</i> | Preferred | OTC |
| <i>eql advanced recovery external lotion</i> | Preferred | OTC |
| <i>eql advanced skin therapy external lotion</i> | Preferred | OTC |
| <i>eql aloe after sun external lotion</i> | Preferred | OTC |
| <i>eql ultra moisturizing daily external lotion</i> | Preferred | OTC |
| <i>gordomatic external lotion</i> | Preferred | OTC |
| <i>hydrazone lotion external lotion</i> | Preferred | OTC |
| <i>hydrophor external ointment</i> | Preferred | OTC |
| <i>lubricating lotion external lotion</i> | Preferred | OTC |
| <i>moisture external lotion</i> | Preferred | OTC |
| <i>moisture recovery external lotion</i> | Preferred | OTC |
| <i>moisturizing lotion external lotion</i> | Preferred | OTC |
| <i>moisturizing sensitive skin external lotion</i> | Preferred | OTC |
| <i>msm skin external lotion</i> | Preferred | OTC |
| <i>ointment base external ointment</i> | Preferred | OTC |
| <i>ra advanced healing external ointment</i> | Preferred | OTC |
| <i>ra daylogic healing dry skin external lotion</i> | Preferred | OTC |
| <i>radiaguard advanced external lotion</i> | Preferred | OTC |
| <i>refreshing aloe external lotion</i> | Preferred | OTC |
| <i>sm dry skin therapy external lotion</i> | Preferred | OTC |
| <i>thera-derm external lotion</i> | Preferred | OTC |
| <i>vitamin a & d external ointment</i> | Preferred | OTC |
| <i>vitamin a & d skin protectant external ointment</i> | Preferred | OTC |
| <i>vitamins a & d external ointment</i> | Preferred | OTC |
| AL12 EXTERNAL LOTION 12 % (<i>ammonium lactate</i>) | Preferred | OTC |
| AMLACTIN DAILY EXTERNAL LOTION 12 % (<i>ammonium lactate</i>) | Preferred | OTC |
| AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 % (<i>emollient</i>) | Preferred | OTC |
| AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| AQUA LACTEN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| AQUA-CERIN EXTERNAL CREAM (<i>emollient</i>) | Preferred | OTC |
| AQUAMED EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| AQUA-NU EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| AQUAPHILIC EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR ADV HEALING BABY EXTERNAL OINTMENT 41 % (<i>emollient</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| AQUAPHOR ADV PROTECT HEALING EXTERNAL OINTMENT , 41 % (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR ADV THERAPY CHILDRENS EXTERNAL OINTMENT 41 % (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR ADV THERAPY HEALING EXTERNAL OINTMENT , 41 % (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR ADVANCED THERAPY BABY EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT , 41 % (<i>emollient</i>) | Preferred | OTC |
| AQUAPHOR EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| AVEENO DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| AVEENO STRESS RELIEF EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| BAG BALM EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| BOUDREAUXS BABY BUTT SMOOTH EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| CAM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CERAVE AM SPF 30 EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CERAVE DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CERAVE HEALING EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| CERAVE PM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CETAPHIL ADVANCED RELIEF EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CETAPHIL DAILY ADVANCE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CETAPHIL MOISTURIZING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CETAPHIL RESTORADERM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| CORN HUSKERS EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| DAILY MOISTURIZING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 % (<i>emollient</i>) | Preferred | OTC |
| DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 % (<i>emollient</i>) | Preferred | OTC |
| DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 % (<i>emollient</i>) | Preferred | OTC |
| DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 % (<i>emollient</i>) | Preferred | OTC |
| DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 % (<i>emollient</i>) | Preferred | OTC |

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|--|-------------------------|----------------------------|
| DIABETIDERM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| DML EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EMOLLIA-LOTION EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EPILYT EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN BABY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN DAILY HYDRATION EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN INTENSIVE REPAIR EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN ORIGINAL HEALING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN PLUS EXTERNAL LOTION 5-5 % (<i>emollient</i>) | Preferred | OTC |
| EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| EUCERIN SMOOTHING REPAIR EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ADVANCED HEALING EXTERNAL OINTMENT 45 % (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND HEALING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 %, 5-0.5 % (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 % (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND PURE MOISTURE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE HEALING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE HEALING EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |

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|---|-------------------------|----------------------------|
| GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| HYDROLATUM EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI ADVANCED MOISTURE THERAPY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI BASIC ESSENTIALS EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI NOURISHING SHEA BUTTER EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI ORIGINAL EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI OVERNIGHT EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI RENEWAL MILK BODY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI RENEWAL SKIN FIRING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI RENEWAL STRETCH MARK EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| KERI SENSITIVE SKIN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| LANAPHILIC EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| LUBRIDERM DAILY MOISTURE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| LUBRIDERM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| LUBRISOFT EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| MEDERMA AG HAND & BODY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| MEDPURA VITAMIN A & D EXTERNAL OINTMENT (<i>vitamins a & d</i>) | Preferred | OTC |
| MINERIN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA INTENSE HEALING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA ORIGINAL MOISTURE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA SHEA NOURISH EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NIVEA VISAGE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NUTRADERM ADVANCED FORMULA EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| NUTRADERM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |

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|---|------------------|---|
| PALMERS COCONUT OIL BODY EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| PALMERS STRETCH MARKS EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| RESTA LITE EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| SKIN REPAIR EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| VANICREAM EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| VANICREAM EXTERNAL OINTMENT (<i>emollient</i>) | Preferred | OTC |
| WIBI EXTERNAL LOTION (<i>emollient</i>) | Preferred | OTC |
| *ESTROGEN & PROGESTIN*** | | |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | Preferred | QL (1 EA per 1 day) |
| <i>estradiol-norethindrone acet (Amabelz Oral Tablet 1-0.5 Mg)</i> | Preferred | QL (1 EA per 1 day) |
| <i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i> | Preferred | QL (1 EA per 1 day) |
| *ESTROGENS*** | | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Preferred | QL (0.29 EA per 1 day) |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Preferred | QL (0.15 EA per 1 day) |
| <i>estradiol valerate intramuscular oil 40 mg/ml</i> | Preferred | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>) | Preferred | QL (0.29 EA per 1 day) |
| <i>estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i> | Preferred | QL (0.29 EA per 1 day) |
| <i>estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)</i> | Preferred | QL (0.29 EA per 1 day) |
| *EXPECTORANTS*** | | |
| <i>12 hr mucus relief max oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>altarussin oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>chest congestion relief child oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>chest congestion relief oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>chest congestion relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>coughtab oral tablet 200 mg</i> | Preferred | OTC |
| <i>cvs chest congestion relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg</i> | Preferred | OTC |
| <i>cvs tussin adult chest congest oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>eql tussin mucus/chest congest oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>ft chest congestion relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg, 600 mg</i> | Preferred | OTC |
| <i>ft tussin adult oral liquid 200 mg/10ml</i> | Preferred | OTC |
| <i>geri-tussin oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>geri-tussin oral syrup 100 mg/5ml</i> | Preferred | OTC |
| <i>gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg</i> | Preferred | OTC |
| <i>gnp mucus relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>gnp tab tussin oral tablet 400 mg</i> | Preferred | OTC |
| <i>gnp tussin mucus & chest cong oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>goodsense mucus er oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |
| <i>goodsense mucus relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i> | Preferred | OTC |
| <i>guaifenesin oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>guaifenesin oral tablet 200 mg, 400 mg</i> | Preferred | OTC |
| <i>hm chest congestion relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>kls mucus relief chest oral tablet 400 mg</i> | Preferred | OTC |
| <i>mucosa oral tablet 400 mg</i> | Preferred | OTC |
| <i>mucus relief chest congestion oral liquid 400 mg/20ml</i> | Preferred | OTC |
| <i>mucus relief chest congestion oral tablet 400 mg</i> | Preferred | OTC |
| <i>mucus relief er oral tablet extended release 12 hour 1200 mg, 600 mg</i> | Preferred | OTC |
| <i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>mucus relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>mucus relief oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |
| <i>mucus+chest congestion oral liquid 200 mg/10ml</i> | Preferred | OTC |
| <i>pharbinex oral tablet 400 mg</i> | Preferred | OTC |
| <i>px tussin oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>qc medifin 400 oral tablet 400 mg</i> | Preferred | OTC |
| <i>qc medifin mucus relief child oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>qc mucus relief childrens oral liquid 100 mg/5ml</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>qc mucus relief oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |
| <i>qc tussin expectorant adult oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>qc tussin mucus/congestion oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>ra mucus relief max st oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>ra mucus relief oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |
| <i>ra tussin chest congestion oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>ra tussin oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>refenesen 400 oral tablet 400 mg</i> | Preferred | OTC |
| <i>sb cough control oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>sb coughtab oral tablet 200 mg</i> | Preferred | OTC |
| <i>sb mucus relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>scot-tussin expectorant oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>siltussin sa oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>sm chest congestion relief oral tablet 400 mg</i> | Preferred | OTC |
| <i>sm mucus relief childrens oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i> | Preferred | OTC |
| <i>sm mucus relief oral tablet extended release 12 hour 600 mg</i> | Preferred | OTC |
| <i>sm tussin mucus+chest congest oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>tussin mucus & chest congest oral liquid 100 mg/5ml</i> | Preferred | OTC |
| <i>tussin mucus+chest congest sf oral liquid 200 mg/10ml</i> | Preferred | OTC |
| <i>tussin mucus+chest congestion oral liquid 100 mg/5ml</i> | Preferred | OTC |
| BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>) | Preferred | OTC |
| DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>) | Preferred | OTC |
| DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>) | Preferred | OTC |
| EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG (<i>guaifenesin</i>) | Preferred | OTC |
| MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>) | Preferred | OTC |
| MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (<i>guaifenesin</i>) | Preferred | OTC |
| TUSNEL-EX ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>) | Preferred | OTC |
| WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (<i>guaifenesin</i>) | Preferred | OTC |
| XPECT ORAL TABLET 400 MG (<i>guaifenesin</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------|
| *EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** | | |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)</i> | Preferred | Max 365-day supply per fill |
| *EXTERNAL VEHICLE INGREDIENTS*** | | |
| <i>methylcellulose powder</i> | Preferred | |
| *FIXED OILS*** | | |
| <i>castor oil oil</i> | Preferred | OTC |
| <i>qc castor oil oil</i> | Preferred | OTC |
| <i>sesame oil oil</i> | Preferred | |
| *FLAVORING AGENTS*** | | |
| <i>almond oil bitter flavor liquid</i> | Preferred | |
| <i>anise extract liquid</i> | Preferred | |
| <i>apple flavor liquid</i> | Preferred | |
| <i>apricot flavor liquid</i> | Preferred | |
| <i>bacon flavor liquid</i> | Preferred | OTC |
| <i>banana concentrate liquid</i> | Preferred | OTC |
| <i>banana cream flavor liquid</i> | Preferred | |
| <i>banana creme flavor liquid</i> | Preferred | OTC |
| <i>banana flavor liquid</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>beef (grilled) flavor oil sol liquid</i> | Preferred | OTC |
| <i>beef braised natural flavor liquid</i> | Preferred | OTC |
| <i>beef flavor liquid</i> | Preferred | OTC |
| <i>beef type flavor natural liquid</i> | Preferred | OTC |
| <i>beef type flavor os liquid</i> | Preferred | |
| <i>bitter stop flavor liquid</i> | Preferred | |
| <i>bitterness mask flavor liquid</i> | Preferred | OTC |
| <i>bitterness suppressor flavor liquid</i> | Preferred | |
| <i>blackberry flavor liquid</i> | Preferred | |
| <i>blood orange os liquid</i> | Preferred | OTC |
| <i>blueberry flavor liquid</i> | Preferred | |
| <i>bubble gum concentrate liquid</i> | Preferred | OTC |
| <i>bubble gum flavor liquid</i> | Preferred | |
| <i>bubble gum os liquid</i> | Preferred | OTC |
| <i>bubble gum ws liquid</i> | Preferred | OTC |
| <i>butter flavor liquid</i> | Preferred | |
| <i>butter rum flavor liquid</i> | Preferred | |
| <i>butterscotch flavor liquid</i> | Preferred | |
| <i>caramel flavor liquid</i> | Preferred | |
| <i>caramel os liquid</i> | Preferred | OTC |
| <i>cheesecake flavor liquid</i> | Preferred | |
| <i>cherry flavor liquid</i> | Preferred | |
| <i>chicken (grilled) flavor liquid</i> | Preferred | OTC |
| <i>chicken flavor liquid</i> | Preferred | OTC |
| <i>chicken flavor oil miscible liquid</i> | Preferred | OTC |
| <i>chicken flavor oil soluble liquid</i> | Preferred | |
| <i>chicken flavor water miscible liquid</i> | Preferred | |
| <i>chicken roasted concentrate liquid</i> | Preferred | OTC |
| <i>chocolate flavor liquid</i> | Preferred | |
| <i>chocolate hazelnut flavor liquid</i> | Preferred | |
| <i>coconut flavor liquid</i> | Preferred | |
| <i>coffee flavor liquid</i> | Preferred | |
| <i>cola flavor liquid</i> | Preferred | |
| <i>cotton candy flavor liquid</i> | Preferred | |
| <i>cran-raspberry flavor liquid</i> | Preferred | |
| <i>creme de menthe flavor liquid</i> | Preferred | OTC |
| <i>creme dementhe flavor liquid</i> | Preferred | |
| <i>creme os liquid</i> | Preferred | OTC |
| <i>english toffee flavor liquid</i> | Preferred | |
| <i>eugenol flavor liquid</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>fish flavor liquid</i> | Preferred | |
| <i>grape concord os liquid</i> | Preferred | OTC |
| <i>grape flavor liquid</i> | Preferred | |
| <i>green apple os liquid</i> | Preferred | OTC |
| <i>guava flavor liquid</i> | Preferred | |
| <i>ham flavor liquid</i> | Preferred | |
| <i>honey flavor liquid</i> | Preferred | |
| <i>kahlua flavor liquid</i> | Preferred | |
| <i>lemon extract liquid</i> | Preferred | |
| <i>lemon flavor liquid</i> | Preferred | OTC |
| <i>licorice flavor liquid</i> | Preferred | |
| <i>liver concentrate liquid</i> | Preferred | OTC |
| <i>liver flavor liquid</i> | Preferred | |
| <i>mango flavor liquid</i> | Preferred | |
| <i>mango passion fruit os liquid</i> | Preferred | OTC |
| <i>maple flavor liquid</i> | Preferred | |
| <i>marshmallow flavor liquid</i> | Preferred | |
| <i>marshmallow os liquid</i> | Preferred | OTC |
| <i>mint chocolate chip flavor liquid</i> | Preferred | |
| <i>natural caramel liquid</i> | Preferred | OTC |
| <i>orange concentrate liquid</i> | Preferred | OTC |
| <i>orange cream flavor liquid</i> | Preferred | |
| <i>orange flavor liquid</i> | Preferred | |
| <i>orange oil flavor liquid</i> | Preferred | |
| <i>peach flavor liquid</i> | Preferred | |
| <i>peanut butter flavor liquid</i> | Preferred | OTC |
| <i>peppermint burst os liquid</i> | Preferred | OTC |
| <i>pina colada flavor liquid</i> | Preferred | |
| <i>pineapple flavor liquid</i> | Preferred | OTC |
| <i>pralines and cream flavor liquid</i> | Preferred | |
| <i>pumpkin flavor liquid</i> | Preferred | |
| <i>raspberry flavor liquid</i> | Preferred | |
| <i>raspberry os liquid</i> | Preferred | OTC |
| <i>root beer flavor liquid</i> | Preferred | |
| <i>sardine flavor liquid</i> | Preferred | OTC |
| <i>shrimp flavor liquid</i> | Preferred | |
| <i>spearmint os liquid</i> | Preferred | OTC |
| <i>stevia glycerite extract liquid</i> | Preferred | |
| <i>strawberry flavor liquid</i> | Preferred | |
| <i>strawberry os liquid</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>sweetening enhancer liquid</i> | Preferred | |
| <i>tropical fusion os liquid</i> | Preferred | OTC |
| <i>tropical punch flavor liquid</i> | Preferred | OTC |
| <i>tuna flavor liquid</i> | Preferred | OTC |
| <i>tuna type flavor os liquid</i> | Preferred | OTC |
| <i>tutti frutti flavor liquid</i> | Preferred | OTC |
| <i>tutti-frutti flavor liquid</i> | Preferred | |
| <i>vanilla butternut flavor liquid</i> | Preferred | |
| <i>vanilla flavor liquid</i> | Preferred | |
| <i>vanilla os liquid</i> | Preferred | OTC |
| <i>very berry os liquid</i> | Preferred | OTC |
| <i>vitamin/iron masking agent liquid</i> | Preferred | OTC |
| <i>watermelon flavor liquid</i> | Preferred | |
| <i>wild cherry flavor liquid</i> | Preferred | |
| <i>wild cherry os liquid</i> | Preferred | OTC |
| FLAVORX LIQUID (<i>flavoring agent</i>) | Preferred | OTC |
| MARSHMALLOW WS LIQUID (<i>flavoring agent</i>) | Preferred | OTC |
| PCCA SWEETNESS ENHANCER LIQUID (<i>flavoring agent</i>) | Preferred | |
| SWEET DROPS LIQUID (<i>flavoring agent</i>) | Preferred | OTC |
| TROPICAL FUSION WS LIQUID (<i>flavoring agent</i>) | Preferred | OTC |
| *FLUORIDE DENTAL PRODUCTS*** | | |
| <i>sf 5000 plus dental cream 1.1 %</i> | Preferred | |
| <i>sf dental gel 1.1 %</i> | Preferred | |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i> | Preferred | |
| <i>sodium fluoride 5000 ppm dental cream 1.1 %</i> | Preferred | |
| <i>sodium fluoride dental cream 1.1 %</i> | Preferred | |
| <i>sodium fluoride dental gel 1.1 %</i> | Preferred | |
| <i>sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)</i> | Preferred | |
| <i>sodium fluoride (Dentagel Dental Gel 1.1 %)</i> | Preferred | |
| *FLUORIDE*** | | |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | Preferred | |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i> | Preferred | |
| *FOLIC ACID ANTAGONISTS RESCUE AGENTS*** | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Preferred | |
| *FOLIC ACID/FOLATES*** | | |
| <i>cvs folic acid oral tablet 800 mcg</i> | Preferred | OTC |
| <i>folate oral tablet 400 mcg</i> | Preferred | OTC |
| <i>folic acid oral capsule 0.8 mg, 20 mg</i> | Preferred | OTC |
| <i>folic acid oral tablet 1 mg</i> | Preferred | |

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|--|------------------|-----------------------------|
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | Preferred | OTC |
| <i>gnp folic acid oral tablet 400 mcg</i> | Preferred | OTC |
| <i>hm folic acid oral tablet 400 mcg</i> | Preferred | OTC |
| <i>kp folic acid oral tablet 1 mg, 800 mcg</i> | Preferred | OTC |
| <i>px folic acid oral tablet 400 mcg</i> | Preferred | OTC |
| <i>qc folic acid oral tablet 800 mcg</i> | Preferred | OTC |
| <i>ra folic acid oral tablet 400 mcg, 800 mcg</i> | Preferred | OTC |
| <i>sm folic acid oral tablet 400 mcg</i> | Preferred | OTC |
| <i>yl folic acid oral tablet 400 mcg</i> | Preferred | OTC |
| FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>) | Preferred | OTC |
| *FOUR PHASE CONTRACEPTIVES - ORAL*** | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>) | Preferred | Max 365-day supply per fill |
| *GENITOURINARY IRRIGANTS*** | | |
| <i>acetic acid irrigation solution 0.25 %</i> | Preferred | |
| <i>sodium chloride irrigation solution 0.9 %</i> | Preferred | |
| <i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i> | Preferred | |
| <i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i> | Preferred | |
| *GLUCOSE MONITORING TEST SUPPLIES*** | | |
| <i>acti-lance 28g</i> | Preferred | OTC |
| <i>acti-lance lite lancets 28g</i> | Preferred | OTC |
| <i>acti-lance special lancets 17g</i> | Preferred | OTC |
| <i>acti-lance universal 23g</i> | Preferred | OTC |
| <i>adjustable lancing device</i> | Preferred | OTC |
| <i>advanced mobile lancet</i> | Preferred | OTC |
| <i>aimsco twist lancets 32g</i> | Preferred | OTC |
| <i>assure comfort lancets 28g</i> | Preferred | OTC |
| <i>aurora lancet super thin 30g</i> | Preferred | OTC |
| <i>aurora lancet thin 23g</i> | Preferred | OTC |
| <i>careone advanced lancing dev</i> | Preferred | OTC |
| <i>careone lancet thin 23g</i> | Preferred | OTC |
| <i>comfort assured lancets 28g</i> | Preferred | OTC |
| <i>comfort assured lancets 33g</i> | Preferred | OTC |
| <i>cvs lancets 21g</i> | Preferred | OTC |
| <i>cvs lancets micro thin 33g</i> | Preferred | OTC |
| <i>cvs lancets original</i> | Preferred | OTC |
| <i>cvs lancets thin 26g</i> | Preferred | OTC |
| <i>cvs lancets ultra thin 30g</i> | Preferred | OTC |
| <i>cvs lancets ultra-thin 30g</i> | Preferred | OTC |

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|---------------------------------------|-------------------------|----------------------------|
| <i>cvs lancing device</i> | Preferred | OTC |
| <i>cvs ultra thin lancets</i> | Preferred | OTC |
| <i>drug mart lancets thin 26g</i> | Preferred | OTC |
| <i>easy comfort lancets</i> | Preferred | OTC |
| <i>easy comfort lancets twist top</i> | Preferred | OTC |
| <i>easy mini eject lancing device</i> | Preferred | OTC |
| <i>easy mini lancing device</i> | Preferred | OTC |
| <i>embrace lancing device/ejector</i> | Preferred | OTC |
| <i>eql color lancets 21g</i> | Preferred | OTC |
| <i>eql color lancets micro 33g</i> | Preferred | OTC |
| <i>eql super thin lancets 30g</i> | Preferred | OTC |
| <i>eql thin lancets 26g</i> | Preferred | OTC |
| <i>global inject ease lancets 28g</i> | Preferred | OTC |
| <i>global inject ease lancets 30g</i> | Preferred | OTC |
| <i>global lancing device</i> | Preferred | OTC |
| <i>gnp lancets 21g</i> | Preferred | OTC |
| <i>gnp lancets thin 26g</i> | Preferred | OTC |
| <i>gnp sterile lancets 28g</i> | Preferred | OTC |
| <i>gnp sterile lancets 30g</i> | Preferred | OTC |
| <i>gnp sterile lancets 33g</i> | Preferred | OTC |
| <i>goodsense color lancets 33g</i> | Preferred | OTC |
| <i>goodsense lancets 26g univ</i> | Preferred | OTC |
| <i>goodsense lancets 30g</i> | Preferred | OTC |
| <i>goodsense lancets 30g univ</i> | Preferred | OTC |
| <i>goodsense lancets 33g</i> | Preferred | OTC |
| <i>goodsense lancets 33g univ</i> | Preferred | OTC |
| <i>goodsense lancing device</i> | Preferred | OTC |
| <i>h-e-b incontrol adv lancing</i> | Preferred | OTC |
| <i>h-e-b incontrol lancets 28g</i> | Preferred | OTC |
| <i>h-e-b incontrol lancets 30g</i> | Preferred | OTC |
| <i>h-e-b incontrol lancets 33g</i> | Preferred | OTC |
| <i>hy-vee thin lancets</i> | Preferred | OTC |
| <i>kinney lancets</i> | Preferred | OTC |
| <i>kinney thin lancets</i> | Preferred | OTC |
| <i>kroger lancets</i> | Preferred | OTC |
| <i>kroger lancets 21g</i> | Preferred | OTC |
| <i>kroger lancets micro thin 33g</i> | Preferred | OTC |
| <i>kroger lancets super thin</i> | Preferred | OTC |
| <i>kroger lancets thin</i> | Preferred | OTC |
| <i>kroger lancets thin 26g</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---------------------------------------|-------------------------|----------------------------|
| <i>croger lancets ultrathin 30g</i> | Preferred | OTC |
| <i>croger lancing device</i> | Preferred | OTC |
| <i>lancet device</i> | Preferred | OTC |
| <i>lancet device with ejector</i> | Preferred | OTC |
| <i>lancet transporter case</i> | Preferred | OTC |
| <i>lancets</i> | Preferred | OTC |
| <i>lancets 30g</i> | Preferred | OTC |
| <i>lancets 33g</i> | Preferred | OTC |
| <i>lancets micro thin 33g</i> | Preferred | OTC |
| <i>lancets super thin 28g</i> | Preferred | OTC |
| <i>lancets thin</i> | Preferred | OTC |
| <i>lancets ultra thin 30g</i> | Preferred | OTC |
| <i>lancing device</i> | Preferred | OTC |
| <i>leader advanced lancing device</i> | Preferred | OTC |
| <i>lite touch lancets</i> | Preferred | OTC |
| <i>live better lancet super thin</i> | Preferred | OTC |
| <i>longs lancets standard</i> | Preferred | OTC |
| <i>longs lancets thin</i> | Preferred | OTC |
| <i>longs lancets ultra thin</i> | Preferred | OTC |
| <i>medichoice safety lancet</i> | Preferred | OTC |
| <i>medichoice safety lancet extra</i> | Preferred | OTC |
| <i>medichoice safety lancet norm</i> | Preferred | OTC |
| <i>mini lancing device</i> | Preferred | OTC |
| <i>mpd safety lancet 21g</i> | Preferred | OTC |
| <i>mpd safety lancet 23g</i> | Preferred | OTC |
| <i>mpd safety lancet 28g</i> | Preferred | OTC |
| <i>mpd safety lancet 30g</i> | Preferred | OTC |
| <i>multi-lancet device</i> | Preferred | OTC |
| <i>pip lancets 28g</i> | Preferred | OTC |
| <i>pip lancets 30g</i> | Preferred | OTC |
| <i>preferred plus lancets colored</i> | Preferred | OTC |
| <i>preferred plus lancets thin</i> | Preferred | OTC |
| <i>pro comfort lancets 30g</i> | Preferred | OTC |
| <i>pro comfort lancets 31g</i> | Preferred | OTC |
| <i>pro comfort safety lancets 30g</i> | Preferred | OTC |
| <i>pure comfort lancets 30g</i> | Preferred | OTC |
| <i>px advanced lancing device</i> | Preferred | OTC |
| <i>px lancet auto injector</i> | Preferred | OTC |
| <i>px lancets microthin 33g</i> | Preferred | OTC |
| <i>px lancets ultra thin 28g</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---------------------------------------|-------------------------|----------------------------|
| <i>qc advanced lancing device</i> | Preferred | OTC |
| <i>qc lancets super thin 30g</i> | Preferred | OTC |
| <i>qc lancets ultra thin</i> | Preferred | OTC |
| <i>qc unilet lancets 28g</i> | Preferred | OTC |
| <i>qc unilet lancets micro thin</i> | Preferred | OTC |
| <i>reality lancets</i> | Preferred | OTC |
| <i>reality trigger lancets</i> | Preferred | OTC |
| <i>safety lancet 30g/pressure act</i> | Preferred | OTC |
| <i>safety lancets 28g</i> | Preferred | OTC |
| <i>saps health plus lancets</i> | Preferred | OTC |
| <i>saps health twist top lancets</i> | Preferred | OTC |
| <i>saps twist top lancets</i> | Preferred | OTC |
| <i>sapscare twist top lancets</i> | Preferred | OTC |
| <i>sb lancets thin</i> | Preferred | OTC |
| <i>sb lancets ultra thin</i> | Preferred | OTC |
| <i>select-lite device/lancets kit</i> | Preferred | OTC |
| <i>select-lite lancing device</i> | Preferred | OTC |
| <i>sm lancets 33g</i> | Preferred | OTC |
| <i>super thin lancets</i> | Preferred | OTC |
| <i>sure comfort lancets 18g</i> | Preferred | OTC |
| <i>sure comfort lancets 21g</i> | Preferred | OTC |
| <i>sure comfort lancets 23g</i> | Preferred | OTC |
| <i>sure comfort lancets 28g</i> | Preferred | OTC |
| <i>sure comfort lancets 30g</i> | Preferred | OTC |
| <i>sure comfort lancing pen</i> | Preferred | OTC |
| <i>tgt lancet micro thin 33g</i> | Preferred | OTC |
| <i>tgt lancet thin 26g</i> | Preferred | OTC |
| <i>tgt lancet ultra thin 30g</i> | Preferred | OTC |
| <i>tgt lancing device</i> | Preferred | OTC |
| <i>todays health lancing device</i> | Preferred | OTC |
| <i>todays health thin lancets 28g</i> | Preferred | OTC |
| <i>todays health thin lancets 30g</i> | Preferred | OTC |
| <i>topcare lancets micro-thin 33g</i> | Preferred | OTC |
| <i>true comfort safety lancets</i> | Preferred | OTC |
| <i>true comfort twist top lancets</i> | Preferred | OTC |
| <i>twist top lancets 30g</i> | Preferred | OTC |
| <i>ultra thin lancets 31g</i> | Preferred | OTC |
| <i>ultra-care lancets 30g</i> | Preferred | OTC |
| <i>value plus lancet standard 21g</i> | Preferred | OTC |
| <i>value plus lancets super thin</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>value plus lancets thin 26g</i> | Preferred | OTC |
| <i>value plus lancing device</i> | Preferred | OTC |
| <i>walgreens lancets micro thin</i> | Preferred | OTC |
| <i>walgreens lancets super thin</i> | Preferred | OTC |
| <i>zevrx twist top lancets 30g</i> | Preferred | OTC |
| ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>) | Preferred | OTC |
| ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>) | Preferred | OTC |
| ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>) | Preferred | OTC |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>) | Preferred | OTC |
| ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>) | Preferred | OTC |
| ADVOCATE LANCETS (<i>lancets</i>) | Preferred | OTC |
| ADVOCATE LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| ADVOCATE LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>) | Preferred | OTC |
| ADVOCATE SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>) | Preferred | OTC |
| AIMSCO TWIST LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| AQUALANCE LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>) | Preferred | OTC |
| ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>) | Preferred | OTC |
| ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>) | Preferred | OTC |
| ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>) | Preferred | OTC |
| ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>) | Preferred | OTC |
| ASSURE LANCE LANCETS (<i>lancets</i>) | Preferred | OTC |
| ASSURE LANCE LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>) | Preferred | OTC |
| ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>) | Preferred | OTC |
| ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>) | Preferred | OTC |
| AUTO-LANCET (<i>lancet devices</i>) | Preferred | OTC |
| AUTO-LANCET MINI (<i>lancet devices</i>) | Preferred | OTC |
| AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>) | Preferred | OTC |
| AUTOLET LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>) | Preferred | OTC |
| AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>) | Preferred | OTC |
| AUTOLET MINI (<i>lancet devices</i>) | Preferred | OTC |
| AUTOLET PLATFORMS (<i>lancets misc.</i>) | Preferred | OTC |
| AUTOLET PLUS (<i>lancet devices</i>) | Preferred | OTC |
| BD MICROTAINER LANCETS (<i>lancets</i>) | Preferred | OTC |
| CARDIOCOM LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| CAREONE LANCET SUPER THIN 30G (<i>lancets</i>) | Preferred | OTC |
| CARESENS LANCETS (<i>lancets</i>) | Preferred | OTC |
| CARESENS LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>) | Preferred | OTC |
| CARETOUCH SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH TWIST LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH TWIST LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH TWIST LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| CLEANLET LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| CLEVER CHEK LANCETS (<i>lancets</i>) | Preferred | OTC |
| CLEVER CHOICE COMFORT EZ (<i>lancets</i>) | Preferred | OTC |
| CLEVER CHOICE LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| CLEVER CHOICE LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| CLEVER CHOICE LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| COAGUCHEK LANCETS (<i>lancets</i>) | Preferred | OTC |
| COMFORT TOUCH LANCETS 31G (<i>lancets</i>) | Preferred | OTC |
| COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (4 EA per 28 days) |
| DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| DEXCOM G5 MOBILE TRANSMITTER (<i>continuous glucose transmitter</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 90 days); Max 90-day supply per fill |
| DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 30 days) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 90 days); Max 90-day supply per fill |
| DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (3 EA per 30 days) |
| DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>) | Preferred | OTC |
| DIATHRIVE LANCETS (<i>lancets</i>) | Preferred | OTC |
| DIATHRIVE LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>) | Preferred | OTC |
| DROPLET LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| DROPLET PERSONAL LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| DRUG MART LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>) | Preferred | OTC |
| DRUG MART UNILET LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| DRUG MART UNILET LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| DRUG MART UNILET LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 32G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>) | Preferred | OTC |
| EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>) | Preferred | OTC |
| EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>) | Preferred | OTC |
| E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---|
| E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>) | Preferred | OTC |
| E-Z JECT LANCETS (<i>lancets</i>) | Preferred | OTC |
| E-Z JECT LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| E-Z JECT LANCETS THIN 26G (<i>lancets</i>) | Preferred | OTC |
| EZ-LETS LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| EZ-LETS LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| EZ-LETS LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| EZ-LETS LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>) | Preferred | OTC |
| FIFTY50 UNILET LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| FINE 30 (<i>lancets</i>) | Preferred | OTC |
| FINGERSTIX LANCETS (<i>lancets</i>) | Preferred | OTC |
| FORA LANCETS (<i>lancets</i>) | Preferred | OTC |
| FORA LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| FREESTYLE LANCETS (<i>lancets</i>) | Preferred | OTC |
| FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 28 days) |
| FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>) | Preferred | PA (Eligible for auto-PA approval); QL (1 EA per 365 days); Max 365-day supply per fill |
| FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous glucose sensor</i>) | Preferred | PA (Eligible for auto-PA approval); QL (2 EA per 28 days) |
| FREESTYLE UNISTICK II LANCETS (<i>lancets</i>) | Preferred | OTC |
| GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL NOZZLES (<i>lancets misc.</i>) | Preferred | OTC |
| GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>) | Preferred | OTC |
| GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>) | Preferred | OTC |
| GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>) | Preferred | OTC |
| GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>) | Preferred | OTC |
| GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>) | Preferred | OTC |
| GENTLE-LET GP LANCETS (<i>lancets</i>) | Preferred | OTC |
| GENTLE-LET LANCETS (<i>lancets</i>) | Preferred | OTC |
| GENTLE-LET PLATFORMS (<i>lancets misc.</i>) | Preferred | OTC |
| GLUCOCOM LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| GLUCOCOM LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| GLUCOCOM LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| GNP LANCING SYSTEM DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>) | Preferred | OTC |
| GOJJI STERILE LANCETS (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE PLUS (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>) | Preferred | OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>) | Preferred | OTC |
| HEALTH CARE LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>) | Preferred | OTC |
| HY-VEE LANCETS (<i>lancets</i>) | Preferred | OTC |
| IN TOUCH LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| IN TOUCH STERILE LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| KROGER HEALTHPRO LANCET 26G (<i>lancets</i>) | Preferred | OTC |
| LANCETS ULTRA THIN (<i>lancets</i>) | Preferred | OTC |
| LANZO (<i>lancet devices</i>) | Preferred | OTC |
| LIBERTY MEDICAL LANCETS (<i>lancets</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| LITE TOUCH LANCING PEN (<i>lancet devices</i>) | Preferred | OTC |
| LITETOUCH LANCETS (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE EXTRA 21G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE LITE 25G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS EXTRA 21G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS LANCETS (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS LITE 25G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>) | Preferred | OTC |
| MEDLANCE UNIVERSAL 21G (<i>lancets</i>) | Preferred | OTC |
| MEIJER LANCETS (<i>lancets</i>) | Preferred | OTC |
| MEIJER LANCETS THIN (<i>lancets</i>) | Preferred | OTC |
| MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>) | Preferred | OTC |
| MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>) | Preferred | OTC |
| MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>) | Preferred | OTC |
| MEIJER SUPER THIN LANCETS (<i>lancets</i>) | Preferred | OTC |
| MICROLET LANCETS (<i>lancets</i>) | Preferred | OTC |
| MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| MM LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| MM TWIST LANCETS (<i>lancets</i>) | Preferred | OTC |
| MONOLET LANCETS (<i>lancets</i>) | Preferred | OTC |
| MONOLET OPD LANCETS (<i>lancets</i>) | Preferred | OTC |
| MONOLETTOR SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>) | Preferred | OTC |
| MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| NOVA SAFETY LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| NOVA SAFETY LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| NOVA SUREFLEX LANCETS (<i>lancets</i>) | Preferred | OTC |
| NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>) | Preferred | OTC |
| ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>) | Preferred | OTC |
| ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>) | Preferred | OTC |
| ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>) | Preferred | OTC |
| ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>) | Preferred | OTC |
| PERFECT LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| PERFECT LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| PHARMACIST CHOICE LANCETS (<i>lancets</i>) | Preferred | OTC |
| PHARMACY COUNTER LANCETS (<i>lancets</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| PRECISION THINS GP LANCETS (<i>lancets</i>) | Preferred | OTC |
| PRODIGY LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| PRODIGY LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| PRODIGY SAFETY LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| PSS SELECT GP LANCETS (<i>lancets</i>) | Preferred | OTC |
| PSS SELECT PLATFORMS (<i>lancets misc.</i>) | Preferred | OTC |
| PSS SELECT SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| RA E-ZJECT LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>) | Preferred | OTC |
| RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>) | Preferred | OTC |
| RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>) | Preferred | OTC |
| READYLANCE SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| RELION LANCET DEVICES 30G (<i>lancets</i>) | Preferred | OTC |
| RELION LANCETS MICRO-THIN 33G (<i>lancets</i>) | Preferred | OTC |
| RELION LANCETS THIN 26G (<i>lancets</i>) | Preferred | OTC |
| RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>) | Preferred | OTC |
| RELION LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| RELION LANCING DEVICE KIT (<i>lancets misc.</i>) | Preferred | OTC |
| RELION ULTRA THIN LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>) | Preferred | OTC |
| REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>) | Preferred | OTC |
| RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>) | Preferred | OTC |
| RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| RIGHTEST GL300 LANCETS (<i>lancets</i>) | Preferred | OTC |
| SAFE-T-LANCE (<i>lancets</i>) | Preferred | OTC |
| SAFE-T-LANCE PLUS (<i>lancets</i>) | Preferred | OTC |
| SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| SAFETY LANCETS 21G (<i>lancets</i>) | Preferred | OTC |
| SAFETY LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>) | Preferred | OTC |
| SINGLE-LET (<i>lancets</i>) | Preferred | OTC |
| SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>) | Preferred | OTC |
| SMART SENSE COLOR LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| SMART SENSE STANDARD LANCETS (<i>lancets</i>) | Preferred | OTC |
| SMART SENSE SUPER THIN LANCETS (<i>lancets</i>) | Preferred | OTC |
| SMART SENSE THIN LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| SMARTTEST LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| SOLUS V2 LANCETS 28G (<i>lancets</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| SOLUS V2 LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| STERILANCE PA (<i>lancets misc.</i>) | Preferred | OTC |
| STERILANCE TL (<i>lancets</i>) | Preferred | OTC |
| SURELITE LANCETS (<i>lancets</i>) | Preferred | OTC |
| TECHLITE AST LANCETS (<i>lancets</i>) | Preferred | OTC |
| TECHLITE LANCETS (<i>lancets</i>) | Preferred | OTC |
| TECHLITE LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| THINLETS GP LANCETS (<i>lancets</i>) | Preferred | OTC |
| TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>) | Preferred | OTC |
| TRUE METRIX LEVEL 1 SOLUTION LOW IN VITRO (<i>blood glucose calibration</i>) | Preferred | OTC |
| TRUE METRIX LEVEL 2 SOLUTION NORMAL IN VITRO (<i>blood glucose calibration</i>) | Preferred | OTC |
| TRUE METRIX LEVEL 3 SOLUTION HIGH IN VITRO (<i>blood glucose calibration</i>) | Preferred | OTC |
| TRUEDRAW LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| TRUEPLUS LANCETS 26G (<i>lancets</i>) | Preferred | OTC |
| TRUEPLUS LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| TRUEPLUS LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| TRUEPLUS LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| ULTI-LANCE AUTOMATIC (<i>lancet devices</i>) | Preferred | OTC |
| ULTILET CLASSIC LANCETS (<i>lancets</i>) | Preferred | OTC |
| ULTILET LANCETS (<i>lancets</i>) | Preferred | OTC |
| ULTILET SAFETY LANCETS (<i>lancets</i>) | Preferred | OTC |
| ULTILET SAFETY LANCETS 23G (<i>lancets</i>) | Preferred | OTC |
| ULTRA-THIN II AUTO LANCET (<i>lancets</i>) | Preferred | OTC |
| ULTRA-THIN II LANCETS (<i>lancets</i>) | Preferred | OTC |
| UNILET COMFORTOUCH LANCET (<i>lancets</i>) | Preferred | OTC |
| UNILET EXCELITE (<i>lancets</i>) | Preferred | OTC |
| UNILET EXCELITE II (<i>lancets</i>) | Preferred | OTC |
| UNILET G.P. LANCET (<i>lancets</i>) | Preferred | OTC |
| UNILET G.P. SUPERLITE LANCET (<i>lancets</i>) | Preferred | OTC |
| UNILET GP 28 ULTRA THIN (<i>lancets</i>) | Preferred | OTC |
| UNILET LANCET (<i>lancets</i>) | Preferred | OTC |
| UNILET MICRO-THIN 33G (<i>lancets</i>) | Preferred | OTC |
| UNILET SUPERLITE LANCET (<i>lancets</i>) | Preferred | OTC |
| UNILET SUPER-THIN 30G (<i>lancets</i>) | Preferred | OTC |
| UNILET ULTRA-THIN 28G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK 1 (<i>lancets misc.</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| UNISTIK 2 (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 2 COMFORT (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 2 EXTRA (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 2 NEONATAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 2 NORMAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 2 SUPER (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 3 (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 3 COMFORT (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 3 EXTRA (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 3 GENTLE (<i>lancets</i>) | Preferred | OTC |
| UNISTIK 3 NEONATAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK 3 NORMAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK CZT COMFORT (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK CZT NORMAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK NORMAL (<i>lancets misc.</i>) | Preferred | OTC |
| UNISTIK PRO SAFETY LANCET (<i>lancets</i>) | Preferred | OTC |
| UNISTIK SAFETY LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK SAFETY LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>) | Preferred | OTC |
| UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>) | Preferred | OTC |
| UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>) | Preferred | OTC |
| UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>) | Preferred | OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>) | Preferred | OTC |
| VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>) | Preferred | OTC |
| VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>) | Preferred | OTC |
| VIVAGUARD LANCETS (<i>lancets</i>) | Preferred | OTC |
| VIVAGUARD LANCING DEVICE (<i>lancet devices</i>) | Preferred | OTC |
| WALGREENS LANCETS (<i>lancets</i>) | Preferred | OTC |
| WALGREENS THIN LANCETS (<i>lancets</i>) | Preferred | OTC |
| WALGREENS ULTRA THIN LANCETS (<i>lancets</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-------------------------|
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>) | Preferred | PA |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>) | Preferred | PA |
| *HEMATORHEOLOGIC AGENTS*** | | |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | Preferred | |
| *HEMOSTATICS - SYSTEMIC*** | | |
| <i>tranexamic acid oral tablet 650 mg</i> | Preferred | QL (6 EA per 1 day) |
| *HEPATITIS B AGENTS*** | | |
| <i>entecavir oral tablet 0.5 mg</i> | Preferred | PA; QL (1 EA per 1 day) |
| <i>entecavir oral tablet 1 mg</i> | Preferred | QL (1 EA per 1 day) |
| <i>lamivudine oral tablet 100 mg</i> | Preferred | |
| *HEPATITIS C AGENTS*** | | |
| <i>ribavirin oral capsule 200 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>ribavirin oral tablet 200 mg</i> | Preferred | QL (6 EA per 1 day) |
| *HUMIDIFIERS*** | | |
| <i>sm vaporizer cleaning tablet soluble</i> | Preferred | OTC |
| <i>sm vaporizer inhalant liquid</i> | Preferred | OTC |
| GORDO-POOL CONCENTRATE (<i>humidifier/vaporizer supplies</i>) | Preferred | OTC |
| KAZ BACTERIOSTATIC TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>) | Preferred | OTC |
| KAZ INHALANT LIQUID (<i>humidifier/vaporizer supplies</i>) | Preferred | OTC |
| KAZ WATER TREATMENT LIQUID (<i>humidifier/vaporizer supplies</i>) | Preferred | OTC |
| *HYDROLYTIC ENZYMES*** | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>) | Preferred | PA; QL (5 ML per 1 day) |
| *HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Preferred | |
| *IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>) | Preferred | OTC |
| TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>) | Preferred | OTC |
| *IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| <i>3 day vaginal vaginal cream 2 %</i> | Preferred | OTC |
| <i>clotrimazole 3 vaginal cream 2 %</i> | Preferred | OTC |
| <i>clotrimazole vaginal cream 1 %</i> | Preferred | OTC |
| <i>clotrimazole-7 vaginal cream 1 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>cvs clotrimazole 3 vaginal cream 2 %</i> | Preferred | OTC |
| <i>cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %</i> | Preferred | OTC |
| <i>cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>cvs miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>cvs tioconazole 1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| <i>eq miconazole 1 vaginal kit 1200 & 2 mg & %</i> | Preferred | OTC |
| <i>eq miconazole 7 day treatment vaginal cream 2 %</i> | Preferred | OTC |
| <i>eq tioconazole 1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| <i>eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>eql miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>eql tioconazole-1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| <i>gnp clotrimazole 3 vaginal cream 2 %</i> | Preferred | OTC |
| <i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i> | Preferred | OTC |
| <i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>gnp miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>miconazole 1 vaginal kit 1200 & 2 mg & %</i> | Preferred | OTC |
| <i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>miconazole 7 vaginal suppository 100 mg</i> | Preferred | OTC |
| <i>miconazole nitrate vaginal cream 2 %</i> | Preferred | OTC |
| <i>px miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>qc 3 day vaginal cream 4 %</i> | Preferred | OTC |
| <i>qc clotrimazole vaginal cream 1 %</i> | Preferred | OTC |
| <i>qc miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>ra clotrimazole 7 vaginal cream 1 %</i> | Preferred | OTC |
| <i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>ra miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>ra tioconazole 1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| <i>sm 3-day vaginal vaginal cream 2 %</i> | Preferred | OTC |
| <i>sm clotrimazole vaginal vaginal cream 1 %</i> | Preferred | OTC |
| <i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i> | Preferred | OTC |
| <i>sm miconazole 7 vaginal cream 2 %</i> | Preferred | OTC |
| <i>sm miconazole 7 vaginal suppository 100 mg</i> | Preferred | OTC |
| <i>sm tioconazole-1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| <i>terconazole vaginal suppository 80 mg</i> | Preferred | QL (1.5 EA per 1 day) |
| <i>tioconazole-1 vaginal ointment 6.5 %</i> | Preferred | OTC |
| MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (<i>tioconazole</i>) | Preferred | OTC |
| MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>) | Preferred | OTC |
| MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (<i>miconazole nitrate</i>) | Preferred | OTC |
| VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM) (<i>miconazole nitrate</i>) | Preferred | OTC |
| *IMIDAZOTETRAZINES*** | | |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Preferred | PA |
| *IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** | | |
| <i>imiquimod external cream 5 %</i> | Preferred | QL (0.434 EA per 1 day); AGE (Min 12 Years) |
| *INFECTION TESTS*** | | |
| <i>ellume covid-19 home test kit in vitro</i> | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| BINAXNOW COVID-19 AG HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| CARESTART COVID-19 HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| CLEARDETECT COVID-19 AG HOME KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| CLINITEST RAPID COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| DIATRUST COVID-19 HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| FLOWFLEX COVID-19 AG HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| IHEALTH COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| INDICAID COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| INTELISWAB COVID-19 RAPID TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| PILOT COVID-19 AT-HOME TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| PIXEL COVID-19 PCR HOME TEST KIT IN VITRO (<i>covid-19 home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| QUICKVUE AT-HOME COVID-19 TEST KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| SPEEDY SWAB COVID-19 ANTIGEN KIT IN VITRO (<i>covid-19 at home test</i>) | Preferred | OTC; QL (Max 8 tests per 30 days); QL (2 EA per 1 day) |
| *INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** | | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Preferred | |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Preferred | |
| <i>mycophenolate sodium oral tablet delayed release 360 mg</i> | Preferred | |
| *INSULIN ADMINISTRATION SUPPLIES*** | | |
| AMBI-TRAY (<i>insulin admin supplies</i>) | Preferred | OTC |
| BIGFOOT UNITY PEN CAP/ADMELOG (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/APIDRA (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/ASPART (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/BASAGLAR (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/FIASP (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/HUMALOG (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/LANTUS (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/LISPRO (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/LYUMJEV (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/NOVOLOG (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/TOUJEO (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/TOUJEO M (<i>insulin admin supplies</i>) | Preferred | |
| BIGFOOT UNITY PEN CAP/TRESIBA (<i>insulin admin supplies</i>) | Preferred | |
| EASY TOUCH INSULIN BARRELS 1ML (<i>insulin admin supplies</i>) | Preferred | OTC |
| INSUL-CAP (<i>insulin admin supplies</i>) | Preferred | OTC |
| INSUL-EZE (<i>insulin admin supplies</i>) | Preferred | OTC |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD GO KIT 20 UNIT/24HR, 30 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>) | Preferred | PA |
| OMNIPOD POD PALS (<i>insulin dispos pmp accessories</i>) | Preferred | OTC; PA |
| PRODIGY COUNT-A-DOSE (<i>insulin admin supplies</i>) | Preferred | OTC |
| V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>) | Preferred | PA |
| V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>) | Preferred | PA |
| V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>) | Preferred | PA |
| VIVI CAP (<i>insulin admin supplies</i>) | Preferred | OTC |
| VIVI CAP1 (<i>insulin admin supplies</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| *INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** | | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>) | Preferred | PA; QL (0.04 ML per 1 day) |
| *INTESTINAL ACIDIFIERS*** | | |
| <i>enulose oral solution 10 gm/15ml</i> | Preferred | |
| <i>generlac oral solution 10 gm/15ml</i> | Preferred | |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i> | Preferred | |
| *IODINE ANTISEPTICS*** | | |
| <i>cvs povidone-iodine external solution 10 %</i> | Preferred | OTC |
| <i>eq first aid antiseptic external solution 10 %</i> | Preferred | OTC |
| <i>eq povidone-iodine external solution 10 %</i> | Preferred | OTC |
| <i>first aid antiseptic external ointment 10 %</i> | Preferred | OTC |
| <i>gnp povidone-iodine external solution 10 %</i> | Preferred | OTC |
| <i>povidone-iodine external solution 10 %</i> | Preferred | OTC |
| <i>qc povidone iodine external solution 10 %</i> | Preferred | OTC |
| <i>ra antiseptic external solution 10 %</i> | Preferred | OTC |
| <i>sb povidone-iodine external solution 10 %</i> | Preferred | OTC |
| <i>sm povidone-iodine external solution 10 %</i> | Preferred | OTC |
| BETADINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>) | Preferred | OTC |
| BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 % (<i>povidone-iodine</i>) | Preferred | OTC |
| SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>) | Preferred | OTC |
| *IRON COMBINATIONS*** | | |
| <i>fe c tab oral tablet 100-250 mg</i> | Preferred | OTC |
| <i>ferocon oral capsule</i> | Preferred | |
| <i>ferotrinsic oral capsule</i> | Preferred | |
| <i>foltrin oral capsule</i> | Preferred | |
| <i>iron 100/c oral tablet 100-250 mg</i> | Preferred | OTC |
| <i>iron-vitamin c oral tablet 100-250 mg</i> | Preferred | OTC |
| <i>trigels-f forte oral capsule 460-60-0.01-1 mg</i> | Preferred | |
| BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>) | Preferred | OTC |
| FEOSOL BIFERA ORAL TABLET 28 MG (<i>polysacch fe cmp-fe heme poly</i>) | Preferred | OTC |
| FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (<i>ferrous sulfate-c-folic acid</i>) | Preferred | OTC |
| HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>) | Preferred | OTC |
| <i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule) | Preferred | |
| *IRON W/ FOLIC ACID*** | | |
| <i>hematinic/folic acid oral tablet 324-1 mg</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| *IRON*** | | |
| <i>cvs iron oral tablet 240 (27 fe) mg</i> | Preferred | OTC |
| <i>cvs iron oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cvs slow release dried iron oral tablet extended release 45 mg</i> | Preferred | OTC |
| <i>cvs slow release iron oral tablet extended release 143 (45 fe) mg</i> | Preferred | OTC |
| <i>eq slow-release iron oral tablet extended release 45 mg</i> | Preferred | OTC |
| <i>eql carbonyl iron oral tablet 45 mg</i> | Preferred | OTC |
| <i>eql iron supplement therapy oral tablet 325 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>eql slow release iron oral tablet extended release 160 (50 fe) mg</i> | Preferred | OTC |
| <i>ferretts oral tablet 325 (106 fe) mg</i> | Preferred | OTC |
| <i>ferric x-150 oral capsule 150 mg</i> | Preferred | OTC |
| <i>ferrotabs oral tablet 240 mg</i> | Preferred | OTC |
| <i>ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg</i> | Preferred | OTC |
| <i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i> | Preferred | OTC |
| <i>ferrous sulfate er oral tablet extended release 140 (45 fe) mg</i> | Preferred | OTC |
| <i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>ferrous sulfate oral tablet 27 mg</i> | Preferred | OTC |
| <i>ferrous sulfate oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg</i> | Preferred | OTC |
| <i>fe-vite iron oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>gnp iron oral tablet 200 (65 fe) mg</i> | Preferred | OTC |
| <i>gnp iron oral tablet extended release 142 (45 fe) mg</i> | Preferred | OTC |
| <i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>iron 27 oral tablet 240 (27 fe) mg</i> | Preferred | OTC |
| <i>iron chews pediatric oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>iron high-potency oral tablet 325 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>iron high-potency oral tablet extended release 142 (45 fe) mg</i> | Preferred | OTC |
| <i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>iron oral tablet 240 (27 fe) mg, 90 (18 fe) mg</i> | Preferred | OTC |
| <i>iron oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>iron slow release oral tablet extended release 140 (45 fe) mg, 142 (45 fe) mg, 143 (45 fe) mg</i> | Preferred | OTC |
| <i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>iron supplement oral solution 220 (44 fe) mg/5ml</i> | Preferred | OTC |
| <i>kp ferrous gluconate oral tablet 324 (37.5 fe) mg</i> | Preferred | OTC |
| <i>kp ferrous sulfate oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>meijer ferrous sulfate oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>nat-rul iron oral tablet 325 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i> | Preferred | OTC |
| <i>polysaccharide iron complex oral capsule 150 mg</i> | Preferred | OTC |
| <i>polysaccharide-iron complex oral capsule 150 mg</i> | Preferred | OTC |
| <i>px iron oral tablet 200 (65 fe) mg, 27 mg</i> | Preferred | OTC |
| <i>qc ferrous sulfate oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ra high potency iron oral tablet 27 mg</i> | Preferred | OTC |
| <i>ra iron oral tablet 27 mg</i> | Preferred | OTC |
| <i>ra iron oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ra slow release iron oral tablet extended release 45 mg</i> | Preferred | OTC |
| <i>slow iron oral tablet extended release 160 (50 fe) mg</i> | Preferred | OTC |
| <i>slow release iron oral tablet extended release 160 (50 fe) mg, 45 mg, 47.5 mg</i> | Preferred | OTC |
| <i>sm iron oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm iron slow release oral tablet extended release 160 (50 fe) mg</i> | Preferred | OTC |
| <i>sm slow release dried iron oral tablet extended release 45 mg</i> | Preferred | OTC |
| <i>sm slow release iron oral tablet extended release 142 (45 fe) mg, 143 (45 fe) mg</i> | Preferred | OTC |
| <i>sv iron oral tablet 325 (65 fe) mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>wee care oral suspension 15 mg/1.25ml</i> | Preferred | OTC |
| BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>) | Preferred | OTC |
| FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>) | Preferred | OTC |
| FERGON ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>) | Preferred | OTC |
| FEROSUL ORAL TABLET 325 (65 FE) MG (<i>ferrous sulfate</i>) | Preferred | OTC; Max 90-day supply per fill |
| FERREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| FERRIMIN 150 ORAL TABLET 150 MG (<i>ferrous fumarate</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>) | Preferred | OTC |
| GOODSENSE IRON ORAL TABLET 325 MG (<i>ferrous sulfate</i>) | Preferred | OTC; Max 90-day supply per fill |
| IFEREX 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| IRON UP ORAL LIQUID 15 MG/0.5ML (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (<i>ferrous sulfate</i>) | Preferred | OTC |
| POLY-IRON 150 ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| PROFE ORAL CAPSULE 391.3 (180 FE) MG (<i>polysaccharide iron complex</i>) | Preferred | OTC |
| PROFERRIN ES ORAL TABLET 12 MG (<i>iron heme polypeptide</i>) | Preferred | OTC |
| *IRRIGATION SOLUTIONS*** | | |
| <i>sterile water for irrigation irrigation solution</i> | Preferred | |
| <i>water for irrigation, sterile irrigation solution</i> | Preferred | |
| <i>water for irrigation, sterile (Argyle Sterile Water Irrigation Solution)</i> | Preferred | |
| *KERATOLYTIC/ANTIMITOTIC AGENTS*** | | |
| <i>cvs psoriasis medicated external shampoo 3 %</i> | Preferred | OTC |
| <i>cvs therapeutic dandruff external shampoo 3 %</i> | Preferred | OTC |
| <i>cvs wart remover pen external gel 17 %</i> | Preferred | OTC |
| <i>podofilox external solution 0.5 %</i> | Preferred | |
| <i>ra wart remover external gel 17 %</i> | Preferred | OTC |
| <i>therapeutic dandruff external shampoo 3 %</i> | Preferred | OTC |
| <i>therapeutic t+plus max st external shampoo 3 %</i> | Preferred | OTC |
| <i>wart remover external gel 17 %</i> | Preferred | OTC |
| <i>wart remover maximum strength external gel 17 %</i> | Preferred | OTC |
| BETASAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| DENOREX EX ST MEDICATED EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| DERMAREST PSORIASIS EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| DHS SAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| MG217 DANDRUFF SHAMPOO/COND EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| MG217 PSORIASIS THER SHAM/COND EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |

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|---|------------------|---------------------|
| NEUTROGENA T/SAL EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| SELSUN BLUE DEEP CLEANSING EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| SELSUN BLUE NATURALS DRY SCALP EXTERNAL SHAMPOO 3 % (<i>salicylic acid</i>) | Preferred | OTC |
| *LAXATIVES - MISCELLANEOUS*** | | |
| <i>constulose oral solution 10 gm/15ml</i> | Preferred | |
| <i>cvs glycerin adult rectal suppository 2 gm, 2.1 gm</i> | Preferred | OTC |
| <i>cvs glycerin child rectal suppository 1 gm</i> | Preferred | OTC |
| <i>eq laxative oral packet 17 gm</i> | Preferred | OTC |
| <i>ft clearlax oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>gavilax oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>gentlelax oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i> | Preferred | OTC |
| <i>glycerin (child) rectal suppository 1.2 gm</i> | Preferred | OTC |
| <i>glycerin (infants & children) rectal suppository 1 gm, 1.2 gm</i> | Preferred | OTC |
| <i>glycerin (pediatric) rectal suppository 1.2 gm</i> | Preferred | OTC |
| <i>glycerin adult rectal suppository 2 gm</i> | Preferred | OTC |
| <i>glycerin childrens rectal suppository 1 gm</i> | Preferred | OTC |
| <i>gnp glycerin (adult) rectal suppository 2.1 gm</i> | Preferred | OTC |
| <i>gnp glycerin child rectal suppository 1.2 gm</i> | Preferred | OTC |
| <i>lactulose oral solution 10 gm/15ml</i> | Preferred | |
| <i>peg 3350 oral packet 17 gm</i> | Preferred | OTC |
| <i>peg 3350 oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>polyethylene glycol 3350 oral packet 17 gm</i> | Preferred | OTC |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>px glycerin rectal suppository 2.1 gm</i> | Preferred | OTC |
| <i>qc natura-lax oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>ra glycerin adult rectal suppository 80.7 %</i> | Preferred | OTC |
| <i>ra glycerin child rectal suppository 80.7 %</i> | Preferred | OTC |
| <i>ra laxative oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>sb glycerin adult rectal suppository 2.1 gm</i> | Preferred | OTC |
| <i>sb glycerin pediatric rectal suppository 1.2 gm</i> | Preferred | OTC |
| <i>sb polyethylene glycol 3350 oral powder 17 gm/scoop</i> | Preferred | OTC |
| <i>sm glycerin pediatric rectal suppository 1.2 gm, 80.7 %</i> | Preferred | OTC |
| <i>sorbitol oral solution 70 %</i> | Preferred | OTC |
| <i>sorbitol rectal solution 70 %</i> | Preferred | OTC |
| AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (<i>glycerin (laxative)</i>) | Preferred | OTC |
| CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| CVS PURELAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| CVS PURELAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| EQ CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| EQL CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA 5.4 GM/DOSE (<i>glycerin (laxative)</i>) | Preferred | OTC |
| GLYCOLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| GNP CLEARLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| HEALTHYLAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| HM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| MM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM (<i>glycerin (laxative)</i>) | Preferred | OTC |
| SM CLEARLAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| SMOOTH LAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| SMOOTH LAX ORAL POWDER 17 GM/SCOOP (<i>polyethylene glycol 3350</i>) | Preferred | OTC |
| *LAXATIVES & DSS*** | | |
| <i>cvs senna plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>cvs stool softener/laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>docuzen oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>easy-lax plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>eq senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>eq stool softener/laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>eql senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>ft senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>ft stool softener oral tablet 50-8.6 mg</i> | Preferred | OTC |
| <i>gnp senna plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>gnp stool softener/laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>goodsense stimulant laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| <i>hm stool softener/laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>laxacin oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>medi-natural plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>qc senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i> | Preferred | OTC |
| <i>ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>ra p col-rite oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>sb docusate sodium/senna oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senexon-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna-docusate sodium oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna-plus oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>senna-time s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>sennosides-docusate sodium oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>sm senna-s oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>sm stool softener/laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>stimulant laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>stool softener laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>stool softener plus laxative oral tablet 8.6-50 mg</i> | Preferred | OTC |
| <i>stool softener/laxative oral tablet 50-8.6 mg</i> | Preferred | OTC |
| <i>vegetable lax+stool softener oral tablet 8.6-50 mg</i> | Preferred | OTC |
| COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>) | Preferred | OTC |
| SEKOKOT S ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>) | Preferred | OTC |
| *LEPROSTATICS*** | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Preferred | |
| *LEVODOPA COMBINATIONS*** | | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Preferred | Max 90-day supply per fill |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Preferred | Max 90-day supply per fill |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i> | Preferred | Max 90-day supply per fill |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Preferred | |
| DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>) | Preferred | Max 90-day supply per fill |
| *LINCOSAMIDES*** | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg</i> | Preferred | QL (4 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------|
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | Preferred | QL (70 ML per 1 day) |
| *LINIMENT COMBINATIONS*** | | |
| ZIKS ARTHRITIS PAIN RELIEF EXTERNAL CREAM 0.025-1-12 % (<i>capsaicin-menthol-methyl sal</i>) | Preferred | OTC |
| *LOCAL ANESTHETICS - TOPICAL*** | | |
| <i>asperflex max st external patch 4 %</i> | Preferred | OTC |
| <i>cvs lidocaine maximum strength external cream 4 %</i> | Preferred | OTC |
| <i>cvs pain relief external cream 4 %</i> | Preferred | OTC |
| <i>cvs pain relief external patch 4 %</i> | Preferred | OTC |
| <i>eq lidocaine pain relieving external patch 4 %</i> | Preferred | OTC |
| <i>eq pain relieving external cream 4 %</i> | Preferred | OTC |
| <i>gnp lidocaine pain relief external patch 4 %</i> | Preferred | OTC |
| <i>gnp lidocaine pain relieving external cream 4 %</i> | Preferred | OTC |
| <i>lidocaine external cream 4 %</i> | Preferred | OTC |
| <i>lidocaine hcl external cream 4 %</i> | Preferred | OTC |
| <i>lidocaine max st 24 hours external patch 4 %</i> | Preferred | OTC |
| <i>lidocaine pain relief external patch 4 %</i> | Preferred | OTC |
| <i>lidocaine pain relief max st external cream 4 %</i> | Preferred | OTC |
| <i>lidocaine pain relief max st external patch 4 %</i> | Preferred | OTC |
| <i>lidocaine pain relieving external patch 4 %</i> | Preferred | OTC |
| <i>lidocaine plus external cream 4 %</i> | Preferred | OTC |
| <i>lidocaine topical pain external patch 4 %</i> | Preferred | OTC |
| <i>lidocanna external patch 4 %</i> | Preferred | OTC |
| <i>pain relief maximum strength external patch 4 %</i> | Preferred | OTC |
| <i>pain relieving + lidocaine external cream 4 %</i> | Preferred | OTC |
| <i>pain relieving lidocaine external patch 4 %</i> | Preferred | OTC |
| <i>qc lidocaine pain relief external patch 4 %</i> | Preferred | OTC |
| <i>qc pain relieving + lidocaine external cream 4 %</i> | Preferred | OTC |
| <i>ra lidocaine pain relieving external patch 4 %</i> | Preferred | OTC |
| <i>ra pain relief external cream 4 %</i> | Preferred | OTC |
| <i>ra pain relieving external patch 4 %</i> | Preferred | OTC |
| <i>theracare pain relief external patch 4 %</i> | Preferred | OTC |
| ANECREAM EXTERNAL CREAM 4 % (<i>lidocaine</i>) | Preferred | OTC |
| ASPERCREME LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>) | Preferred | OTC |
| ASPERCREME LIDOCAINE EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>) | Preferred | OTC |
| ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine</i>) | Preferred | OTC |
| ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| BENGAY LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>) | Preferred | OTC |
| BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| FIRST CARE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| GOLD BOND MULTI-SYMPTOM EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>) | Preferred | OTC |
| GOLD BOND PAIN & ITCH RELIEF EXTERNAL CREAM 4 % (<i>lidocaine hcl</i>) | Preferred | OTC |
| HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| LIDO KING EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| PHARMACIST CHOICE PAIN RELIEF EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 % (<i>lidocaine</i>) | Preferred | OTC |
| *LOOP DIURETICS*** | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>bumetanide oral tablet 2 mg</i> | Preferred | QL (5 EA per 1 day); Max 90-day supply per fill |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | Preferred | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Preferred | Max 90-day supply per fill |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | Preferred | Max 90-day supply per fill |
| SOANZ ORAL TABLET 20 MG (<i>torseamide</i>) | Preferred | Max 90-day supply per fill |
| *LUBRICANT LAXATIVES*** | | |
| <i>cvs mineral oil enema rectal enema</i> | Preferred | OTC |
| <i>cvs mineral oil oral oil</i> | Preferred | OTC |
| <i>enema mineral oil rectal enema</i> | Preferred | OTC |
| <i>eq mineral oil oral oil</i> | Preferred | OTC |
| <i>ft mineral oil oral oil</i> | Preferred | OTC |
| <i>gnp mineral oil oral oil</i> | Preferred | OTC |
| <i>goodsense mineral oil oral oil</i> | Preferred | OTC |
| <i>hm enema mineral oil rectal enema</i> | Preferred | OTC |
| <i>mineral oil heavy oral oil</i> | Preferred | |
| <i>mineral oil oral oil</i> | Preferred | OTC |
| <i>qc mineral oil heavy oral oil</i> | Preferred | OTC |
| <i>ra mineral oil oral oil</i> | Preferred | OTC |
| <i>sm mineral oil oral oil</i> | Preferred | OTC |
| <i>sm mineral oil rectal enema</i> | Preferred | OTC |
| *MACROLIDE IMMUNOSUPPRESSANTS*** | | |
| <i>sirolimus oral solution 1 mg/ml</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>sirolimus oral tablet 0.5 mg, 2 mg</i> | Preferred | |
| <i>tacrolimus oral capsule 0.5 mg</i> | Preferred | QL (2 EA per 1 day) |
| <i>tacrolimus oral capsule 1 mg</i> | Preferred | QL (8 EA per 1 day) |
| <i>tacrolimus oral capsule 5 mg</i> | Preferred | QL (4 EA per 1 day) |
| *MAGNESIUM COMBINATIONS*** | | |
| <i>potassium & magnesium aspartat oral capsule 250-250 mg</i> | Preferred | OTC |
| <i>ra potassium/magnesium oral capsule 250-250 mg</i> | Preferred | OTC |
| BEELITH ORAL TABLET 362-20 MG (<i>magnesium oxide-pyridoxine hcl</i>) | Preferred | OTC |
| NU-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>) | Preferred | OTC |
| SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>) | Preferred | OTC |
| SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>) | Preferred | OTC |
| *MAGNESIUM*** | | |
| <i>cvs magnesium oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs magnesium oxide oral tablet 250 mg</i> | Preferred | OTC |
| <i>kp mag-oxide magnesium oral tablet 200 mg</i> | Preferred | OTC |
| <i>mag glycinate oral tablet 100 mg</i> | Preferred | OTC |
| <i>mag-g oral tablet 500 (27 mg) mg</i> | Preferred | OTC |
| <i>magnesium bisglycinate oral tablet 100 mg</i> | Preferred | OTC |
| <i>magnesium citrate oral capsule 125 mg</i> | Preferred | OTC |
| <i>magnesium citrate oral tablet 100 mg</i> | Preferred | OTC |
| <i>magnesium extra strength oral capsule 400 mg</i> | Preferred | OTC |
| <i>magnesium gluconate oral tablet 27.5 mg</i> | Preferred | OTC |
| <i>magnesium lactate oral tablet extended release 84 mg (7meq)</i> | Preferred | OTC |
| <i>magnesium oral tablet 200 mg, 250 mg, 30 mg, 400 mg</i> | Preferred | OTC |
| <i>magnesium oxide -mg supplement oral capsule 400 mg, 500 mg</i> | Preferred | OTC |
| <i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i> | Preferred | OTC |
| <i>mgo oral tablet 400 (240 mg) mg</i> | Preferred | OTC |
| <i>natrul magnesium oral tablet 250 mg</i> | Preferred | OTC |
| <i>ra magnesium oral capsule 500 mg</i> | Preferred | OTC |
| <i>ra natural magnesium oral tablet 250 mg</i> | Preferred | OTC |
| <i>sm magnesium oral tablet 250 mg</i> | Preferred | OTC |
| <i>sm magnesium oxide oral tablet 250 mg</i> | Preferred | OTC |
| MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (<i>magnesium chloride</i>) | Preferred | OTC |
| MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (<i>magnesium oxide</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------|
| MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML (<i>magnesium carbonate</i>) | Preferred | OTC |
| MAG-OXIDE ORAL TABLET 200 MG (<i>magnesium oxide</i>) | Preferred | OTC |
| MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ) (<i>magnesium lactate</i>) | Preferred | OTC |
| *MASKS*** | | |
| <i>breathe comfort protect shield</i> | Preferred | OTC |
| <i>cvs medical face masks earloop</i> | Preferred | OTC |
| <i>cvs procedural mask</i> | Preferred | OTC |
| <i>disposable face mask</i> | Preferred | OTC |
| <i>disposable face mask 3-ply</i> | Preferred | OTC |
| <i>ear-loop mask small</i> | Preferred | OTC |
| <i>face mask</i> | Preferred | OTC |
| <i>face mask earloop-style</i> | Preferred | OTC |
| <i>face mask resp n-100 part</i> | Preferred | |
| <i>face mask respirator r-95 part</i> | Preferred | |
| <i>face masks 3 layer non-medical</i> | Preferred | OTC |
| <i>kn95 disposable mask</i> | Preferred | OTC |
| <i>kn95 medical protective mask</i> | Preferred | OTC |
| <i>mask pediatric size 1"</i> | Preferred | OTC |
| <i>n95 face mask</i> | Preferred | OTC |
| <i>n95 parti respirator face mask</i> | Preferred | OTC |
| <i>pediatric medium mask</i> | Preferred | OTC |
| <i>pediatric small mask</i> | Preferred | OTC |
| <i>surgical face mask/niosh n95</i> | Preferred | |
| ACTEEV PROTECT FACE MASK (<i>masks</i>) | Preferred | OTC |
| CLEVER CHOICE DISPOSABLE MASK (<i>masks</i>) | Preferred | OTC |
| CLEVER CHOICE FACE MASK (<i>masks</i>) | Preferred | OTC |
| EASY FLOW KN 95 (<i>masks</i>) | Preferred | OTC |
| J & J GERM FILTER MASK (<i>masks</i>) | Preferred | OTC |
| NEXCARE ALL PURPOSE MASK (<i>masks</i>) | Preferred | OTC |
| NEXCARE EARLOOP MASK (<i>masks</i>) | Preferred | OTC |
| SAFE-SENSE EARLOOP FACE MASK (<i>masks</i>) | Preferred | |
| SHIELD-SECURE FULL FACE SHIELD (<i>masks</i>) | Preferred | OTC |
| *MEDICAL WASTE DISPOSAL SYSTEMS*** | | |
| <i>bd sharps container home</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>cvs needle collection/disposal</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sharps collector</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sharps container</i> | Preferred | OTC; QL (1 EA per 1 day) |
| <i>sharps disposal by mail system</i> | Preferred | OTC; QL (1 EA per 1 day) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|--------------------------|
| BD PHLEBOTOMY SHARPS COLLECTOR (<i>sharps container</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| BD SHARPS COLLECTOR (<i>sharps container</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| COMPLETE NEEDLE COLLECTION SYS (<i>sharps container</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| MONOJECT SHARPS CONTAINER (<i>sharps container</i>) | Preferred | QL (1 EA per 1 day) |
| ULTILET SHARPS CONTAINER 1QT (<i>sharps container</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| ULTILET SHARPS CONTAINER 2QT (<i>sharps container</i>) | Preferred | OTC; QL (1 EA per 1 day) |
| *MINERALOCORTICOIDS*** | | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | Preferred | |
| *MISC. ANTI-ULCER*** | | |
| <i>sucralfate oral suspension 1 gm/10ml</i> | Preferred | |
| <i>sucralfate oral tablet 1 gm</i> | Preferred | |
| *MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** | | |
| RELION GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>) | Preferred | OTC |
| TRUEPLUS GLUCOSE SHOT ORAL LIQUID (<i>glucose-cholecalciferol</i>) | Preferred | OTC |
| *MISC. NUTRITIONAL SUBSTANCES*** | | |
| <i>cvs fish oil half-the-size oral capsule 500 mg</i> | Preferred | OTC |
| <i>cvs fish oil oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>cvs fish oil oral capsule delayed release 1200 mg</i> | Preferred | OTC |
| <i>cvs natural fish oil oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>cvs omega-3 gummy fish oral tablet chewable 113.5 mg</i> | Preferred | OTC |
| <i>eql fish oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>eql omega 3 fish oil oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>eql omega 3 fish oil oral capsule delayed release 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>fish oil adult gummies oral tablet chewable 113.5 mg</i> | Preferred | OTC |
| <i>fish oil burp-less oral capsule 1000 mg, 1200 mg, 500 mg</i> | Preferred | OTC |
| <i>fish oil concentrate oral capsule 1000 mg, 435 mg</i> | Preferred | OTC |
| <i>fish oil double strength oral capsule 1200 mg</i> | Preferred | OTC |
| <i>fish oil extra strength oral capsule 1200 mg, 435 mg</i> | Preferred | OTC |
| <i>fish oil high potency oral capsule 1000 mg</i> | Preferred | OTC |
| <i>fish oil maximum strength oral capsule 1200 mg</i> | Preferred | OTC |
| <i>fish oil maximum strength oral capsule delayed release 1200 mg</i> | Preferred | OTC |
| <i>fish oil odor-less oral capsule 1200 mg</i> | Preferred | OTC |
| <i>fish oil omega-3 oral capsule 1000 mg</i> | Preferred | OTC |
| <i>fish oil oral capsule 1000 mg, 1200 mg, 435 mg, 500 mg</i> | Preferred | OTC |
| <i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>fish oil/super potent/no burp oral capsule 1000 mg</i> | Preferred | OTC |
| <i>gnp fish oil max st oral capsule delayed release 1200 mg</i> | Preferred | OTC |
| <i>gnp fish oil oral capsule 1000 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>gnp fish oil oral capsule delayed release 1000 mg</i> | Preferred | OTC |
| <i>hm fish oil oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>kp fish oil oral capsule 1200 mg</i> | Preferred | OTC |
| <i>kp omega-3 fish oil oral capsule 1200 mg</i> | Preferred | OTC |
| <i>kp omega-3 fish oil oral capsule delayed release 1200 mg</i> | Preferred | OTC |
| <i>maxepa oral capsule 1000 mg</i> | Preferred | OTC |
| <i>norwegian salmon oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>odorless coated fish oil oral capsule delayed release 1000 mg</i> | Preferred | OTC |
| <i>omega 3 oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>omega-3 cf oral capsule 1000 mg</i> | Preferred | OTC |
| <i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i> | Preferred | OTC |
| <i>omega-3 fish oil oral capsule 1000 mg, 1200 mg, 500 mg</i> | Preferred | OTC |
| <i>omega-3 oral capsule 1000 mg</i> | Preferred | OTC |
| <i>px fish oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>qc fish oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>ra fish oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>ra fish oil oral capsule delayed release 1000 mg</i> | Preferred | OTC |
| <i>sam-e.p.a. oral capsule 200-300 mg</i> | Preferred | OTC |
| <i>sb omega-3 fish oil oral capsule 1000 mg</i> | Preferred | OTC |
| <i>sm fish oil oral capsule 1000 mg, 1200 mg</i> | Preferred | OTC |
| <i>sm fish oil oral capsule delayed release 1000 mg</i> | Preferred | OTC |
| <i>sm omega-3 fish oil oral capsule 1200 mg</i> | Preferred | OTC |
| <i>sv fish oil oral capsule 500 mg</i> | Preferred | OTC |
| MAXIMUM EPA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| OMEGAPURE 600 EC ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| OMEGAPURE 820 ORAL CAPSULE 1250 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| OVEGA-3 ORAL CAPSULE 500 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| SEA-OMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| SUPER DHA GEMS ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| SUPER OMEGA-3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| THERAGRAN-M FISH OIL CONC ORAL CAPSULE 1200 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| THEROMEGA ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| ULTRA OMEGA 3 ORAL CAPSULE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |
| VITEYES OMEGA-3 VISION SUPPORT ORAL CAPSULE DELAYED RELEASE 1000 MG (<i>omega-3 fatty acids</i>) | Preferred | OTC |

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|--|------------------|---------------------|
| *MISC. RESPIRATORY INHALANTS*** | | |
| <i>sodium chloride inhalation nebulization solution 0.9 %</i> | Preferred | |
| *MISC. TOPICAL COMBINATIONS*** | | |
| <i>calamine external lotion 8-8 %</i> | Preferred | OTC |
| <i>calamine-zinc oxide external lotion , 8-8 %</i> | Preferred | OTC |
| <i>cvs multi-purpose external ointment 15.5-53.4 %</i> | Preferred | OTC |
| <i>gnp calamine external lotion 8-8 %</i> | Preferred | OTC |
| <i>meijer calamine external lotion</i> | Preferred | OTC |
| <i>moisture barrier external ointment 0.44-20.6 %</i> | Preferred | OTC |
| <i>px calamine external lotion</i> | Preferred | OTC |
| <i>sm calamine external lotion</i> | Preferred | OTC |
| <i>A+D FIRST AID EXTERNAL OINTMENT 15.5-53.4 % (lanolin-petrolatum)</i> | Preferred | OTC |
| <i>CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (menthol-zinc oxide)</i> | Preferred | OTC |
| <i>CALPROTECT EXTERNAL OINTMENT 0.44-20.6 % (menthol-zinc oxide)</i> | Preferred | OTC |
| <i>MEDPURA HYDROSEPTINE EXTERNAL OINTMENT 0.44-20.6 % (menthol-zinc oxide)</i> | Preferred | OTC |
| *MISC. TOPICAL*** | | |
| <i>cvs medicated wipes external pad 50 %</i> | Preferred | OTC |
| <i>cvs medicated witch hazel external pad 50 %</i> | Preferred | OTC |
| <i>eq hemorrhoidal external pad 50 %</i> | Preferred | OTC |
| <i>eq hygienic cleansing wipes external pad</i> | Preferred | OTC |
| <i>goodsense medicated external pad 50 %</i> | Preferred | OTC |
| <i>goodsense medicated wipes external pad 50 %</i> | Preferred | OTC |
| <i>hemorrhoidal external pad 50 %</i> | Preferred | OTC |
| <i>hemorrhoidal hygiene external pad 50 %</i> | Preferred | OTC |
| <i>hm medicated cooling external pad 50 %</i> | Preferred | OTC |
| <i>medicated pads external pad 50 %</i> | Preferred | OTC |
| <i>medicated wipes external pad 50 %</i> | Preferred | OTC |
| <i>medi-pads external pad 50 %</i> | Preferred | OTC |
| <i>pre-moistened witch hazel external pad 50 %</i> | Preferred | OTC |
| <i>qc medicated pads external pad</i> | Preferred | OTC |
| <i>qc medicated pre-moistened external pad 50 %</i> | Preferred | OTC |
| <i>qc medicated wipes external pad</i> | Preferred | OTC |
| <i>ra medicated wipes external pad 50 %</i> | Preferred | OTC |
| <i>sm medicated wipes external pad 50 %</i> | Preferred | OTC |
| <i>B-SURE WITCH HAZEL EXTERNAL PAD 50 % (witch hazel)</i> | Preferred | OTC |
| <i>PREPARATION H EXTERNAL PAD 50 % (witch hazel)</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| PREPARATION H FOR WOMEN EXTERNAL PAD 20 % (<i>witch hazel</i>) | Preferred | OTC |
| PREPARATION H SOOTHING RELIEF EXTERNAL PAD 20 % (<i>witch hazel</i>) | Preferred | OTC |
| PREPARATION H TOTABLES WIPES EXTERNAL PAD 50 % (<i>witch hazel</i>) | Preferred | OTC |
| TN DICKINSONS WITCH HAZEL EXTERNAL PAD , 50 % (<i>witch hazel</i>) | Preferred | OTC |
| *MITOTIC INHIBITORS*** | | |
| <i>etoposide oral capsule 50 mg</i> | Preferred | |
| *MIXED ADRENERGICS*** | | |
| ASTHMANEFRIN REFILL INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>) | Preferred | OTC |
| S2 (RACEPINEPHRINE) INHALATION NEBULIZATION SOLUTION 2.25 % (<i>racepinephrine hcl</i>) | Preferred | OTC |
| *MUCOLYTICS*** | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | Preferred | |
| *MULTIPLE VITAMINS W/ IRON*** | | |
| <i>daily vite multivitamin/iron oral tablet</i> | Preferred | OTC |
| <i>multiple vitamins/iron oral tablet</i> | Preferred | OTC |
| <i>multivitamin plus iron adult oral tablet</i> | Preferred | OTC |
| <i>multi-vitamin/iron oral tablet</i> | Preferred | OTC |
| <i>nat-rul daily-vite+iron oral tablet</i> | Preferred | OTC |
| <i>one daily multivitamin/iron oral tablet</i> | Preferred | OTC |
| <i>one-daily multi-vitamin/iron oral tablet</i> | Preferred | OTC |
| <i>one-daily/iron oral tablet</i> | Preferred | OTC |
| <i>qc daily multivitamins/iron oral tablet</i> | Preferred | OTC |
| <i>sm multiple vitamins/iron oral tablet</i> | Preferred | OTC |
| <i>stress b complex/iron oral tablet</i> | Preferred | OTC |
| <i>stress formula/iron oral tablet</i> | Preferred | OTC |
| <i>tab-a-vite/iron oral tablet</i> | Preferred | OTC |
| TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>) | Preferred | OTC |
| *MULTIPLE VITAMINS W/ MINERALS*** | | |
| <i>50+ adult eye health oral capsule</i> | Preferred | OTC |
| <i>a thru z advanced adult oral tablet</i> | Preferred | OTC |
| <i>a thru z advanced oral tablet</i> | Preferred | OTC |
| <i>a thru z high potency oral tablet</i> | Preferred | OTC |
| <i>a thru z select 50+ advanced oral tablet</i> | Preferred | OTC |
| <i>a thru z select 50+ mens oral tablet</i> | Preferred | OTC |
| <i>a thru z select advanced oral tablet</i> | Preferred | OTC |
| <i>a thru z select oral tablet</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>a thru z select oral tablet chewable</i> | Preferred | OTC |
| <i>a thru z select ultimate women oral tablet</i> | Preferred | OTC |
| <i>a thru z ultimate mens oral tablet</i> | Preferred | OTC |
| <i>actical oral capsule</i> | Preferred | OTC |
| <i>adult one daily gummies oral tablet chewable</i> | Preferred | OTC |
| <i>advanced eye health oral capsule</i> | Preferred | OTC |
| <i>antioxidant a/c/e/selenium oral tablet</i> | Preferred | OTC |
| <i>antioxidant formula/minerals oral capsule</i> | Preferred | OTC |
| <i>antioxidant oral capsule</i> | Preferred | OTC |
| <i>antioxidant vitamins oral tablet</i> | Preferred | OTC |
| <i>biocel oral tablet</i> | Preferred | |
| <i>body/hair/skin/nails oral capsule</i> | Preferred | OTC |
| <i>b-plex plus oral tablet</i> | Preferred | |
| <i>centavite a-z complete-mineral oral tablet</i> | Preferred | OTC |
| <i>centravites 50 plus oral tablet</i> | Preferred | OTC |
| <i>centravites oral tablet</i> | Preferred | OTC |
| <i>century mature oral tablet</i> | Preferred | OTC |
| <i>century oral tablet</i> | Preferred | OTC |
| <i>companion oral tablet</i> | Preferred | OTC |
| <i>complete multivitamin/mineral oral liquid</i> | Preferred | OTC |
| <i>coral calcium plus oral capsule</i> | Preferred | OTC |
| <i>cvs daily gummies adult oral tablet chewable</i> | Preferred | OTC |
| <i>cvs daily gummies oral tablet chewable</i> | Preferred | OTC |
| <i>cvs daily multiple for men oral tablet</i> | Preferred | OTC |
| <i>cvs daily multiple women 50+ oral tablet</i> | Preferred | OTC |
| <i>cvs eye health & lutein oral tablet</i> | Preferred | OTC |
| <i>cvs mens daily gummies oral tablet chewable</i> | Preferred | OTC |
| <i>cvs one daily essential oral tablet</i> | Preferred | OTC |
| <i>cvs one daily mens formula oral tablet</i> | Preferred | OTC |
| <i>cvs one daily womens formula oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite adult 50+ oral tablet chewable</i> | Preferred | OTC |
| <i>cvs spectravite advanced oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite men 50+ oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite men oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite senior oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite ultra mens oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite women 50+ oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite women oral tablet</i> | Preferred | OTC |
| <i>cvs spectravite women oral tablet chewable</i> | Preferred | OTC |
| <i>cvs spectravite womens senior oral tablet</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>cvs womens active daily oral tablet</i> | Preferred | OTC |
| <i>cvs womens daily gummies oral tablet chewable</i> | Preferred | OTC |
| <i>daily betic oral tablet</i> | Preferred | OTC |
| <i>daily combo multi vitamins oral tablet</i> | Preferred | OTC |
| <i>daily multiple vitamins/min oral tablet</i> | Preferred | OTC |
| <i>daily multivitamin oral capsule</i> | Preferred | OTC |
| <i>dekas bariatric oral tablet chewable</i> | Preferred | OTC |
| <i>diabetes health formula oral tablet</i> | Preferred | OTC |
| <i>dialyvite 800/ultra d oral tablet</i> | Preferred | OTC |
| <i>eq complete multivit adult 50+ oral tablet</i> | Preferred | OTC |
| <i>eq multivitamins adult gummy oral tablet chewable</i> | Preferred | OTC |
| <i>eq one daily womens health oral tablet</i> | Preferred | OTC |
| <i>eq vision formula 50+ oral capsule</i> | Preferred | OTC |
| <i>eql century mature men 50+ oral tablet</i> | Preferred | OTC |
| <i>eql century mature oral tablet</i> | Preferred | OTC |
| <i>eql century mature women 50+ oral tablet</i> | Preferred | OTC |
| <i>eql century oral tablet</i> | Preferred | OTC |
| <i>eql one daily adult gummies oral tablet chewable</i> | Preferred | OTC |
| <i>eql one daily mens 50+ advance oral tablet</i> | Preferred | OTC |
| <i>eql one daily mens health oral tablet</i> | Preferred | OTC |
| <i>eql one daily womens 50+ adv oral tablet</i> | Preferred | OTC |
| <i>eql vision formula oral tablet</i> | Preferred | OTC |
| <i>essential balance oral tablet</i> | Preferred | OTC |
| <i>gerivite complete oral tablet</i> | Preferred | OTC |
| <i>glucoten oral capsule</i> | Preferred | OTC |
| <i>gnp century mature women's 50+ oral tablet</i> | Preferred | OTC |
| <i>gnp hair/skin/nails oral tablet</i> | Preferred | OTC |
| <i>gnp healthy eyes oral tablet</i> | Preferred | OTC |
| <i>gnp healthy eyes supervision 2 oral capsule</i> | Preferred | OTC |
| <i>gnp mega multi for men oral tablet</i> | Preferred | OTC |
| <i>gnp mega multi for women oral tablet</i> | Preferred | OTC |
| <i>gnp one daily mens health 50+ oral tablet</i> | Preferred | OTC |
| <i>gnp one daily mens/lycopene oral tablet</i> | Preferred | OTC |
| <i>gnp one daily womens 50+ oral tablet</i> | Preferred | OTC |
| <i>gnp one daily womens oral tablet</i> | Preferred | OTC |
| <i>gnp therapeutic-m oral tablet</i> | Preferred | OTC |
| <i>hair skin and nails formula oral tablet</i> | Preferred | OTC |
| <i>hair skin nails oral capsule</i> | Preferred | OTC |
| <i>hair/skin/nails oral tablet</i> | Preferred | OTC |
| <i>healthy eyes oral tablet</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>healthy eyes/lutein-zeaxanthin oral capsule</i> | Preferred | OTC |
| <i>hi-kovite 2-part formula oral tablet</i> | Preferred | OTC |
| <i>hm complete women oral tablet</i> | Preferred | OTC |
| <i>hm womens 50+ advanced daily oral tablet</i> | Preferred | OTC |
| <i>immune support oral tablet chewable</i> | Preferred | OTC |
| <i>i-vite oral tablet</i> | Preferred | OTC |
| <i>kp adults 50+ daily formula oral tablet</i> | Preferred | OTC |
| <i>kp adults daily formula oral tablet</i> | Preferred | OTC |
| <i>kp mens 50+ daily formula oral tablet</i> | Preferred | OTC |
| <i>kp mens daily formula oral tablet</i> | Preferred | OTC |
| <i>kp womens 50+ daily formula oral tablet</i> | Preferred | OTC |
| <i>kp womens daily formula oral tablet</i> | Preferred | OTC |
| <i>maximum daily green oral tablet</i> | Preferred | OTC |
| <i>meijer advanced formula oral tablet</i> | Preferred | OTC |
| <i>mens daily formula/lycopene oral capsule</i> | Preferred | OTC |
| <i>mens multivitamin oral tablet chewable</i> | Preferred | OTC |
| <i>multi + omega-3 adult gummies oral tablet chewable</i> | Preferred | OTC |
| <i>multi adult gummies oral tablet chewable</i> | Preferred | OTC |
| <i>multi complete/iron oral tablet</i> | Preferred | OTC |
| <i>multi for her 50+ oral capsule</i> | Preferred | OTC |
| <i>multi for her 50+ oral tablet</i> | Preferred | OTC |
| <i>multi for her oral capsule</i> | Preferred | OTC |
| <i>multi for her oral tablet</i> | Preferred | OTC |
| <i>multi for him 50+ oral tablet</i> | Preferred | OTC |
| <i>multi vitamin/minerals oral tablet</i> | Preferred | OTC |
| <i>multiple vit/minerals/no iron oral tablet</i> | Preferred | OTC |
| <i>multiple vitamins/womens oral tablet</i> | Preferred | OTC |
| <i>multipro oral capsule</i> | Preferred | |
| <i>multivit/multimineral adult oral liquid</i> | Preferred | OTC |
| <i>multivitamin & mineral oral liquid</i> | Preferred | OTC |
| <i>multivitamin adults 50+ oral tablet</i> | Preferred | OTC |
| <i>multivitamin adults oral tablet</i> | Preferred | OTC |
| <i>multivitamin gummies adult oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin gummies mens oral tablet chewable</i> | Preferred | OTC |
| <i>multi-vitamin gummies oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin gummies womens oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin men 50+ oral tablet</i> | Preferred | OTC |
| <i>multivitamin oral liquid</i> | Preferred | OTC |
| <i>multivitamin women 50+ oral tablet</i> | Preferred | OTC |
| <i>multivitamin women oral tablet</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>multivitamin womens 50+ adv oral tablet</i> | Preferred | OTC |
| <i>multi-vitamin/minerals oral tablet</i> | Preferred | OTC |
| <i>mvw hi-d adek gummies oral tablet chewable</i> | Preferred | OTC |
| <i>myamulti oral tablet</i> | Preferred | OTC |
| <i>ocutabs oral tablet</i> | Preferred | OTC |
| <i>ocutabs-lutein oral tablet</i> | Preferred | OTC |
| <i>one daily 50 plus oral tablet</i> | Preferred | OTC |
| <i>one daily calcium/iron oral tablet</i> | Preferred | OTC |
| <i>one daily complete for men oral tablet</i> | Preferred | OTC |
| <i>one daily complete oral tablet</i> | Preferred | OTC |
| <i>one daily for men 50+ advanced oral tablet</i> | Preferred | OTC |
| <i>one daily for men/lycopene oral tablet</i> | Preferred | OTC |
| <i>one daily for women 50+ adv oral tablet</i> | Preferred | OTC |
| <i>one daily for women oral tablet</i> | Preferred | OTC |
| <i>one daily healthy weight adv oral tablet</i> | Preferred | OTC |
| <i>one daily healthy weight oral tablet</i> | Preferred | OTC |
| <i>one daily maximum oral tablet</i> | Preferred | OTC |
| <i>one daily mens 50+ multivit oral tablet</i> | Preferred | OTC |
| <i>one daily mens 50+/lycopene oral tablet</i> | Preferred | OTC |
| <i>one daily mens health oral tablet</i> | Preferred | OTC |
| <i>one daily mens oral tablet</i> | Preferred | OTC |
| <i>one daily multivit/iron-free oral tablet</i> | Preferred | OTC |
| <i>one daily multivitamin men oral tablet</i> | Preferred | OTC |
| <i>one daily multivitamin women oral tablet</i> | Preferred | OTC |
| <i>one daily womens 50 plus oral tablet</i> | Preferred | OTC |
| <i>one daily womens 50+ oral tablet</i> | Preferred | OTC |
| <i>one daily womens oral tablet</i> | Preferred | OTC |
| <i>one daily/minerals oral tablet</i> | Preferred | OTC |
| <i>one-daily multi-vit/mineral oral tablet</i> | Preferred | OTC |
| <i>optic-vites oral tablet</i> | Preferred | OTC |
| <i>optic-vites with lutein oral tablet</i> | Preferred | OTC |
| <i>optimum airvites oral tablet chewable</i> | Preferred | OTC |
| <i>optimum pms oral tablet</i> | Preferred | OTC |
| <i>prevent oral capsule</i> | Preferred | OTC |
| <i>px advanced formula multivits oral tablet</i> | Preferred | OTC |
| <i>px complete senior multivits oral tablet</i> | Preferred | OTC |
| <i>px mens multivitamins oral tablet</i> | Preferred | OTC |
| <i>qc daily multivit/multimineral oral tablet</i> | Preferred | OTC |
| <i>qc hair skin & nails oral tablet</i> | Preferred | OTC |
| <i>qc mens daily multivitamin oral tablet</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>qc multi-vite 50 & over oral tablet</i> | Preferred | OTC |
| <i>qc therin-m oral tablet</i> | Preferred | OTC |
| <i>qc womens daily multivitamin oral tablet</i> | Preferred | OTC |
| <i>quintabs-m oral tablet</i> | Preferred | OTC |
| <i>ra central-vite mens mature oral tablet</i> | Preferred | OTC |
| <i>ra central-vite womens mature oral tablet</i> | Preferred | OTC |
| <i>ra one daily maximum oral tablet</i> | Preferred | OTC |
| <i>ra one daily mens 50+ w/vit d3 oral tablet</i> | Preferred | OTC |
| <i>ra one daily mens multi oral tablet</i> | Preferred | OTC |
| <i>ra one daily mens/vit d-3 oral tablet</i> | Preferred | OTC |
| <i>senior tabs oral tablet</i> | Preferred | OTC |
| <i>sentry senior oral tablet</i> | Preferred | OTC |
| <i>sm antioxidant vitamins oral tablet</i> | Preferred | OTC |
| <i>sm complete 50+ oral tablet</i> | Preferred | OTC |
| <i>sm complete 50+ ultimate mens oral tablet</i> | Preferred | OTC |
| <i>sm complete 50+ ultimate women oral tablet</i> | Preferred | OTC |
| <i>sm complete advanced formula oral tablet</i> | Preferred | OTC |
| <i>sm complete oral tablet</i> | Preferred | OTC |
| <i>sm complete senior formula oral tablet</i> | Preferred | OTC |
| <i>sm daily diet support oral tablet</i> | Preferred | OTC |
| <i>sm hair/skin/nails oral tablet</i> | Preferred | OTC |
| <i>sm opti-vitamins oral tablet</i> | Preferred | OTC |
| <i>stress b complex/antioxid/zinc oral tablet</i> | Preferred | OTC |
| <i>super antioxidants protector oral capsule</i> | Preferred | OTC |
| <i>super aytinal 50 plus oral tablet</i> | Preferred | OTC |
| <i>super aytinal oral tablet</i> | Preferred | OTC |
| <i>super multiple oral tablet</i> | Preferred | OTC |
| <i>super thera vite m oral tablet</i> | Preferred | OTC |
| <i>super vita-mins oral tablet</i> | Preferred | OTC |
| <i>thera vital m oral tablet</i> | Preferred | OTC |
| <i>thera vital-m oral tablet</i> | Preferred | OTC |
| <i>therabasic-m oral tablet</i> | Preferred | OTC |
| <i>therapeutic formula/hematinics oral tablet</i> | Preferred | OTC |
| <i>therapeutic-m oral tablet</i> | Preferred | OTC |
| <i>therapeutic-m/lutein oral tablet</i> | Preferred | OTC |
| <i>tropical liquid nutrition oral liquid</i> | Preferred | OTC |
| <i>ultra freeda oral tablet</i> | Preferred | OTC |
| <i>ultra freeda/iron oral tablet</i> | Preferred | OTC |
| <i>ultra multi formula/iron oral capsule</i> | Preferred | OTC |
| <i>v-c forte oral capsule</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>vision formula 2 oral capsule</i> | Preferred | OTC |
| <i>vision formula/lutein oral tablet</i> | Preferred | OTC |
| <i>vision plus oral capsule</i> | Preferred | OTC |
| <i>vision vitamins oral tablet</i> | Preferred | OTC |
| <i>vita hair oral tablet</i> | Preferred | OTC |
| <i>vitabasic complete oral tablet</i> | Preferred | OTC |
| <i>vitabasic senior oral tablet</i> | Preferred | OTC |
| <i>vitachew adult multi vitamin oral tablet chewable</i> | Preferred | OTC |
| <i>vita-min oral capsule</i> | Preferred | OTC |
| <i>vitamins a-d-e/selenium oral tablet</i> | Preferred | OTC |
| <i>vitatrum oral tablet chewable</i> | Preferred | OTC |
| <i>womens 50+ advanced oral capsule</i> | Preferred | OTC |
| <i>womens daily form/fa/ca/fe oral tablet</i> | Preferred | OTC |
| <i>womens daily formula oral tablet</i> | Preferred | OTC |
| <i>womens multi gummies oral tablet chewable</i> | Preferred | OTC |
| <i>womens multi oral capsule</i> | Preferred | OTC |
| <i>womens multivitamin + collagen oral tablet chewable</i> | Preferred | OTC |
| <i>womens multivitamin oral tablet</i> | Preferred | OTC |
| ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ADVANCED MULTI EA ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| AIRBORNE GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| AIRBORNE KIDS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| AIRBORNE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| AIRBORNE+GOOD REST ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| AIRBORNE+PROBIOTIC ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ALIVE WOMENS 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| AMORYN MOOD BOOSTER ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| BARIATRIC FUSION ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| BPROTECTED MULTI-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM ADULTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM SILVER ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CENTRUM VITAMINTS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | |
| CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| CVS AIRSHIELD ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| DEKAS PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| EYE VITAMINS ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ICAPS MV ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| KP VISION FORMULA/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| <i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet) | Preferred | |
| MACULAR HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MULTI COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MULTI FOR HIM ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| <i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet) | Preferred | |
| OCUVITE EXTRA ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| OCUVITE EYE + MULTI ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| OCUVITE-LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ONE A DAY IMMUNITY DEFENSE ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY MENS VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY VITACRAVES ADULT ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY VITACRAVES SOUR ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| OSTEOPRIME ULTRA ORAL TABLET (multiple vitamins- minerals) | Preferred | OTC |
| PRESERVISION AREDS 2 ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| PROSIGHT ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| RENAPLEX ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| STRESSSTABS ADVANCED ORAL TABLET (multiple vitamins- minerals) | Preferred | OTC |
| SYSTANE ICAPS AREDS2 ORAL CAPSULE (multiple vitamins- minerals) | Preferred | OTC |
| SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (multiple vitamins-minerals) | Preferred | OTC |
| THERADEX M ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| THERADEX M/BETA CAROTENE ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET (multiple vitamins-minerals) | Preferred | OTC |
| THERATRUM COMPLETE ORAL TABLET (multiple vitamins- minerals) | Preferred | OTC |
| THRIVE FOR LIFE WOMENS ORAL TABLET (multiple vitamins- minerals) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| <i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule) | Preferred | |
| <i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet) | Preferred | |
| <i>multiple vitamins-minerals</i> (Vitacel Oral Tablet) | Preferred | |
| VITATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| VITEYES COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| VITRUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| WAL-BORN VITAMIN C ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| YUMVS MULTI ZERO ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>) | Preferred | OTC |
| *MULTIVITAMINS*** | | |
| <i>anti-oxidant oral tablet</i> | Preferred | OTC |
| <i>daily multiple vitamins oral tablet</i> | Preferred | OTC |
| <i>daily value multivitamin oral tablet</i> | Preferred | OTC |
| <i>daily vitamins oral tablet</i> | Preferred | OTC |
| <i>daily vite oral tablet</i> | Preferred | OTC |
| <i>daily vites oral tablet</i> | Preferred | OTC |
| <i>daily-vite multivitamin oral tablet</i> | Preferred | OTC |
| <i>daily-vite oral tablet</i> | Preferred | OTC |
| <i>gnp essential one daily oral tablet</i> | Preferred | OTC |
| <i>healthy hair/skin/nails oral tablet</i> | Preferred | OTC |
| <i>multiple vitamin-folic acid oral tablet</i> | Preferred | OTC |
| <i>multiple vitamins essential oral tablet</i> | Preferred | OTC |
| <i>multiple vitamins oral tablet</i> | Preferred | OTC |
| <i>multivitamin adult oral tablet</i> | Preferred | OTC |
| <i>multivitamin iron-free oral tablet</i> | Preferred | OTC |
| <i>multi-vitamin oral tablet</i> | Preferred | OTC |
| <i>once daily oral tablet</i> | Preferred | OTC |
| <i>one daily multivitamin adult oral tablet</i> | Preferred | OTC |
| <i>one daily oral tablet</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>one-daily multi vitamins oral tablet</i> | Preferred | OTC |
| <i>one-daily multi-vitamin oral tablet</i> | Preferred | OTC |
| <i>qc essentials oral tablet</i> | Preferred | OTC |
| <i>sm multiple vitamins essential oral tablet</i> | Preferred | OTC |
| <i>stress formula oral tablet</i> | Preferred | OTC |
| <i>thera-tabs oral tablet</i> | Preferred | OTC |
| <i>vit e-vit c-beta carotene oral tablet 200-250-5000</i> | Preferred | OTC |
| <i>vitalee oral tablet</i> | Preferred | OTC |
| ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>) | Preferred | OTC |
| STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>) | Preferred | OTC |
| TAB-A-VITE ORAL TABLET (<i>multiple vitamin</i>) | Preferred | OTC |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>) | Preferred | OTC |
| *NASAL AGENTS - MISC.*** | | |
| <i>altamist spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>cvs nasal mist nasal aerosol solution 0.9 %, 3 %</i> | Preferred | OTC |
| <i>cvs saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>deep sea nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>eq saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>eql saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>gnp nasal moisturizing nasal solution 0.65 %</i> | Preferred | OTC |
| <i>meijer saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>nasal moisturizing spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>px saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>qc saline nasal relief nasal solution 0.65 %</i> | Preferred | OTC |
| <i>qc saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>ra saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>ra sterile saline nasal mist nasal solution 0.9 %</i> | Preferred | OTC |
| <i>saline mist spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>saline nasal gel</i> | Preferred | OTC |
| <i>saline nasal spray nasal solution 0.65 %</i> | Preferred | OTC |
| <i>sb saline nose nasal solution 0.65 %</i> | Preferred | OTC |
| <i>sm nasal spray saline nasal solution 0.65 %</i> | Preferred | OTC |
| AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |
| AYR NASAL MIST ALLERGY/SINUS NASAL SOLUTION 2.65 % (<i>saline</i>) | Preferred | OTC |
| AYR NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |
| AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |
| AYR SALINE NASAL NASAL GEL (<i>saline</i>) | Preferred | OTC |
| AYR SALINE NASAL NO-DRIP NASAL GEL (<i>saline</i>) | Preferred | OTC |
| BABY AYR SALINE NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| NASAL MOIST NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |
| NASOGEL NASAL GEL (<i>saline</i>) | Preferred | OTC |
| OCEAN FOR KIDS NASAL SOLUTION 0.65 % (<i>saline</i>) | Preferred | OTC |
| SIMPLY SALINE NASAL AEROSOL SOLUTION 0.9 % (<i>saline</i>) | Preferred | OTC |
| *NASAL MAST CELL STABILIZERS*** | | |
| <i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i> | Preferred | OTC |
| *NASAL STEROIDS*** | | |
| FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (<i>fluticasone furoate</i>) | Preferred | OTC |
| *NATURAL PENICILLINS*** | | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | Preferred | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Preferred | |
| *NEEDLES & SYRINGES*** | | |
| <i>1st tier unifine pentips 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>1st tier unifine pentips plus 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aum mini insulin pen needle 32g x 5 mm , 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aum pen needle 32g x 5 mm , 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>careone unifine pentips plus 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>carepoint poly hub needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i> | Preferred | |
| <i>carepoint poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i> | Preferred | Max 90-day supply per fill |
| <i>carepoint safety 1st needle 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i> | Preferred | |
| <i>carepoint safety 1st needle 25g x 5/8"</i> | Preferred | Max 90-day supply per fill |
| <i>carepoint syringe luer lock 1 ml</i> | Preferred | |
| <i>carepoint syringe luer slip 1 ml</i> | Preferred | |
| <i>carepoint tuberculn syr/luer sl 25g x 5/8" 1 ml</i> | Preferred | OTC |
| <i>easy comfort pen needles 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>easy glide pen needles 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>easy glide slip lock syringe 1 ml</i> | Preferred | OTC |
| <i>hypodermic needle 18g x 1" , 18g x 1-1/2" , 20g x 1" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1-1/2" , 27g x 1-1/2"</i> | Preferred | OTC |
| <i>hypodermic needle 25g x 5/8" , 27g x 1/2"</i> | Preferred | OTC; Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---------------------------------|
| <i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>insupen pen needles 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>kmart valu insulin syringe 29g u-100 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>kmart valu insulin syringe 30g u-100 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>kroger pen needles 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>pen needles 30g x 5 mm</i> | Preferred | Max 90-day supply per fill |
| <i>pen needles 30g x 8 mm , 32g x 5 mm , 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>poly hub needle 18g x 1" , 18g x 1-1/2" , 22g x 1" , 22g x 1-1/2" , 23g x 1" , 23g x 1-1/2" , 25g x 1" , 25g x 1-1/2"</i> | Preferred | OTC |
| <i>poly hub needle 25g x 5/8" , 27g x 1/2" , 30g x 1/2"</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>pro comfort pen needles 32g x 5 mm</i> | Preferred | Max 90-day supply per fill |
| <i>pure comfort pen needle 32g x 5 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>safety pen needles 30g x 5 mm , 30g x 8 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i> | Preferred | Max 90-day supply per fill |
| <i>sure comfort pen needles 30g x 8 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>syringe luer lock 20g x 1" 10 ml, 20g x 1" 3 ml, 21g x 1" 3 ml, 21g x 1-1/2" 3 ml, 22g x 1" 3 ml, 22g x 1-1/2" 3 ml, 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 1" 3 ml, 25g x 1-1/2" 3 ml, 25g x 5/8" 3 ml</i> | Preferred | OTC |
| <i>syringe luer slip 1 ml</i> | Preferred | OTC |
| <i>techlite insulin syringe 29g x 1/2" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 29g x 1/2" 0.5 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 29g x 1/2" 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 30g x 1/2" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 30g x 1/2" 0.5 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 30g x 1/2" 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 30g x 5/16" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 30g x 5/16" 0.5 ml</i> | Preferred | OTC; Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|---------------------------------|
| <i>techlite insulin syringe 30g x 5/16" 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 15/64" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 15/64" 0.5 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 15/64" 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 5/16" 0.3 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 5/16" 0.5 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>techlite insulin syringe 31g x 5/16" 1 ml</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>true comfort pro pen needles 32g x 5 mm , 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ultracare pen needles 32g x 5 mm , 33g x 4 mm</i> | Preferred | OTC; Max 90-day supply per fill |
| ABOUTTIME PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD ALLERGY SYRINGE 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD BLUNT FILL NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD BLUNT FILTER NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD DISP NEEDLE 23G X 1" , 25G X 1" (<i>needle (disp)</i>) | Preferred | OTC |
| BD DISP NEEDLES 18G X 1-1/2" , 20G X 1" , 22G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD DISP NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD ECLIPSE NEEDLE 25G X 1" (<i>needle (disp)</i>) | Preferred | |
| BD ECLIPSE NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD ECLIPSE SYRINGE 21G X 1" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD FILTER NEEDLE/5 MICRON (<i>needles & syringes</i>) | Preferred | OTC |
| BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>) | Preferred | Max 90-day supply per fill |
| BD INTEGRA NEEDLE 23G X 1" (<i>needle (disp)</i>) | Preferred | OTC |
| BD INTEGRA SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD NOKOR ADMIX NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD PLASTIPAK SYRINGE 21G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| BD SAFETYGLIDE NEEDLE 18G X 1-1/2" , 25G X 1" (<i>needle (disp)</i>) | Preferred | OTC |
| BD SAFETYGLIDE NEEDLE 21G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD SAFETYGLIDE NEEDLE 25G X 5/8" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1" (<i>needle (disp)</i>) | Preferred | OTC |
| BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD SYRINGE LUER-LOK 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| BD SYRINGE SLIP TIP 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| BD SYRINGE SLIP TIP 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| BD TB SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| CAREFINE PEN NEEDLES 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | |
| CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | |
| CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| CARETOUCH LUER LOCK 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| CARETOUCH LUER LOCK 23G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| CARETOUCH LUER SLIP 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| CARETOUCH PEN NEEDLES 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| CLEVER CHOICE COMFORT EZ 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| COMFORT EZ PEN NEEDLES 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| DROPLET PEN NEEDLES 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY GLIDE LUER LOCK SYRINGE 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" , 30G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY TOUCH PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 32G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| EASY TOUCH SYRINGE BARREL 10ML (<i>needles & syringes</i>) | Preferred | OTC |
| EASY TOUCH SYRINGE BARREL 1ML (<i>needles & syringes</i>) | Preferred | OTC |
| EASY TOUCH SYRINGE BARREL 3ML (<i>needles & syringes</i>) | Preferred | OTC |
| EASY TOUCH SYRINGE BARREL 5ML (<i>needles & syringes</i>) | Preferred | OTC |
| EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| EASYPOINT NEEDLE 25G X 5/8" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| INSUPEN ULTRAFIN 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| MICRODOT PEN NEEDLE 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| MONOJECT FILTER ASPIRATOR (<i>needles & syringes</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| MONOJECT HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 27G X 1-1/2" (<i>needle (disp)</i>) | Preferred | |
| MONOJECT HYPODERMIC NEEDLE 25G X 5/8" , 27G X 1/2" (<i>needle (disp)</i>) | Preferred | Max 90-day supply per fill |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>) | Preferred | Max 90-day supply per fill |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 20G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" (<i>needle (disp)</i>) | Preferred | |
| MONOJECT MAGELLAN SAFETY NDL 25G X 5/8" (<i>needle (disp)</i>) | Preferred | Max 90-day supply per fill |
| MONOJECT MAGELLAN SYRINGE 20G X 1" 3 ML, 22G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | |
| MONOJECT PHARMACY TRAY 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| MONOJECT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | |
| MONOJECT SYRINGE 22G X 1" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| MONOJECT SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| MONOJECT SYRINGE PHARMACY TRAY 1 ML (<i>syringe (disposable)</i>) | Preferred | |
| MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | |
| MONOJECT TB SYRINGE 1 ML (<i>syringe (disposable)</i>) | Preferred | OTC |
| MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| MONOJECT TB SYRINGE 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | |
| NOKOR VENTED NEEDLE 18G X 1" (<i>needle (disp)</i>) | Preferred | OTC |
| NORM-JECT LUER SLIP SYRINGE 1 ML (<i>syringe (disposable)</i>) | Preferred | |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| SECURESAFE HYPODERMIC NEEDLE 22G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>) | Preferred | OTC |
| SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" (<i>needle (disp)</i>) | Preferred | OTC; Max 90-day supply per fill |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| TECHLITE PEN NEEDLES 29G X 10MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PEN NEEDLES 32G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------------------|
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| TRUEPLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML (<i>insulin syringe-needle u-100</i>) | Preferred | OTC; Max 90-day supply per fill |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| ULTICARE SYRINGE 22G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |
| ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| UNIFINE PENTIPS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| UNIFINE PENTIPS PLUS 30G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM (<i>insulin pen needle</i>) | Preferred | OTC; Max 90-day supply per fill |
| VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| VANISHPOINT SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>) | Preferred | OTC |
| VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--|
| *NIACIN W/ INOSITOL*** | | |
| <i>cvs niacin flush free oral capsule 400-100 mg</i> | Preferred | OTC |
| <i>gnp niacin flush free oral capsule 400-100 mg</i> | Preferred | OTC |
| <i>niacin flush free oral capsule 400-100 mg</i> | Preferred | OTC |
| <i>no flush niacin oral capsule 400-100 mg</i> | Preferred | OTC |
| *NIT REMOVERS*** | | |
| LICEMD EXTERNAL GEL (<i>nit remover</i>) | Preferred | OTC |
| LICEOUT EXTERNAL GEL (<i>nit remover</i>) | Preferred | OTC |
| LYCELLE EXTERNAL GEL (<i>nit remover</i>) | Preferred | OTC |
| MEDI-LICE COMBING EXTERNAL GEL (<i>nit remover</i>) | Preferred | OTC |
| STOP LICE STEP 2 EXTERNAL GEL (<i>nit remover</i>) | Preferred | OTC |
| *NITRATES*** | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | Preferred | QL (12 EA per 1 day); Max 90-day supply per fill |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | Preferred | QL (2 EA per 1 day); Max 90-day supply per fill |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr</i> | Preferred | QL (1 EA per 1 day); Max 90-day supply per fill |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>) | Preferred | QL (4 GM per 1 day); Max 90-day supply per fill |
| *NITROGEN MUSTARDS AND RELATED ANALOGUES*** | | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Preferred | PA |
| <i>melphalan oral tablet 2 mg</i> | Preferred | |
| LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>) | Preferred | |
| *NON-NARC ANTITUSSIVE-ANALGESIC*** | | |
| TYLENOL CHILDRENS COLD/COUGH ORAL SUSPENSION 160-5 MG/5ML (<i>acetaminophen-dm</i>) | Preferred | OTC |
| *NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** | | |
| <i>capron dm oral liquid 7.5-7.5 mg/5ml</i> | Preferred | OTC |
| <i>cough & cold hbp oral tablet 4-30 mg</i> | Preferred | OTC |
| <i>cough & cold oral tablet 4-30 mg</i> | Preferred | OTC |
| <i>cvs cough & cold hbp oral tablet 4-30 mg</i> | Preferred | OTC |
| <i>cvs nighttime cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>cvs triacting cough/runny nose oral liquid 1-5 mg/5ml</i> | Preferred | OTC |
| <i>eql nighttime cough relief oral liquid 12.5-30 mg/30ml</i> | Preferred | OTC |
| <i>gnp night time cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>goodsense night time cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>nighttime cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i> | Preferred | AGE (Min 2 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>px nitetime cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>qc cough/cold hbp oral tablet 4-30 mg</i> | Preferred | OTC |
| <i>qc nighttime cough oral liquid 15-6.25 mg/15ml, 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>sb cold & cough hbp oral tablet 4-30 mg</i> | Preferred | OTC |
| <i>sb nighttime cough oral liquid 6.25-15 mg/15ml</i> | Preferred | OTC |
| <i>sm cough/runny nose childrens oral liquid 1-5 mg/5ml</i> | Preferred | OTC |
| CORICIDIN HBP COUGH/COLD ORAL TABLET 4-30 MG (chlorpheniramine-dm) | Preferred | OTC |
| ROBITUSSIN CHILD COUGH/COLD LA ORAL LIQUID 1-7.5 MG/5ML (chlorpheniramine-dm) | Preferred | OTC |
| ROBITUSSIN NIGHTTIME COUGH ORAL LIQUID 1-7.5 MG/5ML (chlorpheniramine-dm) | Preferred | OTC |
| VICKS NYQUIL CHILDRENS CLD/CGH ORAL LIQUID 2-15 MG/15ML (chlorpheniramine-dm) | Preferred | OTC |
| VICKS NYQUIL COUGH ORAL LIQUID 12.5-30 MG/30ML, 6.25-15 MG/15ML (doxylamine-dm) | Preferred | OTC |
| *NON-NARC ANTITUSSIVE-DECONGESTANT*** | | |
| <i>qc triacting daytime childrens oral syrup 5-2.5 mg/5ml</i> | Preferred | OTC |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE*** | | |
| <i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i> | Preferred | OTC |
| <i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>cvs cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>ed-a-hist dm oral liquid 10-4-15 mg/5ml</i> | Preferred | OTC |
| <i>eq cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>eql cold/cough oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>hm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>lohist-dm oral syrup 5-2-10 mg/5ml</i> | Preferred | OTC |
| <i>nohist-dm oral liquid 10-4-15 mg/5ml</i> | Preferred | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | Preferred | AGE (Min 2 Years) |
| <i>px dibromm dm cold/cough child oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>ra cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>ra cold/cough dm oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>rynex dm oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>sb cold & cough dm childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i> | Preferred | OTC |
| <i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 2-30-10 Mg/5MI)</i> | Preferred | AGE (Min 2 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>) | Preferred | OTC |
| DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>) | Preferred | OTC |
| DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>) | Preferred | OTC |
| ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML (<i>phenylephrine-bromphen-dm</i>) | Preferred | OTC |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE-ANALG*** | | |
| <i>childrens plus flu oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>childrens plus multi-sympt cld oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>cold multi-symptom warm night oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| <i>cvs flu relief childrens oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>eql nighttime severe cold/flu oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| <i>ft cold & flu nighttime severe oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| <i>goodsense nighttime cold & flu oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| <i>multi-symptom cold childrens oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>multi-symptom cold plus child oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>px nighttime cold oral tablet 5-2-10-325 mg</i> | Preferred | OTC |
| <i>sb childrens multisympt cold oral suspension 2.5-1-5-160 mg/5ml</i> | Preferred | OTC |
| <i>severe cold/flu nighttime ms oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| <i>sm cold head congestion night oral tablet 5-2-10-325 mg</i> | Preferred | OTC |
| <i>sm nite time cold & flu oral liquid 5-6.25-10-325 mg/15ml</i> | Preferred | OTC |
| COMTrex COLD & COUGH NIGHTTIME ORAL TABLET 5-2-10-325 MG (<i>phenyleph-cpm-dm-apap</i>) | Preferred | OTC |
| NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>) | Preferred | OTC |
| NYQUIL SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>) | Preferred | OTC |
| PEDIACARE MULTI-SYMPATOM ORAL LIQUID 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>) | Preferred | OTC |
| SINEX SEVERE+ VAPOCOOL ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>) | Preferred | OTC |
| THERAFLU SEVERE COLD NIGHTTIME ORAL TABLET 5-2-10-325 MG (<i>phenyleph-cpm-dm-apap</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| TYLENOL CHILDRENS COLD/FLU ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>) | Preferred | OTC |
| TYLENOL CHILDRENS PLUS MS COLD ORAL SUSPENSION 2.5-1-5-160 MG/5ML (<i>phenyleph-cpm-dm-apap</i>) | Preferred | OTC |
| TYLENOL COLD/FLU/COUGH NIGHT ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>) | Preferred | OTC |
| VICKS NYQUIL SEVERE COLD/FLU ORAL LIQUID 5-6.25-10-325 MG/15ML (<i>phenyleph-doxylamine-dm-apap</i>) | Preferred | OTC |
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | | |
| <i>sm ibuprofen jr oral tablet 100 mg</i> | Preferred | OTC |
| ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (<i>ibuprofen</i>) | Preferred | OTC |
| *NUTRITIONAL SUPPLEMENTS*** | | |
| <i>balanced nutritional drink oral liquid</i> | Preferred | OTC |
| <i>balanced nutritional drink pls oral liquid</i> | Preferred | OTC |
| <i>balanced nutritional shake pls oral liquid</i> | Preferred | OTC |
| <i>beef/potatoes/spinach oral liquid</i> | Preferred | OTC |
| <i>chicken/carrots/brown rice oral liquid</i> | Preferred | OTC |
| <i>cvs nutrition liquid oral liquid</i> | Preferred | OTC |
| <i>cvs nutrition plus chocolate oral liquid</i> | Preferred | OTC |
| <i>cvs nutrition plus oral liquid</i> | Preferred | OTC |
| <i>cvs nutrition plus vanilla oral liquid</i> | Preferred | OTC |
| <i>cvs nutritional shake oral liquid</i> | Preferred | OTC |
| <i>eggs/apples/oats oral liquid</i> | Preferred | OTC |
| <i>eq nutritional shake oral liquid</i> | Preferred | OTC |
| <i>eq nutritional shake plus oral liquid</i> | Preferred | OTC |
| <i>eq weight loss shake oral liquid</i> | Preferred | OTC |
| <i>goodsense nutrisure original oral liquid</i> | Preferred | OTC |
| <i>goodsense nutrisure plus oral liquid</i> | Preferred | OTC |
| <i>haelan 951 fermented soy oral liquid</i> | Preferred | OTC |
| <i>haelan htpi fermented soy oral liquid</i> | Preferred | OTC |
| <i>high-protein nutritional shake oral liquid</i> | Preferred | OTC |
| <i>hm nutrisure oral liquid</i> | Preferred | OTC |
| <i>hm nutrisure plus oral liquid</i> | Preferred | OTC |
| <i>keto oral liquid</i> | Preferred | OTC |
| <i>nutrifocus oral liquid</i> | Preferred | OTC |
| <i>nutritional drink oral liquid</i> | Preferred | OTC |
| <i>nutritional drink plus oral liquid</i> | Preferred | OTC |
| <i>nutritional shake complete oral liquid</i> | Preferred | OTC |
| <i>nutritional shake high protein oral liquid</i> | Preferred | OTC |
| <i>nutritional shake oral liquid</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>nutritional shake plus oral liquid</i> | Preferred | OTC |
| <i>nutritional shake plus protein oral liquid</i> | Preferred | OTC |
| <i>nutritional supplement oral liquid</i> | Preferred | OTC |
| <i>nutritional supplement plus oral liquid</i> | Preferred | OTC |
| <i>pediatric drink oral liquid</i> | Preferred | OTC |
| <i>px vanilla plus oral liquid</i> | Preferred | OTC |
| <i>quinoa/kale/hemp oral liquid</i> | Preferred | OTC |
| <i>regular nutritional shake oral liquid</i> | Preferred | OTC |
| <i>salmon/oats/squash oral liquid</i> | Preferred | OTC |
| <i>sb complete nutrition oral liquid</i> | Preferred | OTC |
| <i>sb complete nutrition plus oral liquid</i> | Preferred | OTC |
| <i>thrivacin 30 oral liquid</i> | Preferred | |
| <i>thrivacin detox oral liquid</i> | Preferred | |
| <i>turkey/sweet potatoes/peaches oral liquid</i> | Preferred | OTC |
| ADVERA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ARGINAID EXTRA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BENECALORIE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST BREEZE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST GLUCOSE CONTROL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST MAX 30G PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST VERY HIGH CALORIE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST VHC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BOOST WOMEN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| CARNATION BREAKFAST ESSENTIALS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| CFPREOP ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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|--|-------------------------|----------------------------|
| COMPLEAT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT ORGANIC BLENDS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| COMPLEAT STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| DIABETISOURCE AC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENLIVE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ACTIVE HEART HEALTH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ACTIVE LIGHT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ACTIVE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE BONE HEALTH REVIGOR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE CLEAR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE CLINICAL ST REVIGOR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE COMPACT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE COMPLETE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE COMPLETE SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ENLIVE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE HEALTHY MOM ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE HIGH CALCIUM ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE IMMUNE HEALTH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ORIGINAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE ORIGINAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PLANT-BASED PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PLUS HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PLUS HN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PLUS WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE PRE-SURGERY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE SURGERY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE SURGICAL NUTRITION ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENSURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENTERADE IBS-D ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENTERADE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENU COMPLETE NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ENU NUTRITIONAL SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| EO28 SPLASH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| EQUATE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| EQUATE PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| EXPEDITE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| FIBER FLOW ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| FIBERSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GELATEIN MCT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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|---|-------------------------|----------------------------|
| GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA ADVANCE SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA HUNGER SMART SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA OS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA SELECT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA SNACK SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| GLYTACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GLYTACTIN RESTORE LITE 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GLYTACTIN RTD 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GLYTACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| GLYTROL PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HCU COOLER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HCU LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HEALTHY ACCENTS NUTRA FIT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HI-CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| IMPACT ADVANCED RECOVERY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| IMPACT ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| IMPACT PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| INNOVACIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| INTROLITE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ISOSOURCE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ISOSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| JEVITY 1 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| JEVITY 1 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| JEVITY 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| JEVITY 1.2 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| JEVITY 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| JUICE PLUS FIBRE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS PED STANDARD 1.2 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS PEPTIDE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KATE FARMS STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KETOCAL 4:1 LQ MULTI-FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KETOCAL 4:1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KETOVIE 4:1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| KETOVIE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| KETOVIE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| KFLO ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| KINDERSPROUT PLANT PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| LIQUID HOPE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| LIQUID HOPE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| LPS CRITICAL CARE SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| LPS SUGAR FREE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| MMA/PA COOLER15 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| MSUD COOLER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| MSUD LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NEOCATE SPLASH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NEPRO ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NEPRO/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NOURISH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NOURISH PEPTIDE FORMULA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NOVASOURCE RENAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTRA/SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN 1.0/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN 2.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN JR FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN JR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN JUNIOR 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN JUNIOR/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTREN PULMONARY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| NUTRIHEP 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OPTIMENTAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OSMOLITE 1 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OSMOLITE 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OSMOLITE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OSMOLITE HN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OSMOLITE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OXEPA 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| OXEPA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE 1.0 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE 1.5 CAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE GROW & GAIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE GROW & GAIN ORGANIC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE HARVEST 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE NUTRIPALS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE PEDIATRIC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE REDUCED CALORIE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE SHAKE/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE SIDEKICKS CLEAR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE SIDEKICKS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE SIDEKICKS SHAKE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEDIASURE/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN AF ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN INTENSE VHP ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR 1 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR HP ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PEPTAMEN/PREBIO1 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PERATIVE 1.3 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PERATIVE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PHENYLADE GMP READY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PHENYLADE RTD PKU 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PIVOT 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU AIR20 GOLD ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU AIR20 GREEN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU AIR20 YELLOW ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU COOLER 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU COOLER 15 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU COOLER 20 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU LOPHLEX LQ 20 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PKU SPHERE 20 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROMOD ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROMOTE 1.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROMOTE 1.0 WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROMOTE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROMOTE/FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSOURCE NO CARB ORAL LIQUID (<i>protein</i>) | Preferred | OTC |
| PROSOURCE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSOURCE PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSOURCE TF ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSOURCE XTRACAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSOURCE ZAC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PROSURE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PULMOCARE 1.5 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| PULMOCARE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RE/NEPH LP/HC ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RE/NEPH ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RE/NEPH REDUCED SUGAR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| REASON ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RENALCAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RENASTEP ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| REPLETE FIBER 1 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| REPLETE FIBER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| REPLETE ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| RESOURCE 2.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| SM NUTRI-DRINK + ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| SM NUTRI-DRINK ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| SUPLENA 1.8/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| SUPLENA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| SUPLENA/CARB STEADY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| THICK-IT THICKENED CRANBERRY ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| TWOCAL HN 2.0 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| TWOCAL HN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| TYR COOLER ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| TYR LOPHLEX LQ ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | |
| VITAL 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL AF 1.2 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL HIGH PROTEIN ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL JR ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VITAL PEPTIDE 1.5 CAL ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VIVONEX PEDIATRIC RTF ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| VIVONEX RTF ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| XTRACAL PLUS ORAL LIQUID (<i>nutritional supplements</i>) | Preferred | OTC |
| *OPHTHALMIC DECONGESTANT COMBINATIONS*** | | |
| <i>allergy eye ophthalmic solution 0.025-0.3 %</i> | Preferred | OTC |
| <i>cvs astringent eye drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i> | Preferred | OTC |
| <i>eq eye allergy relief ophthalmic solution 0.027-0.315 %</i> | Preferred | OTC |
| <i>eq eye drops ac ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i> | Preferred | OTC |
| <i>eye drops ar ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>gnp eye drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>goodsense relief eye drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>qc eye irritation relief drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>ra eye allergy relief ophthalmic solution 0.027-0.315 %</i> | Preferred | OTC |
| <i>relief drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| <i>relief eye drops ophthalmic solution 0.05-0.25 %</i> | Preferred | OTC |
| VISINE OPHTHALMIC SOLUTION 0.025-0.3 % (<i>naphazoline-pheniramine</i>) | Preferred | OTC |
| VISINE-AC OPHTHALMIC SOLUTION 0.05-0.25 % (<i>tetrahydrozoline-zn sulfate</i>) | Preferred | OTC |
| *OPHTHALMIC DECONGESTANTS*** | | |
| <i>cvs eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>eq eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>eql eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>gnp eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>goodsense eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>px sterile eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>qc eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>redness reliever eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| <i>sm eye drops ophthalmic solution 0.05 %</i> | Preferred | OTC |
| *OPHTHALMIC HYPEROSMOLAR PRODUCTS*** | | |
| <i>cvs sod chloride hypertonicity ophthalmic ointment 5 %</i> | Preferred | OTC |
| <i>cvs sodium chloride ophthalmic ointment 5 %</i> | Preferred | OTC |
| <i>cvs sodium chloride ophthalmic solution 5 %</i> | Preferred | OTC |
| <i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i> | Preferred | OTC |
| <i>sodium chloride (hypertonic) ophthalmic solution 5 %</i> | Preferred | OTC |
| ALTACHLORE OPHTHALMIC OINTMENT 5 % (<i>sodium chloride (hypertonic)</i>) | Preferred | OTC |
| ALTACHLORE OPHTHALMIC SOLUTION 5 % (<i>sodium chloride (hypertonic)</i>) | Preferred | OTC |
| MURO 128 OPHTHALMIC SOLUTION 2 % (<i>sodium chloride (hypertonic)</i>) | Preferred | OTC |
| *OPHTHALMIC IRRIGATION SOLUTIONS*** | | |
| <i>collyrium for fresh eyes ophthalmic solution 0.01 %</i> | Preferred | OTC |
| <i>cvs eye wash ophthalmic solution 99.05 %</i> | Preferred | OTC |
| <i>eye wash ophthalmic solution</i> | Preferred | OTC |
| <i>mediwash eye irrigant ophthalmic solution</i> | Preferred | OTC |
| <i>qc eye wash ophthalmic solution 99.05 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>ra sterile eye wash ophthalmic solution</i> | Preferred | OTC |
| <i>sm eye wash ophthalmic solution 0.002 %</i> | Preferred | OTC |
| COLLYRIUM EYE WASH OPHTHALMIC SOLUTION (<i>ophthalmic irrigation solution</i>) | Preferred | OTC |
| EYE STREAM OPHTHALMIC SOLUTION (<i>ophth irr soln-extraocular</i>) | Preferred | OTC |
| *OPHTHALMIC LOCAL ANESTHETICS*** | | |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i> | Preferred | |
| *OPIOID ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE*** | | |
| <i>capcof oral syrup 5-2-10 mg/5ml</i> | Preferred | OTC |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML (<i>phenyleph-dexchlorphen-codeine</i>) | Preferred | OTC |
| *ORAL VEHICLES*** | | |
| <i>flavor plus oral liquid</i> | Preferred | |
| <i>flavor sweet oral syrup</i> | Preferred | |
| <i>flavor sweet-sf oral syrup</i> | Preferred | OTC |
| <i>grape syrup oral syrup</i> | Preferred | OTC |
| <i>oral suspend oral liquid</i> | Preferred | OTC |
| <i>oral syrup oral syrup</i> | Preferred | OTC |
| <i>oral syrup sf oral syrup</i> | Preferred | OTC |
| <i>simple syrup oral syrup</i> | Preferred | |
| <i>sorbitol solution , 70 %</i> | Preferred | |
| <i>suspension vehicle oral suspension</i> | Preferred | |
| <i>syrup nf oral syrup 85 %</i> | Preferred | OTC |
| <i>syrup vehicle oral syrup</i> | Preferred | |
| <i>syrup vehicle sf oral syrup</i> | Preferred | |
| FLAVOR BLEND ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | |
| MX-SOL BLEND ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| MX-SOL BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| MX-SOL ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| MX-SOL SF ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| MX-SOL SUSPEND ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| ORA-BLEND ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| ORA-BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| ORAL MIX ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| ORAL MIX SF ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| ORAPENN SD ANHYD SWEETENED ORAL LIQUID (<i>oral vehicles</i>) | Preferred | |
| ORAPENN SD ANHYD UNSWEETEN ORAL LIQUID (<i>oral vehicles</i>) | Preferred | OTC |
| ORA-PLUS ORAL LIQUID (<i>oral vehicles</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| ORA-SWEET ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| ORA-SWEET SF ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| PCCA SWEET-SF ORAL SYRUP (<i>oral vehicles</i>) | Preferred | |
| PCCA SYRUP VEHICLE ORAL SYRUP (<i>oral vehicles</i>) | Preferred | |
| PCCA-PLUS ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | |
| SOSWEET ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| SUSPENDIT ANHYDROUS ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | |
| SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | |
| SYRPALTA (RED) ORAL SYRUP (<i>oral vehicles</i>) | Preferred | |
| SYRPALTA ORAL SYRUP (<i>oral vehicles</i>) | Preferred | OTC |
| SYRPALTA ORAL SYRUP 85 % (<i>simple syrup</i>) | Preferred | |
| SYRSPEND SF ORAL LIQUID (<i>oral vehicles</i>) | Preferred | OTC |
| UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| UNISPEND ANHYDROUS UNSWEETENED ORAL SUSPENSION (<i>oral vehicles</i>) | Preferred | OTC |
| VERSAFREE ORAL SYRUP (<i>oral vehicles</i>) | Preferred | |
| VERSAPLUS ORAL SYRUP (<i>oral vehicles</i>) | Preferred | |
| *OTIC AGENTS - MISCELLANEOUS*** | | |
| <i>acetic acid otic solution 2 %</i> | Preferred | |
| <i>cvs ear drops otic solution 6.5 %</i> | Preferred | OTC |
| <i>cvs ear wax removal system otic solution 6.5 %</i> | Preferred | OTC |
| <i>cvs earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>ear drops otic solution 6.5 %</i> | Preferred | OTC |
| <i>ear wax removal drops otic solution 6.5 %</i> | Preferred | OTC |
| <i>ear wax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>ear wax removal system otic solution 6.5 %</i> | Preferred | OTC |
| <i>earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>earwax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>eq ear wax removal aid otic solution 6.5 %</i> | Preferred | OTC |
| <i>eq earwax removal aid otic solution 6.5 %</i> | Preferred | OTC |
| <i>ft earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>ft earwax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>gnp earwax removal drops otic solution 6.5 %</i> | Preferred | OTC |
| <i>gnp earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>goodsense ear wax kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>goodsense ear wax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>hm earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>hm earwax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>qc ear wax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>qc earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>qc earwax removal otic solution 6.5 %</i> | Preferred | OTC |
| <i>ra ear drops otic solution 6.5 %</i> | Preferred | OTC |
| <i>ra earwax removal kit otic solution 6.5 %</i> | Preferred | OTC |
| <i>sm ear drops otic solution 6.5 %</i> | Preferred | OTC |
| CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>) | Preferred | OTC |
| CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>) | Preferred | OTC |
| MURINE EAR OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>) | Preferred | OTC |
| MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>) | Preferred | OTC |
| *OTIC STEROIDS*** | | |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | Preferred | |
| *OXAZOLIDINONES*** | | |
| <i>linezolid oral tablet 600 mg</i> | Preferred | QL (2 EA per 1 day) |
| *OXYTOCICS*** | | |
| <i>methylergonovine maleate oral tablet 0.2 mg</i> | Preferred | QL (6 EA per 1 day) |
| <i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i> | Preferred | QL (6 EA per 1 day) |
| *PARENTERAL VEHICLES*** | | |
| <i>sterile water for injection injection solution</i> | Preferred | |
| *PEAK FLOW METERS*** | | |
| <i>breathe ease peak flow meter device</i> | Preferred | OTC |
| <i>lung perform peak flow meter device</i> | Preferred | OTC |
| <i>peak a-i-r flow meter device</i> | Preferred | OTC |
| <i>peak flow meter universal rang device</i> | Preferred | OTC |
| <i>pure comfort flow meter adult device</i> | Preferred | OTC |
| <i>pure comfort flow meter child device</i> | Preferred | OTC |
| AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| ASSESS PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| MICROLIFE DIGITAL PEAK FLOW DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| PIKO 1 DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |
| POCKETPEAK PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| STRIVE DUAL ZONE PEAK FLOW MTR DEVICE (<i>peak flow meter</i>) | Preferred | |
| TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>) | Preferred | |
| *PED MULTIPLE VITAMINS W/ MINERALS*** | | |
| MVW COMPLETE FORMULATION ORAL SOLUTION (<i>pediatric multivit-minerals</i>) | Preferred | OTC |
| *PED MV W/ FLUORIDE*** | | |
| <i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | Preferred | |
| <i>multivitamin/fluoride oral solution 0.25 mg/ml</i> | Preferred | OTC |
| <i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i> | Preferred | |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | Preferred | |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>) | Preferred | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>) | Preferred | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>) | Preferred | |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>) | Preferred | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>) | Preferred | |
| *PED MV W/ IRON*** | | |
| <i>childrens animal shapes oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>cvs childrens complete oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>eq complete multivitamin child oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>eql child multivit/minerals oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>fruity chews/iron oral tablet chewable</i> | Preferred | OTC |
| <i>gnp childrens chewables/iron oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>multivitamin drops/iron oral solution 11 mg/ml</i> | Preferred | OTC |
| <i>multivitamin infant & toddler oral solution 11 mg/ml</i> | Preferred | OTC |
| <i>multivitamins plus iron child oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>pc pediatric poly-vita/fe drop oral solution 10 mg/ml</i> | Preferred | OTC |
| <i>poly-vita/iron oral solution 10 mg/ml</i> | Preferred | OTC |
| <i>poly-vite/iron oral solution 11 mg/ml</i> | Preferred | OTC |
| <i>qc childrens complete oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>qc childrens vitamins/iron oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>ra vitamins complete childrens oral tablet chewable 18 mg</i> | Preferred | OTC |
| <i>sm animal shapes complete oral tablet chewable 18 mg</i> | Preferred | OTC |
| BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| CEROVITE JR ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| FLINTSTONES W/IRON ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG (<i>pediatric multivitamins-iron</i>) | Preferred | OTC |
| *PEDIATRIC MULTIPLE VITAMINS*** | | |
| <i>childrens chew multivitamin oral tablet chewable</i> | Preferred | OTC |
| <i>childrens chewable vitamins oral tablet chewable</i> | Preferred | OTC |
| <i>fruity chews oral tablet chewable</i> | Preferred | OTC |
| <i>gnp childrens chewables/ex c oral tablet chewable</i> | Preferred | OTC |
| <i>gnp little ones childrens oral tablet chewable</i> | Preferred | OTC |
| <i>little animals oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin childrens (w/ fa) oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin childrens oral tablet chewable</i> | Preferred | OTC |
| <i>multivitamin infant & toddler oral solution</i> | Preferred | OTC |
| <i>pc pediatric poly-vitamin drop oral solution</i> | Preferred | OTC |
| <i>poly-vita oral solution</i> | Preferred | OTC |
| <i>poly-vite pediatric oral solution</i> | Preferred | OTC |
| <i>qc childrens vitamins/extra c oral tablet chewable</i> | Preferred | OTC |
| <i>sm animal shapes kids first oral tablet chewable</i> | Preferred | OTC |
| BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| FLINTSTONES MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| GERBER GROW MIGHTY ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| GERBER LIL' BRAINIES ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| ONE-A-DAY VITACRAVES+OMEGA-3 ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multiple vitamins</i>) | Preferred | OTC |
| *PENICILLIN COMBINATIONS*** | | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | Preferred | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Preferred | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | Preferred | |
| *PENICILLINASE-RESISTANT PENICILLINS*** | | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | Preferred | |
| *PHOSPHATE*** | | |
| <i>phosphorous oral tablet 155-852-130 mg</i> | Preferred | |
| <i>phosphorus supplement oral packet 280-160-250 mg</i> | Preferred | OTC |
| <i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i> | Preferred | OTC |
| <i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i> | Preferred | OTC |
| <i>wes-phos 250 neutral oral tablet 155-852-130 mg</i> | Preferred | |
| <i>k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)</i> | Preferred | |
| <i>k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i> | Preferred | |
| <i>potassium phosphate monobasic (Phospho-Trin K500 Oral Tablet 500 Mg)</i> | Preferred | |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Preferred | QL (2 EA per 1 day) |
| *POTASSIUM REMOVING AGENTS*** | | |
| <i>sodium polystyrene sulfonate oral powder</i> | Preferred | |
| *POTASSIUM SPARING DIURETICS*** | | |
| <i>amiloride hcl oral tablet 5 mg</i> | Preferred | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Preferred | Max 90-day supply per fill |

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|--|------------------|----------------------------|
| *POTASSIUM*** | | |
| <i>cvs potassium gluconate oral tablet 595 mg</i> | Preferred | OTC |
| <i>gnp potassium gluconate oral tablet 595 (99 k) mg</i> | Preferred | OTC |
| <i>potassium chloride crys er oral tablet extended release 10 meq</i> | Preferred | |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i> | Preferred | Max 90-day supply per fill |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | Preferred | Max 90-day supply per fill |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i> | Preferred | Max 90-day supply per fill |
| <i>potassium chloride er oral tablet extended release 20 meq</i> | Preferred | |
| <i>potassium chloride oral solution 10 %, 20 meq/15ml (10%)</i> | Preferred | |
| <i>potassium chloride oral solution 40 meq/15ml (20%)</i> | Preferred | Max 90-day supply per fill |
| <i>potassium gluconate oral tablet 550 (90 k) mg, 550 mg, 595 (99 k) mg</i> | Preferred | OTC |
| <i>qc potassium oral tablet 595 (99 k) mg</i> | Preferred | OTC |
| <i>ra potassium gluconate oral tablet 595 (99 k) mg</i> | Preferred | OTC |
| <i>sd potassium gluconate oral tablet 595 (99 k) mg</i> | Preferred | OTC |
| <i>sm potassium oral tablet 595 (99 k) mg</i> | Preferred | OTC |
| <i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i> | Preferred | |
| <i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i> | Preferred | Max 90-day supply per fill |
| <i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i> | Preferred | |
| <i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i> | Preferred | Max 90-day supply per fill |
| <i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i> | Preferred | Max 90-day supply per fill |
| <i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i> | Preferred | |
| <i>potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)</i> | Preferred | |
| *PRENATAL MV & MIN W/FE-FA & COENZYME Q10*** | | |
| <i>THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG (prenat fefum-fa & coenzyme q10)</i> | Preferred | OTC |
| *PRENATAL MV & MIN W/FE-FA*** | | |
| <i>classic prenatal oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>completenate oral tablet chewable 29-1 mg</i> | Preferred | |
| <i>cvs prenatal oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>eql prenatal formula oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>gnp prenatal oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>kp prenatal multivitamins oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>kpn prenatal oral tablet 0.1 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>masonatal oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>m-natal plus oral tablet 27-1 mg</i> | Preferred | |
| <i>multi prenatal oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i> | Preferred | |
| <i>neonatal prenatal oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>one vite womens oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>one vite womens plus oral tablet 27-1 mg</i> | Preferred | |
| <i>prenatabs fa oral tablet 29-1 mg</i> | Preferred | OTC |
| <i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>prenatal 19 oral tablet</i> | Preferred | OTC |
| <i>prenatal 19 oral tablet 29-1 mg</i> | Preferred | |
| <i>prenatal 19 oral tablet chewable , 29-1 mg</i> | Preferred | |
| <i>prenatal formula a-free oral tablet 9-0.267 mg</i> | Preferred | OTC |
| <i>prenatal formula oral capsule 28-0.8-235 mg</i> | Preferred | OTC |
| <i>prenatal forte oral tablet</i> | Preferred | OTC |
| <i>prenatal one daily oral tablet 27-0.8 mg</i> | Preferred | OTC |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i> | Preferred | OTC |
| <i>prenatal oral tablet 27-1 mg</i> | Preferred | |
| <i>prenatal plus oral tablet 27-1 mg</i> | Preferred | |
| <i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i> | Preferred | |
| <i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>prenatal vitamins oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>prenatal/iron oral tablet , 28-0.8 mg</i> | Preferred | OTC |
| <i>prenatvite rx oral tablet 0.8 mg</i> | Preferred | |
| <i>px prenatal multivitamins oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>qc prenatal oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>ra prenatal formula oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>ra prenatal oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>se-natal 19 oral tablet 29-1 mg</i> | Preferred | |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i> | Preferred | |
| <i>sm one daily prenatal oral 28-0.8 & 440 mg</i> | Preferred | OTC |
| <i>sm prenatal vitamins oral tablet 28-0.8 mg</i> | Preferred | OTC |
| <i>thrivite rx oral tablet 29-1 mg</i> | Preferred | |
| <i>trinatal rx 1 oral tablet 60-1 mg</i> | Preferred | |
| <i>westab plus oral tablet 27-1 mg</i> | Preferred | |
| CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| NEONATAL VITAMIN ORAL TABLET 27-0.8 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | OTC |

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|---|------------------|-----------------------------|
| NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>) | Preferred | OTC |
| ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 440 MG (<i>prenatal vit-fe fum-fa-omega</i>) | Preferred | OTC |
| PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>) | Preferred | OTC |
| PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | OTC |
| VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>) | Preferred | |
| *PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** | | |
| <i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i> | Preferred | OTC |
| *PRENATAL MV & MIN W/FE-FA-DHA*** | | |
| <i>cvs prenatal multi+dha oral capsule 27-0.8-250 mg</i> | Preferred | OTC |
| <i>prenatal multi +dha oral capsule 27-0.8-250 mg</i> | Preferred | OTC |
| <i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i> | Preferred | OTC |
| CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>) | Preferred | OTC |
| ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>) | Preferred | OTC |
| PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>) | Preferred | OTC |
| SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>) | Preferred | OTC |
| STUART ONE ORAL CAPSULE 27-0.8-200 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>) | Preferred | OTC |
| THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha w/o a</i>) | Preferred | OTC |
| *PRENATAL MV & MINERALS W/FA WITHOUT IRON*** | | |
| <i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i> | Preferred | OTC |
| <i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i> | Preferred | OTC |
| *PROGESTIN CONTRACEPTIVES - ORAL*** | | |
| <i>norethindrone oral tablet 0.35 mg</i> | Preferred | Max 365-day supply per fill |
| <i>norethindrone (Camila Oral Tablet 0.35 Mg)</i> | Preferred | Max 365-day supply per fill |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Errin Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Heather Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| <i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg) | Preferred | Max 365-day supply per fill |
| *PROTECTANTS - MOUTH/THROAT*** | | |
| <i>lip-guard external ointment</i> | Preferred | OTC |
| <i>l-lysine external ointment</i> | Preferred | OTC |
| ANBESOL COLD SORE THERAPY EXTERNAL OINTMENT (<i>cold sore products</i>) | Preferred | OTC |
| LIP CLEAR LYSINE EXTERNAL OINTMENT 0.1 % (<i>cold sore products</i>) | Preferred | OTC |
| *PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** | | |
| NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>) | Preferred | PA |
| *PURINE ANALOGS*** | | |
| <i>azathioprine oral tablet 50 mg</i> | Preferred | Max 90-day supply per fill |
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Preferred | |
| *QUATERNARY ANTICHOLINERGICS*** | | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Preferred | |
| *RECTAL ANESTHETIC COMBINATIONS*** | | |
| <i>cvs hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>eql hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>hemorrhoidal max st/aloee external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>px hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>qc hemorrhoidal max external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>qc hemorrhoidal with aloe external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| <i>ra hemorrhoidal external cream 1-0.25-14.4-15 %</i> | Preferred | OTC |
| AVEDANA HEMORRHOID PAIN RELIEF EXTERNAL CREAM 1-0.25-14.4-15 % (<i>pramox-pe-glycerin-petrolatum</i>) | Preferred | OTC |
| *RECTAL COMBINATIONS - MISC.*** | | |
| <i>cvs hemorrhoidal rectal suppository 0.25-88.44 %</i> | Preferred | OTC |
| <i>eq hemorrhoidal rectal suppository 0.25-85.39 %</i> | Preferred | OTC |
| <i>eql hemorrhoidal rectal suppository 0.25-88.44 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i> | Preferred | OTC |
| <i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i> | Preferred | OTC |
| <i>goodsense hemorrhoidal rectal suppository 0.25-88.44 %</i> | Preferred | OTC |
| <i>hemorrhoidal cooling external gel 0.25-50 %</i> | Preferred | OTC |
| <i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i> | Preferred | OTC |
| <i>hemorrhoidal rectal suppository 0.25-3-85.5 %, 0.25-85.39 %, 0.25-88.44 %</i> | Preferred | OTC |
| <i>px hemorrhoidal rectal ointment 0.25-3-14-71.9 %</i> | Preferred | OTC |
| <i>px hemorrhoidal rectal suppository 0.25-3-85.5 %</i> | Preferred | OTC |
| <i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i> | Preferred | OTC |
| <i>qc hemorrhoidal rectal suppository 0.25-88.44 %</i> | Preferred | OTC |
| <i>ra hemorrhoidal rectal ointment 0.25-3-14-71.9 %</i> | Preferred | OTC |
| <i>ra hemorrhoidal rectal suppository 0.25-3-85.5 %</i> | Preferred | OTC |
| <i>sb hemorrhoid rectal ointment 0.25-3-14-71.9 %</i> | Preferred | OTC |
| <i>sm hemorrhoidal cooling external gel 0.25-50 %</i> | Preferred | OTC |
| <i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i> | Preferred | OTC |
| AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT 0.25-14-74.9 % (<i>phenylephrine-mineral oil-pet</i>) | Preferred | OTC |
| AVEDANA HEMORRHOIDAL COOLING EXTERNAL GEL 0.25-50 % (<i>phenylephrine-witch hazel</i>) | Preferred | OTC |
| AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>) | Preferred | OTC |
| PREPARATION H RECTAL SUPPOSITORY 0.25-88.44 % (<i>phenylephrine-cocoa butter</i>) | Preferred | OTC |
| *RECTAL LOCAL ANESTHETICS*** | | |
| <i>cvs hemorrhoidal relief max st external cream 5 %</i> | Preferred | OTC |
| <i>gnp anorectal external cream 5 %</i> | Preferred | OTC |
| <i>lidocaine (anorectal) external cream 5 %</i> | Preferred | OTC |
| <i>numbcream external cream 5 %</i> | Preferred | OTC |
| <i>pramoxine hcl (perianal) external foam 1 %</i> | Preferred | OTC |
| <i>ra anorectal external cream 5 %</i> | Preferred | OTC |
| ANECREAM5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>) | Preferred | OTC |
| LIPOCAINE 5 EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>) | Preferred | OTC |
| RECTASMOOTH EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>) | Preferred | OTC |
| RECTOPROTECT EXTERNAL CREAM 5 % (<i>lidocaine (anorectal)</i>) | Preferred | OTC |
| *RESPIRATORY THERAPY SUPPLIES*** | | |
| <i>adult aerosol mask</i> | Preferred | OTC |
| <i>adult disposable mouthpiece</i> | Preferred | OTC |
| <i>adult mask device</i> | Preferred | |
| <i>adult mask large</i> | Preferred | |
| <i>breathe ease neb mask/child</i> | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>breathe ease neb mask/infant</i> | Preferred | |
| <i>co monitor device</i> | Preferred | |
| <i>co monitor replacement pieces</i> | Preferred | |
| <i>disposable full range mouthpiece</i> | Preferred | |
| <i>disposable low range mouthpiece</i> | Preferred | |
| <i>disposable low range/pediatric mouthpiece</i> | Preferred | |
| <i>disposable paper mouthpiece</i> | Preferred | OTC |
| <i>disposable universal range mouthpiece</i> | Preferred | |
| <i>expiratory mouthpiece</i> | Preferred | OTC |
| <i>filter air pp</i> | Preferred | |
| <i>full kit nebulizer set</i> | Preferred | |
| <i>nebulizer air tube/plugs</i> | Preferred | |
| <i>nebulizer cup/tubing device</i> | Preferred | OTC |
| <i>nebulizer mask adult</i> | Preferred | |
| <i>nebulizer mask child</i> | Preferred | |
| <i>nose clip</i> | Preferred | OTC |
| <i>one-way valved expiratory mouthpiece</i> | Preferred | OTC |
| <i>one-way valved inspiratory mouthpiece</i> | Preferred | OTC |
| <i>ped disposable mouthpiece</i> | Preferred | OTC |
| <i>pediatric mouthpiece</i> | Preferred | OTC |
| <i>pharmacist choice mask wipes</i> | Preferred | OTC |
| <i>pillow mask/adult</i> | Preferred | |
| <i>pillow mask/child</i> | Preferred | |
| <i>pillow mask/pediatric</i> | Preferred | |
| <i>pure comfort 3-ball breathe ex device</i> | Preferred | OTC |
| <i>replacement air filter</i> | Preferred | |
| <i>replacement filters</i> | Preferred | OTC |
| <i>silicone mask/adult</i> | Preferred | |
| <i>silicone mask/infant</i> | Preferred | |
| <i>silicone mask/pediatric</i> | Preferred | |
| <i>sootheneb nbl 100 adult mask</i> | Preferred | OTC |
| <i>sootheneb nbl 100 child mask</i> | Preferred | OTC |
| <i>sootheneb nbl 100 med cup</i> | Preferred | OTC |
| <i>sootheneb nbl 100 mesh cap</i> | Preferred | OTC |
| <i>spiro pd device</i> | Preferred | |
| <i>tubing/wing tip</i> | Preferred | OTC |
| ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>) | Preferred | |
| ACTIVITY POUCH (<i>respiratory therapy supplies</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| ADAPTER PED DISPOSABLE MOUTHPIECE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| AEROBIKA DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>) | Preferred | |
| AEROTRACH PLUS (<i>respiratory therapy supplies</i>) | Preferred | |
| AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| BUBBLES THE FISH II PEDI MASK (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>) | Preferred | |
| CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>) | Preferred | |
| CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>) | Preferred | |
| CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>) | Preferred | |
| CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>) | Preferred | |
| CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>) | Preferred | |
| EASY FLOW 300 MM HOSE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW 400 MM HOSE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW AIR NOZZLE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW BLACK/BLUE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW BLACK/ORANGE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW BLACK/RED DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW BLACK/WHITE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| EASY FLOW BLACK/YELLOW DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW HEPA FILTER (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW WHITE/BLUE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW WHITE/GREEN DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW WHITE/PINK DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW WHITE/WHITE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EASY FLOW WHITE/YELLOW DEVICE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| EBASE CONTROLLER KIT (<i>respiratory therapy supplies</i>) | Preferred | |
| FLYP HYPERSONIQ CARTRIDGE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| IN-CHECK DIAL FLOW TRAINER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>) | Preferred | |
| KOKO PEAK PRO MOUTHPIECE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>) | Preferred | |
| LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>) | Preferred | |
| LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>) | Preferred | |
| MINIELITE FILTER REPLACEMENTS (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| OMBRA COMPRESSOR AIR FILTERS (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| OMBRA TABLE TOP COMPRESSOR DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ONE FLOW SPIROMETER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| ONE FLOW TESTER MOUTHPIECE (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI ERAPID NEBULIZER HANDSET (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI MASK SET (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------|
| PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>) | Preferred | |
| PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| PFLEX (<i>respiratory therapy supplies</i>) | Preferred | |
| PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| QUAKE DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| SAMI THE SEAL FILTERS (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>) | Preferred | |
| SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| SIDESTREAM PLS ADULT FACE MASK (<i>respiratory therapy supplies</i>) | Preferred | OTC |
| THRESHOLD IMT (<i>respiratory therapy supplies</i>) | Preferred | |
| THRESHOLD PEP DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| VERSAPAP DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| VERSAPAP W/UNIVERSAL TUBING DEVICE (<i>respiratory therapy supplies</i>) | Preferred | |
| WINDMILL TRAINER (<i>respiratory therapy supplies</i>) | Preferred | |
| *RETINOIDS*** | | |
| <i>tretinoin oral capsule 10 mg</i> | Preferred | PA; QL (90 EA per 365 days) |
| *SALICYLATE COMBINATIONS*** | | |
| <i>cvs antacid & pain reliever oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>effervescent antacid/pain rel oral tablet effervescent 500 mg</i> | Preferred | OTC |
| <i>effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>eq antacid & pain relief oral tablet effervescent 325 mg</i> | Preferred | OTC |
| <i>eql antacid/pain relief oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>goodsense antacid/pain relief oral tablet effervescent 325 mg, 325-1000-1916 mg</i> | Preferred | OTC |
| <i>medi-seltzer oral tablet effervescent 325 mg</i> | Preferred | OTC |
| <i>px effervescent oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>qc antacid & pain relief oral tablet effervescent 500 mg</i> | Preferred | OTC |
| <i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>sb effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |
| <i>sm aspirin tri-buffered oral tablet 325 mg</i> | Preferred | OTC; QL (24 EA per 1 day) |
| <i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>tri-buffered aspirin oral tablet 325 mg</i> | Preferred | OTC; QL (24 EA per 1 day) |
| ALKA-SELTZER EXTRA STRENGTH ORAL TABLET EFFERVESCENT 500 MG (<i>aspirin effervescent</i>) | Preferred | OTC |
| ASCRIPTIN ORAL TABLET 325 MG (<i>aspirin buf(alhyd-mghyd-cacar)</i>) | Preferred | OTC |
| BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>) | Preferred | OTC |
| BUFFERIN ORAL TABLET 325 MG (<i>aspirin buf(cacarb-mgcarb-mgo)</i>) | Preferred | OTC; QL (24 EA per 1 day) |
| *SALICYLATES*** | | |
| <i>adult aspirin regimen oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin 81 oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>aspirin 81 oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin adult low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin childrens oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>aspirin rectal suppository 300 mg</i> | Preferred | OTC |
| <i>aspirin regimen oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>childrens aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>cvs aspirin adult low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cvs aspirin ec oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>cvs aspirin low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |

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|---|-------------------------|---------------------------------|
| <i>cvs aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>cvs genuine aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>eq aspirin adult low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>eq aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>eql aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>eql aspirin low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>eql aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ft aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>ft enteric coated aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>genuine aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>gnp aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>gnp aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>gnp aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>gnp aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense aspirin adults oral tablet 325 mg</i> | Preferred | OTC |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>goodsense aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>goodsense aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>goodsense aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>h-e-b aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm adult aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>hm aspirin ec low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>hm aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>hm aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>kp aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>meijer aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>mm aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>px aspirin oral tablet 325 mg</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|---------------------------------|
| <i>px aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>px enteric aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>px enteric aspirin oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>qc aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>qc aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>qc aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>qc enteric aspirin oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>ra aspirin adult low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>ra aspirin adult low strength oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>ra aspirin childrens oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ra aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>ra aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>ra pain relief aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>sb aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>sb aspirin oral tablet 325 mg</i> | Preferred | OTC |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>sb low dose asa ec oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm aspirin ec low strength oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm aspirin ec oral tablet delayed release 325 mg</i> | Preferred | OTC |
| <i>sm aspirin low dose oral tablet chewable 81 mg</i> | Preferred | OTC |
| <i>sm aspirin low dose oral tablet delayed release 81 mg</i> | Preferred | OTC; Max 90-day supply per fill |
| <i>sm childrens aspirin oral tablet chewable 81 mg</i> | Preferred | OTC |
| BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (<i>aspirin</i>) | Preferred | OTC |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG (<i>aspirin</i>) | Preferred | OTC |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>) | Preferred | OTC; Max 90-day supply per fill |
| BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------------------|
| BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>) | Preferred | OTC |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>) | Preferred | OTC |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>) | Preferred | OTC; Max 90-day supply per fill |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>) | Preferred | OTC; Max 90-day supply per fill |
| MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>) | Preferred | OTC |
| MEDIQUE ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>) | Preferred | OTC |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>) | Preferred | OTC; Max 90-day supply per fill |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>) | Preferred | OTC |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>) | Preferred | OTC; Max 90-day supply per fill |
| *SALINE LAXATIVE MIXTURES*** | | |
| <i>cvs enema disposable rectal enema 19-7 gm/118ml</i> | Preferred | OTC |
| <i>cvs enema ready-to-use rectal enema 7-19 gm/118ml</i> | Preferred | OTC |
| <i>enema disposable rectal enema</i> | Preferred | OTC |
| <i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i> | Preferred | OTC |
| <i>enema ready-to-use rectal enema 7-19 gm/118ml</i> | Preferred | OTC |
| <i>enema rectal enema , 7-19 gm/118ml</i> | Preferred | OTC |
| <i>eq enema rectal enema 19-7 gm/118ml</i> | Preferred | OTC |
| <i>eql ready-to-use enema rectal enema , 7-19 gm/118ml</i> | Preferred | OTC |
| <i>goodsense enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml</i> | Preferred | OTC |
| <i>hm enema rectal enema 7-19 gm/118ml</i> | Preferred | OTC |
| <i>qc enema rectal enema 16-6 gm/133ml</i> | Preferred | OTC |
| <i>ra enema rectal enema 7-19 gm/118ml</i> | Preferred | OTC |
| <i>ra saline enema rectal enema 19-7 gm/118ml</i> | Preferred | OTC |
| <i>sm enema rectal enema , 7-19 gm/118ml</i> | Preferred | OTC |
| *SALINE LAXATIVES*** | | |
| <i>citrate of magnesia oral solution</i> | Preferred | OTC |
| <i>cvs epsom salt granules</i> | Preferred | OTC |
| <i>cvs epsom salt oral granules</i> | Preferred | OTC |
| <i>cvs laxative dietary supplement oral tablet 500 mg</i> | Preferred | OTC |
| <i>cvs magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>cvs milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>epsom salt granules</i> | Preferred | OTC |
| <i>epsom salt oral granules</i> | Preferred | OTC |
| <i>eq magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>eql epsom salt granules</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>ft magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>ft milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>gnp epsom salt oral granules</i> | Preferred | OTC |
| <i>gnp magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>gnp milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>goodsense epsom salt oral granules</i> | Preferred | OTC |
| <i>goodsense magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>hm magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>hm milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i> | Preferred | OTC |
| <i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i> | Preferred | OTC |
| <i>px milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| <i>qc epsom salt oral granules</i> | Preferred | OTC |
| <i>qc magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>qc milk of magnesia oral suspension 400 mg/5ml</i> | Preferred | OTC |
| <i>ra epsom salt granules</i> | Preferred | OTC |
| <i>ra epsom salt oral granules</i> | Preferred | OTC |
| <i>ra magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>ra milk of magnesia oral suspension 400 mg/5ml</i> | Preferred | OTC |
| <i>sb magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>sb milk of magnesia oral suspension 400 mg/5ml</i> | Preferred | OTC |
| <i>sm epsom salt oral granules</i> | Preferred | OTC |
| <i>sm magnesium citrate oral solution 1.745 gm/30ml</i> | Preferred | OTC |
| <i>sm milk of magnesia oral suspension 1200 mg/15ml</i> | Preferred | OTC |
| CITROMA ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>) | Preferred | OTC |
| DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</i>) | Preferred | OTC |
| DULCOLAX ORAL SUSPENSION 1200 MG/15ML (<i>magnesium hydroxide</i>) | Preferred | OTC |
| FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>) | Preferred | OTC |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>) | Preferred | OTC |
| PEDIA-LAX ORAL TABLET CHEWABLE 400 MG (<i>magnesium hydroxide</i>) | Preferred | OTC |
| PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML, 800 MG/5ML (<i>magnesium hydroxide</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| *SCABICIDE COMBINATIONS*** | | |
| <i>cvs lice killing external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>eql lice killing max st external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>gnp lice treatment external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>lice killing external shampoo 4-0.33 %</i> | Preferred | OTC |
| <i>lice killing maximum strength external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>ra lice maximum strength external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>ra lice solution combination kit 0.5-0.33-4 %</i> | Preferred | OTC |
| <i>sb lice killing max st external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>sb lice treatment external liquid 0.3-3 %</i> | Preferred | OTC |
| <i>sm lice killing external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>sm lice killing max strength external shampoo 0.33-4 %</i> | Preferred | OTC |
| <i>stop lice complete treatment combination kit 0.33-4-0.5 %</i> | Preferred | OTC |
| <i>stop lice maximum strength external liquid 0.33-4 %</i> | Preferred | OTC |
| CVS LICE SOLUTION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>) | Preferred | OTC |
| NIX COMPLETE LICE TREATMENT COMBINATION KIT 1 & 0.25 % (<i>permethrin-nit remover</i>) | Preferred | OTC |
| RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (<i>pyrethrins-piperonyl butoxide</i>) | Preferred | OTC |
| *SCABICIDES & PEDICULICIDES*** | | |
| <i>cvs ivermectin lice treatment external lotion 0.5 %</i> | Preferred | OTC |
| <i>cvs lice treatment external liquid 1 %</i> | Preferred | OTC |
| <i>gnp lice treatment external liquid 1 %</i> | Preferred | OTC |
| <i>goodsense lice killing external liquid 1 %</i> | Preferred | OTC |
| <i>ivermectin external lotion 0.5 %</i> | Preferred | OTC |
| <i>lice treatment external liquid 1 %</i> | Preferred | OTC |
| <i>lice treatment external lotion 1 %</i> | Preferred | OTC |
| <i>permethrin external cream 5 %</i> | Preferred | |
| <i>ra lice treatment external lotion 1 %</i> | Preferred | OTC |
| <i>sb lice treatment external liquid 1 %</i> | Preferred | OTC |
| <i>sm lice treatment external lotion 1 %</i> | Preferred | OTC |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>) | Preferred | QL (1 EA per 1 day) |
| *SEMI SOLID VEHICLES*** | | |
| <i>1st base external cream</i> | Preferred | |
| <i>az cream external cream</i> | Preferred | OTC |
| <i>baby skin protectant external ointment 41 %</i> | Preferred | OTC |
| <i>base w301 external cream</i> | Preferred | |
| <i>cream base external cream</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>cream concentrate external cream</i> | Preferred | |
| <i>cutis plus external cream</i> | Preferred | |
| <i>cvs petroleum jelly external gel</i> | Preferred | OTC |
| <i>daily moisturizer external ointment 41 %</i> | Preferred | OTC |
| <i>emollient base external cream</i> | Preferred | OTC |
| <i>fagron ls plus external cream</i> | Preferred | |
| <i>fagron natural external cream</i> | Preferred | |
| <i>fagron supreme external cream</i> | Preferred | |
| <i>freedom adaptaderm external cream</i> | Preferred | |
| <i>freedom derma serum external cream</i> | Preferred | |
| <i>gnp petroleum jelly external gel</i> | Preferred | OTC |
| <i>goodsense petroleum jelly external gel</i> | Preferred | OTC |
| <i>hm petroleum jelly external gel</i> | Preferred | OTC |
| <i>hydrous emulsified base external cream</i> | Preferred | OTC |
| <i>lipo cream base external cream</i> | Preferred | |
| <i>lipopen ultra base external cream</i> | Preferred | |
| <i>liposomal heavy external cream</i> | Preferred | |
| <i>liposomal regular external cream</i> | Preferred | |
| <i>microderm base external cream</i> | Preferred | OTC |
| <i>multi-phasic penetrating cmpd external cream</i> | Preferred | |
| <i>penderm external cream</i> | Preferred | |
| <i>pensomal external cream</i> | Preferred | |
| <i>petrolatum external gel</i> | Preferred | OTC |
| <i>petrolatum external ointment 42 %</i> | Preferred | OTC |
| <i>petrolatum white external gel</i> | Preferred | OTC |
| <i>petrolatum white external ointment</i> | Preferred | |
| <i>petroleum jelly baby external ointment</i> | Preferred | OTC |
| <i>petroleum jelly external gel , 100 %</i> | Preferred | OTC |
| <i>petroleum jelly external ointment</i> | Preferred | OTC |
| <i>p-siloxan ds external cream</i> | Preferred | |
| <i>qc petroleum jelly external gel 100 %, 99.89 %</i> | Preferred | OTC |
| <i>ra petroleum jelly external ointment</i> | Preferred | OTC |
| <i>sa3 derm external cream</i> | Preferred | |
| <i>salt durable cream external cream</i> | Preferred | |
| <i>sanare scar therapy external cream</i> | Preferred | |
| <i>scar care external cream</i> | Preferred | OTC |
| <i>silprotex plus external cream</i> | Preferred | |
| <i>skin protectant external ointment 44.28 %</i> | Preferred | OTC |
| <i>skyy derm external cream</i> | Preferred | |
| <i>sm petroleum jelly external gel</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>teroderm external cream</i> | Preferred | |
| <i>teroderm-plus external cream</i> | Preferred | |
| <i>vanishing cream botanical base external cream</i> | Preferred | OTC |
| <i>vanishing external cream</i> | Preferred | |
| <i>vanish-pen external cream</i> | Preferred | |
| <i>versatile cream base external cream</i> | Preferred | OTC |
| <i>vp dermabase external cream</i> | Preferred | |
| <i>white petrolatum external gel</i> | Preferred | OTC |
| <i>white petrolatum external ointment , 100 %</i> | Preferred | OTC |
| <i>white petroleum jelly external gel</i> | Preferred | OTC |
| <i>wound care external cream</i> | Preferred | OTC |
| <i>yellow petrolatum external ointment</i> | Preferred | OTC |
| ALTADERM EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| ARBEM H-COSMETIC EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| ARBEM LIOPEN EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| ATREVIS HYDROGEL EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| AUXIPRO VANISHING EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| BASE PCCA CLARIFYING EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| CHRYSADERM DAY EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| CHRYSADERM NIGHT EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| CLEODERM EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| DURABASE ADVANCED EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| DURABASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| EMOLIVAN EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| FITALITE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| FREEDOM DERMA-D EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| FREEDOM DERMA-N EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| LIPOCREAM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| MEDIDERM EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| MICROSOME BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| MULTIBASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| NOURILITE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| NOURIVAN ANTIOX BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| OMNIBASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA ALADERM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA BASE 7542 EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| PCCA BIOPEPTIDE BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA CANNIDEX 2.0 CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PCCA COSMETIC HRT BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA LIPODERM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA MVC BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA NATACREAM EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA VANISHING CREAM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA VANISHING CREAM LIGHT EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA VANPEN BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PCCA WAV CUSTOM BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PENCREAM EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PFCB EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHARMABASE ANTIOXIDANT EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHARMABASE COSMETIC EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHARMABASE COSMETIC NATURAL EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHARMABASE HEAVY EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| PHARMABASE LIGHT EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHARMABASE VAGINAL EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| PHYTOBASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| SALT STABLE LS ADVANCED EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| SALTSTABLE LO EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| U-BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| VANIBASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| <i>white petrolatum</i> (Vaseline External Gel) | Preferred | |
| VASELINE PURE ULTRA WHITE EXTERNAL GEL (<i>white petrolatum</i>) | Preferred | OTC |
| VERSAPRO EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| VERSATILE RICH BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| VERSIGEL EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| XCEL 100 EXTERNAL CREAM (<i>cream base</i>) | Preferred | OTC |
| XEMATOP BASE EXTERNAL CREAM (<i>cream base</i>) | Preferred | |
| *SKIN PROTECTANTS*** | | |
| <i>aquagard hydrating external ointment 41 %</i> | Preferred | OTC |
| <i>benzoin compound external tincture</i> | Preferred | OTC |
| <i>lip balm external ointment</i> | Preferred | OTC |
| <i>petroleum jelly lip treatment external ointment</i> | Preferred | OTC |
| ABSORBASE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| ALOE VESTA PROTECTIVE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| ALOE VESTA SKIN CONDITIONER EXTERNAL LOTION 3 % (<i>dimethicone</i>) | Preferred | OTC |
| AMERICERIN EXTERNAL CREAM (<i>skin protectants, misc.</i>) | Preferred | OTC |
| AMERIDERM PERISHIELD EXTERNAL OINTMENT 3.8 % (<i>skin protectants, misc.</i>) | Preferred | OTC |
| AMERIPHOR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| AQUAPHOR LIP REPAIR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| BALMEX SKIN PROTECTANT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CARMEX CLASSIC LIP BALM EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CERAVE THERAPEUTIC HAND CREAM EXTERNAL CREAM 1 % (<i>dimethicone</i>) | Preferred | OTC |
| CHAPSTICK OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CHAPSTICK ULTRASMMOOTH FORTIFY EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CHAPSTICK ULTRASMMOOTH NOURISH EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CHAPSTICK ULTRASMMOOTH REJUVEN EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CHAPSTICK ULTRASMMOOTH SOOTHE EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| CRITIC-AID CLEAR EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| DERMAFIX EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>) | Preferred | OTC |
| NEOSPORIN LIP HEALTH OVERNIGHT EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| PERISHIELD EXTERNAL OINTMENT (<i>skin protectants, misc.</i>) | Preferred | OTC |
| STERI-STRIP COMPOUND BENZOIN EXTERNAL TINCTURE (<i>benzoin compound</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| SWEEN MOISTURIZING BODY EXTERNAL CREAM (<i>skin protectants, misc.</i>) | Preferred | OTC |
| *SOAPS*** | | |
| <i>cvs daily facial cleanser external liquid</i> | Preferred | OTC |
| <i>eql body wash/sensitive skin external liquid</i> | Preferred | OTC |
| <i>eql body wash/shear butter external liquid</i> | Preferred | OTC |
| <i>eql clear hand soap refill external liquid</i> | Preferred | OTC |
| <i>eql gentle skin cleanser external liquid</i> | Preferred | OTC |
| <i>eql high power body wash external liquid</i> | Preferred | OTC |
| <i>eql liquid hand soap external liquid</i> | Preferred | OTC |
| <i>eql skin astringent external liquid</i> | Preferred | OTC |
| <i>gentle skin cleanser external liquid</i> | Preferred | OTC |
| <i>gnp gentle skin cleanser external liquid</i> | Preferred | OTC |
| <i>kp gentle skin cleanser external liquid</i> | Preferred | OTC |
| <i>refresh cleanser external liquid</i> | Preferred | OTC |
| <i>refreshing facial cleanser external liquid</i> | Preferred | OTC |
| ACUWASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AQUA GLYCOLIC TONER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AVEENO BABY CALMING COMFORT EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| BASIS CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| BOUDREAUXS BUTT BATH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CERAVE HYDRATING CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CERAVE SA BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CETAPHIL DERMACONTROL FOAM WSH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CETAPHIL EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CETAPHIL RESTORADERM EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLEAN & CLEAR ALOE VERA CLEANS EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLN BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLN FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLN HAND & FOOT WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| CLN SPORTWASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| EYESCRUB EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| FREE & CLEAR/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| IONIL EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| MEDERMA AG BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| MEDERMA AG FACIAL TONER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| NEUTROGENA DEEP CLEAN EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| NIVEA VISAGE EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| REHYLA WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| TENA SKIN-CARING BODY WASH EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| VANICREAM CLEANSER EXTERNAL LIQUID (<i>soap & cleansers</i>) | Preferred | OTC |
| *SODIUM*** | | |
| <i>sodium chloride oral tablet 1 gm</i> | Preferred | OTC |
| *SOLIDS*** | | |
| <i>butylated hydroxytoluene powder</i> | Preferred | |
| *SOMATOSTATIC AGENTS*** | | |
| <i>octreotide acetate injection solution 100 mcg/ml</i> | Preferred | PA |
| *SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** | | |
| <i>breathe comfort chamber/adult device</i> | Preferred | OTC |
| <i>breathe comfort chamber/child device</i> | Preferred | OTC |
| <i>breathe ease large device</i> | Preferred | |
| <i>breathe ease medium device</i> | Preferred | |
| <i>breathe ease small device</i> | Preferred | |
| <i>eq space chamber anti-static device</i> | Preferred | |
| <i>eq space chamber anti-static l device</i> | Preferred | |
| <i>eq space chamber anti-static m device</i> | Preferred | |
| <i>eq space chamber anti-static s device</i> | Preferred | |
| <i>pro comfort spacer adult</i> | Preferred | OTC |
| <i>pro comfort spacer child</i> | Preferred | OTC |
| <i>pro comfort spacer infant device</i> | Preferred | OTC |
| <i>procare spacer/adult mask device</i> | Preferred | OTC |
| <i>procare spacer/child mask device</i> | Preferred | OTC |
| <i>prochamber vhc device</i> | Preferred | |
| <i>pure comfort spacer chamber device</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLO-VU W/MASK (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>) | Preferred | |
| AEROVENT PLUS DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | OTC |
| COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| EASIVENT (<i>spacer/aero-holding chambers</i>) | Preferred | |
| EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>) | Preferred | |
| EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>) | Preferred | |
| FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>) | Preferred | |
| FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>) | Preferred | |
| FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>) | Preferred | |
| FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| INSPIREASE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| MASK VORTEX/CHILD/FROG (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| MASK VORTEX/TODDLER/LADYBUG (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| MICROCHAMBER (<i>spacer/aero-holding chambers</i>) | Preferred | |
| MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| MICROSPACER (<i>spacer/aero-holding chambers</i>) | Preferred | |
| OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>) | Preferred | |
| OPTICHAMBER DIAMOND DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>) | Preferred | |
| OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>) | Preferred | |
| PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>) | Preferred | OTC |
| POCKET CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| RITEFLO DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>) | Preferred | |
| *SPECIALTY VITAMINS PRODUCTS*** | | |
| <i>a thru z advantage oral tablet</i> | Preferred | OTC |
| <i>adrenal stress calm oral tablet</i> | Preferred | OTC |
| <i>biotin plus keratin oral tablet 10000-100 mcg-mg</i> | Preferred | OTC |
| <i>brain might/dha & co q10 oral tablet</i> | Preferred | OTC |
| <i>cvs hair/skin/nails oral tablet</i> | Preferred | OTC |
| <i>cvs menopause support oral tablet</i> | Preferred | OTC |
| <i>hair nourishing supplement oral tablet</i> | Preferred | OTC |
| <i>healthy heart complex oral tablet</i> | Preferred | OTC |
| <i>ra ear care oral tablet</i> | Preferred | OTC |
| <i>ultimate fat burner oral tablet</i> | Preferred | OTC |
| <i>urosex oral tablet</i> | Preferred | |
| <i>varisan vitality oral tablet</i> | Preferred | OTC |
| <i>vitamins for hair oral tablet</i> | Preferred | OTC |
| <i>weight loss daily multi oral tablet</i> | Preferred | OTC |
| ALLERWELL ALLERGY FORMULA ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| CENTRUM PERFORMANCE ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| CENTRUM SPECIALIST ENERGY ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| ELON MATRIX 5000 COMPLETE ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| ELON MATRIX 5000 ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| ELON MATRIX COMPLETE ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| ELON MATRIX PLUS ORAL TABLET 3000-50-100 MCG-MG-MG (<i>specialty vitamins products</i>) | Preferred | OTC |
| ELON R3 ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| HEART TABS ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| LIPIDSHIELD PLUS ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| MG PLUS PROTEIN ORAL TABLET 133 MG (<i>specialty vitamins products</i>) | Preferred | OTC |
| MIL ADREGEN ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| UPSPRING HE NATAL ORAL TABLET (<i>specialty vitamins products</i>) | Preferred | OTC |
| *SPERMICIDES*** | | |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>) | Preferred | OTC |
| TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| *STIMULANT LAXATIVES*** | | |
| <i>bisacodyl ec oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>bisacodyl laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>bisacodyl oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>bisacodyl rectal suppository 10 mg</i> | Preferred | OTC |
| <i>castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>castor oil stimulant laxative oral oil 100 %</i> | Preferred | OTC |
| <i>chocolated laxative oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>cvs castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>cvs c-lax laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>cvs gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>cvs gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>cvs gentle laxative womens oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>cvs laxative pills max st oral tablet 25 mg</i> | Preferred | OTC |
| <i>cvs senna oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>cvs senna-extra oral tablet 17.2 mg</i> | Preferred | OTC |
| <i>eq gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>eq laxative maximum strength oral tablet 25 mg</i> | Preferred | OTC |
| <i>eq natural vegetable laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>eq vegetable laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>eql castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>eql gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>eql laxative maximum strength oral tablet 25 mg</i> | Preferred | OTC |
| <i>eql laxative oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>eql laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>eql senna laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>ft castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>ft gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>ft laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>ft senna laxatives oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>geri-kot oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>gnp castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>gnp gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>gnp gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>gnp senna lax oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>gnp womens gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>goodsense bisacodyl ec oral tablet delayed release 5 mg</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>goodsense bisacodyl laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>goodsense castor oil oral oil 100 %</i> | Preferred | OTC |
| <i>goodsense laxative pills oral tablet 25 mg</i> | Preferred | OTC |
| <i>goodsense senna laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>goodsense womens laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>hm gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>hm laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>hm senna oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>kp bisacodyl oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>kp senna oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>laxative max str oral tablet 25 mg</i> | Preferred | OTC |
| <i>laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>laxative regular strength oral tablet 15 mg</i> | Preferred | OTC |
| <i>medi-natural oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>natural senna laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>px laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>px vegetable laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>qc chocolated laxative oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>qc gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>qc gentle laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>qc gentle laxative womens oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>qc laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>qc senna oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>qc vegetable laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>ra fast relief laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>ra laxative oral tablet chewable 15 mg</i> | Preferred | OTC |
| <i>ra laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>ra womens laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>sb bisacodyl laxative ec oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>sb gentle lax-women oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>sb laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>sb senna-lax oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>senna laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>senna oral capsule 8.6 mg</i> | Preferred | OTC |
| <i>senna oral liquid 8.8 mg/5ml</i> | Preferred | OTC |
| <i>senna oral syrup 176 mg/5ml, 8.8 mg/5ml</i> | Preferred | OTC |
| <i>senna oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>senna-lax oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>senna-tabs oral tablet 8.6 mg</i> | Preferred | OTC |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>senna-time oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>sennazon oral syrup 8.8 mg/5ml</i> | Preferred | OTC |
| <i>sm gentle laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>sm laxative rectal suppository 10 mg</i> | Preferred | OTC |
| <i>sm senna laxative oral tablet 8.6 mg</i> | Preferred | OTC |
| <i>womans laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| <i>womens laxative oral tablet delayed release 5 mg</i> | Preferred | OTC |
| ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>) | Preferred | OTC |
| EVAC-U-GEN ORAL TABLET 8.6 MG (<i>sennosides</i>) | Preferred | OTC |
| EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (<i>sennosides</i>) | Preferred | OTC |
| EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>) | Preferred | OTC |
| FLEET BISACODYL RECTAL ENEMA 10 MG/30ML (<i>bisacodyl</i>) | Preferred | OTC |
| MEDI-LAX ORAL TABLET 15 MG (<i>sennosides</i>) | Preferred | OTC |
| ONELAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>) | Preferred | OTC |
| ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (<i>sennosides</i>) | Preferred | OTC |
| PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (<i>sennosides</i>) | Preferred | OTC |
| SENNA SMOOTH ORAL TABLET 15 MG (<i>sennosides</i>) | Preferred | OTC |
| SEKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>) | Preferred | OTC |
| THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>) | Preferred | OTC |
| *SURFACTANT LAXATIVES*** | | |
| <i>cvs mini enema kids rectal enema 100 mg/5ml</i> | Preferred | OTC |
| <i>cvs mini enema rectal enema 20-283 mg</i> | Preferred | OTC |
| <i>cvs stool softener oral capsule 100 mg, 240 mg, 250 mg, 50 mg</i> | Preferred | OTC |
| <i>docusate calcium oral capsule 240 mg</i> | Preferred | OTC |
| <i>docusate mini rectal enema 283 mg/5ml</i> | Preferred | OTC |
| <i>docusate sodium oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i> | Preferred | OTC |
| <i>docusate sodium oral syrup 60 mg/15ml</i> | Preferred | OTC |
| <i>dss oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>easy-lax oral capsule 100 mg</i> | Preferred | OTC |
| <i>eq stool softener oral capsule 100 mg</i> | Preferred | OTC |
| <i>eql stool softener oral capsule 100 mg</i> | Preferred | OTC |
| <i>ft stool softener oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>ft stool softener oral tablet 100 mg</i> | Preferred | OTC |
| <i>gnp stool softener oral capsule 100 mg, 240 mg, 250 mg</i> | Preferred | OTC |
| <i>goodsense stool softener oral capsule 100 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>hm stool softener oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>kls stool softener oral capsule 100 mg</i> | Preferred | OTC |
| <i>mm stool softener laxative oral capsule 100 mg</i> | Preferred | OTC |
| <i>px docusate sodium oral capsule 100 mg</i> | Preferred | OTC |
| <i>qc docusate calcium oral capsule 240 mg</i> | Preferred | OTC |
| <i>qc stool softener oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>ra col-rite oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>ra stool softener oral capsule 100 mg</i> | Preferred | OTC |
| <i>sb docusate sodium oral capsule 100 mg</i> | Preferred | OTC |
| <i>sb stool softener oral capsule 240 mg</i> | Preferred | OTC |
| <i>sm docusate calcium oral capsule 240 mg</i> | Preferred | OTC |
| <i>sm stool softener oral capsule 100 mg, 250 mg</i> | Preferred | OTC |
| <i>sm stool softener oral tablet 100 mg</i> | Preferred | OTC |
| <i>stool softener laxative oral capsule 100 mg</i> | Preferred | OTC |
| <i>stool softener oral capsule 100 mg, 240 mg, 250 mg</i> | Preferred | OTC |
| <i>stool softener oral liquid 50 mg/5ml</i> | Preferred | OTC |
| <i>stool softener oral tablet 100 mg</i> | Preferred | OTC |
| DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>) | Preferred | OTC |
| DOCUSOL MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>) | Preferred | OTC |
| DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>) | Preferred | OTC |
| DOK ORAL TABLET 100 MG (<i>docusate sodium</i>) | Preferred | OTC |
| DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>) | Preferred | OTC |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>) | Preferred | OTC |
| ENEMEEZ KIDS MINI ENEMA RECTAL ENEMA 100 MG/5ML (<i>docusate sodium</i>) | Preferred | OTC |
| ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>) | Preferred | OTC |
| ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (<i>benzocaine-docusate sodium</i>) | Preferred | OTC |
| HEALTHY MAMA MOVE IT ALONG ORAL TABLET 100 MG (<i>docusate sodium</i>) | Preferred | OTC |
| ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML (<i>docusate sodium</i>) | Preferred | OTC |
| PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>) | Preferred | OTC |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE 100 MG (<i>docusate sodium</i>) | Preferred | OTC |
| SURFAK ORAL CAPSULE 240 MG (<i>docusate calcium</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| *SYSTEMIC DECONGESTANTS*** | | |
| <i>12 hour decongestant oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>cvs nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>cvs sinus pe decongestant oral tablet 10 mg</i> | Preferred | OTC |
| <i>decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>eq sinus 12-hour oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>eql nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>eql nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>ft nasal decongestant max str oral tablet 30 mg</i> | Preferred | OTC |
| <i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>ft nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>gnp nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>gnp nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>hm nasal decongestant 12 hour oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>hm nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>kp pseudoephedrine hcl oral tablet 30 mg, 60 mg</i> | Preferred | OTC |
| <i>meijer nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>nasal decongestant 12hr oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>nasal decongestant d oral tablet 30 mg</i> | Preferred | OTC |
| <i>nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>nasal decongestant pe max st oral tablet 10 mg</i> | Preferred | OTC |
| <i>nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>non-pseudo sinus decongestant oral tablet 10 mg</i> | Preferred | OTC |
| <i>phenylephrine hcl oral tablet 10 mg</i> | Preferred | OTC |
| <i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i> | Preferred | OTC |
| <i>px nasal decongestant oral tablet 30 mg</i> | Preferred | OTC |
| <i>px nasal decongestant oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>px nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>qc nasal decongestant pe oral tablet 10 mg, 30 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>ra nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>ra sinus/congestion relief oral tablet 30 mg</i> | Preferred | OTC |
| <i>ra sinus/congestion relief oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>ra sinus/congestion relief pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>ra suphedrine oral tablet 30 mg</i> | Preferred | OTC |
| <i>ra suphedrine oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>sinus congestion max strength oral tablet 30 mg</i> | Preferred | OTC |
| <i>sm nasal decongestant max st oral tablet 30 mg</i> | Preferred | OTC |
| <i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>sm nasal decongestant pe oral tablet 10 mg</i> | Preferred | OTC |
| <i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| <i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i> | Preferred | OTC |
| SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG (<i>phenylephrine hcl</i>) | Preferred | OTC |
| SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| SUDOGEST ORAL TABLET 30 MG, 60 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| WAL-PHED D ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (<i>pseudoephedrine hcl</i>) | Preferred | OTC |
| WAL-PHED PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>) | Preferred | OTC |
| *TAR PRODUCTS*** | | |
| <i>cvs therapeutic dandruff external shampoo 1 %</i> | Preferred | OTC |
| <i>cvs therapeutic external shampoo 0.5 %</i> | Preferred | OTC |
| <i>eql therapeutic external shampoo 0.5 %</i> | Preferred | OTC |
| <i>sm anti-dandruff coal tar external shampoo 0.5 %</i> | Preferred | OTC |
| <i>therapeutic external shampoo 0.5 %</i> | Preferred | OTC |
| BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 % (<i>coal tar extract</i>) | Preferred | OTC |
| DHS TAR EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>) | Preferred | OTC |
| DHS TAR GEL EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>) | Preferred | OTC |
| IONIL-T EXTERNAL SHAMPOO 1 % (<i>coal tar extract</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| THERAPEUTIC T+PLUS EXTERNAL SHAMPOO 0.5 % (<i>coal tar extract</i>) | Preferred | OTC |
| *TETRACYCLINES*** | | |
| <i>avidoxy oral tablet 100 mg</i> | Preferred | |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> | Preferred | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | Preferred | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | Preferred | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | Preferred | |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | Preferred | |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i> | Preferred | |
| <i>minocycline hcl oral capsule 100 mg, 75 mg</i> | Preferred | QL (2 EA per 1 day) |
| <i>minocycline hcl oral capsule 50 mg</i> | Preferred | QL (4 EA per 1 day) |
| <i>doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)</i> | Preferred | |
| <i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i> | Preferred | |
| *THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Preferred | Max 90-day supply per fill |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Preferred | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Preferred | Max 90-day supply per fill |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Preferred | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Preferred | |
| *THYROID HORMONES*** | | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Preferred | Max 90-day supply per fill |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i> | Preferred | |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Preferred | |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | Preferred | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>) | Preferred | |
| <i>levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i> | Preferred | Max 90-day supply per fill |
| <i>levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i> | Preferred | Max 90-day supply per fill |
| <i>levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i> | Preferred | Max 90-day supply per fill |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>) | Preferred | |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg) | Preferred | Max 90-day supply per fill |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | Preferred | |
| *TOPICAL DECONGESTANTS*** | | |
| <i>12 hour decongestant nasal solution 0.05 %</i> | Preferred | OTC |
| <i>12 hour nasal decongestant nasal solution 0.05 %</i> | Preferred | OTC |
| <i>12 hour nasal relief spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>12 hour nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>anefrin spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>cvs allergy nasal mist no drip nasal solution 0.05 %</i> | Preferred | OTC |
| <i>cvs nasal mist nasal solution 0.05 %</i> | Preferred | OTC |
| <i>cvs nasal spray nasal solution 0.05 %, 1 %</i> | Preferred | OTC |
| <i>cvs sinus nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>ephrine nose drops nasal solution 1 %</i> | Preferred | OTC |
| <i>eq nasal spray fast acting nasal solution 1 %</i> | Preferred | OTC |
| <i>eq nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>eql nasal spray 12 hour nasal solution 0.05 %</i> | Preferred | OTC |
| <i>eql nasal spray fast acting nasal solution 1 %</i> | Preferred | OTC |
| <i>eql nasal spray no drip nasal solution 0.05 %</i> | Preferred | OTC |
| <i>ft nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>gnp nasal four spray nasal solution 1 %</i> | Preferred | OTC |
| <i>gnp nasal spray extra moist nasal solution 0.05 %</i> | Preferred | OTC |
| <i>gnp nasal spray fast acting nasal solution 1 %</i> | Preferred | OTC |
| <i>gnp nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>gnp no drip nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>hm nose drops nasal solution 1 %</i> | Preferred | OTC |
| <i>long acting nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>long lasting nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal decongestant spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal four nasal solution 1 %</i> | Preferred | OTC |
| <i>nasal relief nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray 12 hour nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray extra moisturizing nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray max strength nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray no drip nasal solution 0.05 %</i> | Preferred | OTC |
| <i>nasal spray sinus nasal solution 0.05 %</i> | Preferred | OTC |
| <i>no drip nasal spray nasal solution 0.05 %</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| <i>px nasal four nasal solution 1 %</i> | Preferred | OTC |
| <i>px nasal spray moisturizing nasal solution 0.05 %</i> | Preferred | OTC |
| <i>px no drip nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>px original nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>qc nasal mist no drip nasal solution 0.05 %</i> | Preferred | OTC |
| <i>qc nasal spray nasal solution 0.05 %, 1 %</i> | Preferred | OTC |
| <i>qc no drip extra moisturizing nasal solution 0.05 %</i> | Preferred | OTC |
| <i>qc no drip nasal relief nasal solution 0.05 %</i> | Preferred | OTC |
| <i>qc no drip original 12 hours nasal solution 0.05 %</i> | Preferred | OTC |
| <i>ra 12 hour nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>ra nose drops extra strength nasal solution 1 %</i> | Preferred | OTC |
| <i>sb 12hr nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sb nasal spray no-drip nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sb sinus relief nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sinus nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sinus relief extra strength nasal solution 1 %</i> | Preferred | OTC |
| <i>sinus relief mist nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sinus relief nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sm nasal spray 12 hour nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sm nasal spray nasal solution 0.05 %</i> | Preferred | OTC |
| <i>sm nasal spray sinus nasal solution 0.05 %</i> | Preferred | OTC |
| 4-WAY FAST ACTING NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>) | Preferred | OTC |
| 4-WAY MENTHOL NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>) | Preferred | OTC |
| DRISTAN NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| MUCINEX CHILDRENS STUFFY NOSE NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| NOSTRILLA NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| QLEARQUIL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>) | Preferred | OTC |
| WAL-FOUR NASAL SOLUTION 1 % (<i>phenylephrine hcl</i>) | Preferred | OTC |
| *TRICYCLIC AGENTS*** | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | Preferred | |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|-----------------------------|
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | Preferred | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Preferred | |
| <i>imipramine pamoate oral capsule 100 mg, 150 mg, 75 mg</i> | Preferred | |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | Preferred | |
| *TRIPHASIC CONTRACEPTIVES - ORAL*** | | |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i> | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i> | Preferred | Max 365-day supply per fill |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|-----------------------------|
| <i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | Preferred | Max 365-day supply per fill |
| <i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | Preferred | Max 365-day supply per fill |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | Preferred | Max 365-day supply per fill |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>) | Preferred | Max 365-day supply per fill |
| *ULCER DRUGS - PROSTAGLANDINS*** | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Preferred | |
| *URINARY ANALGESICS*** | | |
| <i>azo tabs oral tablet 95 mg</i> | Preferred | OTC |
| <i>cvs urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>cvs urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>eq urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>eq urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>gnp urinary pain relief oral tablet 95 mg, 97.5 mg</i> | Preferred | OTC |
| <i>hm urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i> | Preferred | |
| <i>qc azo oral tablet 95 mg</i> | Preferred | OTC |
| <i>qc urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>qc urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>ra urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>sb urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>sb urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>sm urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>sm urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| <i>urinary pain relief max st oral tablet 97.5 mg</i> | Preferred | OTC |
| <i>urinary pain relief oral tablet 95 mg</i> | Preferred | OTC |
| AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>) | Preferred | OTC |
| <i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg) | Preferred | |
| PHENAZO ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>) | Preferred | OTC |
| VH ESSENTIALS UTI RELIEF ORAL TABLET 97.2 MG (<i>phenazopyridine hcl</i>) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| *URINARY ANTI-INFECTIVES*** | | |
| <i>fosfomycin tromethamine oral packet 3 gm</i> | Preferred | |
| <i>methenamine hippurate oral tablet 1 gm</i> | Preferred | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | Preferred | |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | Preferred | |
| *URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Preferred | |
| *VASODILATORS*** | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Preferred | Max 90-day supply per fill |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Preferred | |
| *VASOPRESSIN*** | | |
| <i>desmopressin acetate nasal solution 1.5 mg/ml</i> | Preferred | |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | Preferred | |
| *VASOPRESSORS*** | | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | Preferred | |
| *VISCOSUPPLEMENTS*** | | |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>) | Preferred | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>) | Preferred | PA |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>) | Preferred | PA |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>) | Preferred | PA |
| *VITAMIN A*** | | |
| <i>a-10000 oral capsule 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin a oral capsule 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>natural vitamin a oral capsule 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>ra vitamin a oral capsule 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>vitamin a oral capsule 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>vitamin a oral tablet 3 mg (10000 ut)</i> | Preferred | OTC |
| <i>vitamin a palmitate oral tablet 3 mg (10000 ut), 4.5 mg (15000 ut)</i> | Preferred | OTC |
| <i>xcellent a 3000 oral capsule 3000 mcg</i> | Preferred | OTC |
| *VITAMIN B-1*** | | |
| <i>b1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>b-1 oral tablet 100 mg, 250 mg</i> | Preferred | OTC |
| <i>cvs b-1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>gnp vitamin b-1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>qc vitamin b1 oral tablet 100 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|--------------------------|
| <i>ra vitamin b-1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>sm vitamin b1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>thiamine hcl oral tablet 100 mg</i> | Preferred | OTC |
| <i>thiamine mononitrate oral tablet 100 mg</i> | Preferred | OTC |
| <i>vitamin b1 oral tablet 100 mg</i> | Preferred | OTC |
| <i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i> | Preferred | OTC |
| *VITAMIN B-2*** | | |
| <i>b-2 oral tablet 100 mg</i> | Preferred | OTC |
| <i>cvs vitamin b-2 oral tablet 100 mg</i> | Preferred | OTC |
| <i>vitamin b-2 oral tablet 100 mg, 25 mg</i> | Preferred | OTC |
| CYTO B2 ORAL POWDER 343 MG/GM (<i>riboflavin</i>) | Preferred | OTC |
| *VITAMIN B-3*** | | |
| <i>kp niacin oral tablet 500 mg</i> | Preferred | OTC |
| <i>niacin er oral capsule extended release 250 mg, 500 mg</i> | Preferred | OTC |
| <i>niacin er oral tablet extended release 250 mg</i> | Preferred | OTC |
| <i>niacin er oral tablet extended release 500 mg</i> | Preferred | OTC; QL (3 EA per 1 day) |
| <i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i> | Preferred | OTC |
| <i>niacinamide er oral tablet extended release 500 mg</i> | Preferred | OTC |
| <i>niacinamide oral tablet 100 mg, 500 mg</i> | Preferred | OTC |
| <i>plain niacin oral tablet 250 mg, 500 mg</i> | Preferred | OTC |
| <i>px niacin oral tablet 100 mg</i> | Preferred | OTC |
| <i>qc niacin oral tablet 100 mg</i> | Preferred | OTC |
| <i>ra niacin oral tablet 100 mg, 500 mg</i> | Preferred | OTC |
| <i>ra no flush niacin oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm niacin cr oral tablet extended release 250 mg</i> | Preferred | OTC |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 750 MG (<i>niacin</i>) | Preferred | OTC |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>) | Preferred | OTC; QL (3 EA per 1 day) |
| ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacinamide</i>) | Preferred | OTC |
| NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (<i>niacin</i>) | Preferred | OTC |
| NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>) | Preferred | OTC; QL (3 EA per 1 day) |
| *VITAMIN B-6*** | | |
| <i>b6 natural oral tablet 100 mg</i> | Preferred | OTC |
| <i>b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i> | Preferred | OTC |
| <i>cvs b6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>eql b-6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>gnp vitamin b-6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>kp vitamin b-6 oral tablet 100 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---------------------|
| <i>pyridoxine hcl oral tablet 25 mg, 50 mg</i> | Preferred | OTC |
| <i>qc vitamin b6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>ra vitamin b-6 oral tablet 100 mg, 50 mg</i> | Preferred | OTC |
| <i>sm vitamin b6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>sm vitamin b-6 oral tablet 100 mg</i> | Preferred | OTC |
| <i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i> | Preferred | OTC |
| <i>vitamin b6 oral tablet 100 mg, 250 mg, 50 mg</i> | Preferred | OTC |
| <i>yl vitamin b-6 oral tablet 100 mg</i> | Preferred | OTC |
| B-NATAL MOUTH/THROAT LOZENGE 25 MG (<i>pyridoxine hcl</i>) | Preferred | OTC |
| B-NATAL MOUTH/THROAT LOZENGE ON A HANDLE 25 MG (<i>pyridoxine hcl</i>) | Preferred | OTC |
| *VITAMIN C*** | | |
| <i>acerola c-500 oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>ascorbic acid oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>c 1000 oral tablet 1000 mg</i> | Preferred | OTC |
| <i>c 250 oral tablet 250 mg</i> | Preferred | OTC |
| <i>c 500 oral tablet 500 mg</i> | Preferred | OTC |
| <i>c 500 oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>c 500/rose hips oral tablet 500 mg</i> | Preferred | OTC |
| <i>c-1000 oral tablet 1000 mg</i> | Preferred | OTC |
| <i>c-1000/rose hips oral tablet 1000 mg</i> | Preferred | OTC |
| <i>c-250 oral tablet 250 mg</i> | Preferred | OTC |
| <i>c-500 oral tablet 500 mg</i> | Preferred | OTC |
| <i>c-500 oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>c-500/rose hips oral tablet 500 mg</i> | Preferred | OTC |
| <i>calcium ascorbate oral tablet 500 mg</i> | Preferred | OTC |
| <i>c-chewable oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>cvs chewable c with rose hips oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>cvs vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i> | Preferred | OTC |
| <i>cvs vitamin c-rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>eql vitamin c oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>eql vitamin c/rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>fruit c 500 oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i> | Preferred | OTC |
| <i>gnp vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>gnp vitamin c w/rose hips oral tablet 500-37 mg</i> | Preferred | OTC |
| <i>gnp vitamin c/rose hips oral tablet 1000 mg</i> | Preferred | OTC |
| <i>hm vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>meijer c oral tablet 500 mg</i> | Preferred | OTC |
| <i>natural c/rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>px vitamin c oral tablet 500 mg</i> | Preferred | OTC |
| <i>qc vitamin c oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>qc vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>qc vitamin c with rose hips oral tablet 500 mg</i> | Preferred | OTC |
| <i>ra vitamin c oral tablet 250 mg, 500 mg</i> | Preferred | OTC |
| <i>ra vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>ra vitamin c/acerola oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>ra vitamin c/rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>sb vitamin c oral tablet 500 mg</i> | Preferred | OTC |
| <i>sm chewable c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm chewable vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm vit c/rose hips oral tablet 1000 mg</i> | Preferred | OTC |
| <i>sm vitamin c oral tablet 1000 mg, 250 mg, 500 mg</i> | Preferred | OTC |
| <i>sm vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>sm vitamin c/rose hips oral tablet 500 mg</i> | Preferred | OTC |
| <i>vitamin c (calcium ascorbate) oral solution reconstituted</i> | Preferred | OTC |
| <i>vitamin c immune health oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg</i> | Preferred | OTC |
| <i>vitamin c oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>vitamin c plus wild rose hips oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>vitamin c/bioflavonoids/rosehip oral tablet 500 mg</i> | Preferred | OTC |
| <i>vitamin c/natural rose hips oral tablet 1000 mg</i> | Preferred | OTC |
| <i>vitamin c/rose hips oral tablet 500 mg</i> | Preferred | OTC |
| <i>vitamin c-acerola oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>vitamin c-rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>vitamin c-rose hips oral tablet chewable 500 mg</i> | Preferred | OTC |
| <i>yl vitamin c oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| <i>yl vitamin c-rose hips oral tablet 1000 mg, 500 mg</i> | Preferred | OTC |
| PUREWAY-C ORAL TABLET 500 MG (<i>ascorbic acid</i>) | Preferred | OTC |
| SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG (<i>ascorbic acid</i>) | Preferred | OTC |
| *VITAMIN D*** | | |
| <i>aqueous vitamin d oral liquid 10 mcg/ml</i> | Preferred | OTC |
| <i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>cvs vitamin d3 oral capsule 250 mcg (10000 ut)</i> | Preferred | OTC |
| <i>d 1000 oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>d 10000 oral capsule 250 mcg (10000 ut)</i> | Preferred | OTC |
| <i>d 5000 oral capsule 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>d-1000 extra strength oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|-------------------------|----------------------------|
| <i>d2000 ultra strength oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>d3 2000 oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>d3 5000 oral capsule 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>d3 high potency oral tablet 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>d3 kids oral tablet chewable 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>d3 maximum strength oral capsule 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>d3 oral tablet 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>d3 oral tablet chewable 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>d3 super strength oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>d3-1000 oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>d3-1000 oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>d-3-5 oral capsule 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>d-400 oral tablet 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>d-5000 oral tablet 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>delta d3 oral tablet 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>d-vite pediatric oral liquid 10 mcg/ml</i> | Preferred | OTC |
| <i>eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i> | Preferred | Max 90-day supply per fill |
| <i>ergocalciferol oral solution 200 mcg/ml</i> | Preferred | OTC |
| <i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>gnp d 1000 oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin d oral tablet chewable 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>gnp vitamin d super strength oral tablet 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>gnp vitamin d3 oral tablet 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>hm vitamin d3 oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>kls d3 oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>kp vitamin d oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i> | Preferred | OTC |

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PA - Prior Authorization **QL** - Quantity Limits **Rx** - Prescription Drug

| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>ra vitamin d-3 oral tablet 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>sm vitamin d oral tablet 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>sm vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg, 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>sm vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i> | Preferred | Max 90-day supply per fill |
| <i>vitamin d (ergocalciferol) oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d high potency oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>vitamin d infant oral liquid 10 mcg/ml</i> | Preferred | OTC |
| <i>vitamin d oral capsule 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d oral liquid 10 mcg/ml</i> | Preferred | OTC |
| <i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)</i> | Preferred | OTC |
| <i>vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i> | Preferred | OTC |
| <i>vitamin d3 oral liquid 10 mcg/ml, 125 mcg/ml</i> | Preferred | OTC |
| <i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut)</i> | Preferred | OTC |
| <i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i> | Preferred | OTC |
| <i>vitamin d3 ultra potency oral tablet 1250 mcg</i> | Preferred | OTC |
| BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML (cholecalciferol) | Preferred | OTC |
| CALCIDOL ORAL SOLUTION 200 MCG/ML (ergocalciferol) | Preferred | OTC |
| D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol) | Preferred | OTC |
| DECARA ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol) | Preferred | OTC |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (cholecalciferol) | Preferred | OTC |
| DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT) (cholecalciferol) | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---------------------|
| HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE 10 MCG (400 UNIT) (<i>cholecalciferol</i>) | Preferred | OTC |
| IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| PRONUTRIENTS VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>) | Preferred | OTC |
| *VITAMIN E*** | | |
| <i>aqueous vitamin e oral solution 15 mg/0.67ml</i> | Preferred | OTC |
| <i>cvs e oral capsule 90 mg (200 unit)</i> | Preferred | OTC |
| <i>cvs vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i> | Preferred | OTC |
| <i>e 1000 oral capsule 450 mg (1000 ut), 670 mg (1000 ut)</i> | Preferred | OTC |
| <i>e200 oral capsule 90 mg (200 unit)</i> | Preferred | OTC |
| <i>e-200 oral capsule 90 mg (200 unit)</i> | Preferred | OTC |
| <i>e400 oral capsule 180 mg (400 unit), 268 mg (400 unit)</i> | Preferred | OTC |
| <i>e-400 oral capsule 180 mg (400 unit), 268 mg (400 unit)</i> | Preferred | OTC |
| <i>e-400-clear oral capsule 268 mg (400 unit)</i> | Preferred | OTC |
| <i>eql vitamin e oral capsule 400 unit</i> | Preferred | OTC |
| <i>gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)</i> | Preferred | OTC |
| <i>high potency e oral capsule 450 mg (1000 ut)</i> | Preferred | OTC |
| <i>hm e vitamin oral capsule 180 mg (400 unit)</i> | Preferred | OTC |
| <i>kp vitamin e oral capsule 45 mg (100 unit)</i> | Preferred | OTC |
| <i>natural vitamin e oral capsule 670 mg (1000 ut)</i> | Preferred | OTC |
| <i>px vitamin e oral capsule 400 unit</i> | Preferred | OTC |
| <i>qc vitamin e oral capsule 180 mg (400 unit)</i> | Preferred | OTC |
| <i>ra natural vitamin e oral capsule 268 mg (400 unit)</i> | Preferred | OTC |
| <i>ra vitamin e natural oral capsule 670 mg (1000 ut)</i> | Preferred | OTC |
| <i>ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|-------------------------|----------------------------|
| <i>sm vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut), 90 mg (200 unit)</i> | Preferred | OTC |
| <i>vitamin e blend oral capsule 400 unit</i> | Preferred | OTC |
| <i>vitamin e high potency oral capsule 180 mg (400 unit), 90 mg</i> | Preferred | OTC |
| <i>vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)</i> | Preferred | OTC |
| <i>vitamin e oral solution 15 mg/0.67ml</i> | Preferred | OTC |
| <i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i> | Preferred | OTC |
| <i>vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)</i> | Preferred | OTC |
| <i>vitamin e/d-alpha natural oral capsule 134 mg (200 unit), 268 mg (400 unit)</i> | Preferred | OTC |
| <i>vitamin e/d-alpha oral capsule 134 mg (200 unit)</i> | Preferred | OTC |
| SOLUVITA E ORAL SOLUTION 15.8 MG/0.7ML (<i>vitamin e</i>) | Preferred | OTC |
| *VITAMIN K*** | | |
| <i>k 100 oral tablet 100 mcg</i> | Preferred | OTC |
| <i>phytonadione oral tablet 5 mg</i> | Preferred | PA |
| <i>vitamin k (phytonadione) oral tablet 100 mcg</i> | Preferred | OTC |
| <i>vitamin k2 oral tablet 40 mcg</i> | Preferred | OTC |
| SUPERIORSOURCE K1 ORAL TABLET DISPERSIBLE 500 MCG (<i>phytonadione</i>) | Preferred | OTC |
| *WOUND CLEANSERS/DECUBITUS ULCER THERAPY*** | | |
| <i>cvs wound wash advanced external liquid</i> | Preferred | OTC |
| <i>wound cleanser external liquid</i> | Preferred | OTC |
| <i>wound/skin cleanser external liquid</i> | Preferred | OTC |
| ATRAPRO DERMAL SPRAY EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | |
| MICROCYN EXTERNAL LIQUID 0.023 % (<i>wound cleansers</i>) | Preferred | |
| NEXCARE WOUND CLEANSER EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | OTC |
| PURACYN PLUS DUO-CARE EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | OTC |
| RESTA WOUND CLEANSER EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | OTC |
| SAF-CLENS AF EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | OTC |
| SILVERMED EXTERNAL LIQUID (<i>wound cleansers</i>) | Preferred | OTC |
| *ZINC*** | | |
| <i>cvs zinc gluconate oral tablet 50 mg</i> | Preferred | OTC |
| <i>ra zinc oral tablet 50 mg</i> | Preferred | OTC |
| <i>sm zinc gluconate oral tablet 50 mg</i> | Preferred | OTC |
| <i>zinc gluconate oral tablet 50 mg</i> | Preferred | OTC |
| <i>zinc oral capsule 220 (50 zn) mg</i> | Preferred | OTC |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|----------------------------|
| <i>zinc sulfate oral capsule 220 (50 zn) mg</i> | Preferred | OTC |
| ORAZINC ORAL CAPSULE 220 (50 ZN) MG (<i>zinc sulfate</i>) | Preferred | OTC |
| ZINC 15 ORAL TABLET 66 MG (<i>zinc sulfate</i>) | Preferred | OTC |
| TOPICAL ANTIBIOTICS [OPEN CLASS] | | |
| <i>mupirocin ointment 2 % external</i> | Preferred | |
| <i>mupirocin calcium cream 2 % external</i> | Non Preferred | PA |
| CENTANY AT KIT 2 % EXTERNAL (<i>mupirocin</i>) | Non Preferred | PA |
| CENTANY OINTMENT 2 % EXTERNAL (<i>mupirocin</i>) | Non Preferred | PA |
| ULCERATIVE COLITIS [OPEN CLASS] | | |
| <i>balsalazide disodium capsule 750 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mesalamine capsule delayed release 400 mg oral</i> | Preferred | |
| <i>mesalamine enema 4 gm rectal</i> | Preferred | |
| <i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i> | Preferred | Max 90-day supply per fill |
| <i>mesalamine er capsule extended release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>mesalamine suppository 1000 mg rectal</i> | Preferred | |
| <i>mesalamine tablet delayed release 1.2 gm oral</i> | Preferred | |
| <i>mesalamine tablet delayed release 800 mg oral</i> | Preferred | |
| <i>sulfasalazine tablet 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>sulfasalazine tablet delayed release 500 mg oral</i> | Preferred | Max 90-day supply per fill |
| APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL (<i>mesalamine</i>) | Preferred | Max 90-day supply per fill |
| PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL (<i>mesalamine</i>) | Preferred | Max 90-day supply per fill |
| PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL (<i>mesalamine</i>) | Preferred | Max 90-day supply per fill |
| <i>budesonide er tablet extended release 24 hour 9 mg oral</i> | Non Preferred | PA |
| <i>budesonide foam 2 mg rectal</i> | Non Preferred | PA |
| <i>mesalamine-cleanser kit 4 gm rectal</i> | Non Preferred | PA |
| ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL (<i>mesalamine</i>) | Non Preferred | PA |
| AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL (<i>sulfasalazine</i>) | Non Preferred | PA |
| AZULFIDINE TABLET 500 MG ORAL (<i>sulfasalazine</i>) | Non Preferred | PA |
| CANASA SUPPOSITORY 1000 MG RECTAL (<i>mesalamine</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|----------------------------|
| COLAZAL CAPSULE 750 MG ORAL (<i>balsalazide disodium</i>) | Non Preferred | PA |
| DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL (<i>mesalamine</i>) | Non Preferred | PA |
| DIPENTUM CAPSULE 250 MG ORAL (<i>olsalazine sodium</i>) | Non Preferred | PA |
| LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL (<i>mesalamine</i>) | Non Preferred | PA |
| ROWASA KIT 4 GM RECTAL (<i>mesalamine-cleanser</i>) | Non Preferred | PA |
| SFROWASA ENEMA 4 GM/60ML RECTAL (<i>mesalamine</i>) | Non Preferred | PA |
| UCERIS FOAM 2 MG/ACT RECTAL (<i>budesonide</i>) | Non Preferred | PA |
| UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL (<i>budesonide</i>) | Non Preferred | PA |
| URINARY ANTISPASMODICS [OPEN CLASS] | | |
| <i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>oxybutynin chloride solution 5 mg/5ml oral</i> | Preferred | |
| <i>oxybutynin chloride tablet 2.5 mg oral</i> | Preferred | |
| <i>oxybutynin chloride tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>solifenacin succinate tablet 10 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>solifenacin succinate tablet 5 mg oral</i> | Preferred | Max 90-day supply per fill |
| <i>trospium chloride er capsule extended release 24 hour 60 mg oral</i> | Preferred | |
| TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>fesoterodine fumarate</i>) | Preferred | Max 90-day supply per fill |
| TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL (<i>fesoterodine fumarate</i>) | Preferred | Max 90-day supply per fill |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i> | Non Preferred | PA |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i> | Non Preferred | PA |
| <i>fesoterodine fumarate er tablet extended release 24 hour 4 mg oral</i> | Non Preferred | PA |
| <i>fesoterodine fumarate er tablet extended release 24 hour 8 mg oral</i> | Non Preferred | PA |
| <i>flavoxate hcl tablet 100 mg oral</i> | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|------------------------|
| <i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i> | Non Preferred | PA |
| <i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i> | Non Preferred | PA |
| <i>tolterodine tartrate tablet 1 mg oral</i> | Non Preferred | PA |
| <i>tolterodine tartrate tablet 2 mg oral</i> | Non Preferred | PA |
| <i>tropium chloride tablet 20 mg oral</i> | Non Preferred | PA |
| DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL (<i>tolterodine tartrate</i>) | Non Preferred | PA |
| DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL (<i>tolterodine tartrate</i>) | Non Preferred | PA |
| DETROL TABLET 1 MG ORAL (<i>tolterodine tartrate</i>) | Non Preferred | PA |
| DETROL TABLET 2 MG ORAL (<i>tolterodine tartrate</i>) | Non Preferred | PA |
| GELNIQUE GEL 10 % TRANSDERMAL (<i>oxybutynin chloride</i>) | Non Preferred | PA |
| GEMTESA TABLET 75 MG ORAL (<i>vibegron</i>) | Non Preferred | PA |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER 8 MG/ML ORAL (<i>mirabegron</i>) | Non Preferred | PA |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL (<i>mirabegron</i>) | Non Preferred | PA |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL (<i>mirabegron</i>) | Non Preferred | PA |
| OXYTROL FOR WOMEN PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL (<i>oxybutynin</i>) | Non Preferred | OTC; PA |
| OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL (<i>oxybutynin</i>) | Non Preferred | PA |
| VESICARE LS SUSPENSION 5 MG/5ML ORAL (<i>solifenacin succinate</i>) | Non Preferred | PA |
| VESICARE TABLET 10 MG ORAL (<i>solifenacin succinate</i>) | Non Preferred | PA |
| VESICARE TABLET 5 MG ORAL (<i>solifenacin succinate</i>) | Non Preferred | PA |
| VACCINE | | |
| *BACTERIAL VACCINES*** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>) | Preferred | PA; AGE (Min 19 Years) |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>) | Preferred | AGE (Min 19 Years) |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>) | Preferred | PA; AGE (Min 19 Years) |

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|---|------------------|---|
| MENACTRA INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 diphth conj</i>) | Preferred | AGE (Min 19 Years) |
| MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>) | Preferred | AGE (Min 19 Years) |
| MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>) | Preferred | AGE (Min 19 Years) |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>) | Preferred | AGE (Min 19 Years) |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>) | Preferred | PA; AGE (Min 19 Years) |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>) | Preferred | QL (Max 2 fills per lifetime); AGE (Min 19 Years) |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>) | Preferred | AGE (Min 19 Years) |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| *TOXOID COMBINATIONS*** | | |
| <i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i> | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>) | Preferred | AGE (Min 19 Years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>) | Preferred | AGE (Min 19 Years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>) | Preferred | AGE (Min 19 Years) |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>) | Preferred | PA; AGE (Min 19 Years) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recomb</i>) | Preferred | PA; AGE (Min 19 Years) |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recomb</i>) | Preferred | PA; AGE (Min 19 Years) |
| *VIRAL VACCINE COMBINATIONS*** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>) | Preferred | AGE (Min 19 Years) |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>) | Preferred | AGE (Min 19 Years) |

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|---|------------------|---|
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| *VIRAL VACCINES*** | | |
| <i>novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml</i> | Preferred | AGE (Min 19 Years) |
| <i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i> | Preferred | AGE (Min 19 Years) |
| <i>stamaril injection suspension reconstituted</i> | Preferred | QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years) |
| ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 19 Years) |
| ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>) | Preferred | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>) | Preferred | QL (Max 1 fill per lifetime); AGE (Min 60 Years) |
| BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>) | Preferred | QL (2.5 ML per 1 Lifetime); AGE (Min 19 Years) |
| COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years and Max 49 Years) |

AGE - Age Limit **EA** - Each **Max** - Maximum **Min** - Minimum **ML** - Milliliter **OTC** - Over-the-Counter Drug
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| Drug Name | Formulary Status | Requirements/Limits |
|--|------------------|---|
| FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 65 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>) | Preferred | QL (Max 1 fill per 180 days); AGE (Min 19 Years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>) | Preferred | QL (Max 2 fills per lifetime); AGE (Min 19 Years) |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>) | Preferred | QL (1.5 ML per 1 Lifetime); AGE (Min 19 Years) |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>) | Preferred | QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years) |
| IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>) | Preferred | QL (1 ML per 1 Lifetime); AGE (Min 19 Years) |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (<i>smallpox & monkeypox vac, live</i>) | Preferred | |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>) | Preferred | QL (Max 3 fills per lifetime); AGE (Min 19 Years) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>) | Preferred | QL (Max 2 fills per lifetime); AGE (Min 18 Years) |
| SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>) | Preferred | AGE (Min 19 Years) |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (<i>tick-borne encephalitis vacc</i>) | Preferred | QL (1.5 ML per 1 Lifetime); AGE (Min 19 Years) |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>) | Preferred | QL (0.5 ML per 1 Lifetime); AGE (Min 19 Years) |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>) | Preferred | QL (0.5 ML per 1 Lifetime); AGE (Min 19 Years) |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>) | Preferred | QL (Max 2 fills per lifetime); AGE (Min 19 Years) |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>) | Preferred | AGE (Min 19 Years) |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>) | Preferred | QL (100 ML per 1 Lifetime); AGE (Min 19 Years) |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>) | Preferred | QL (4 EA per 1 Lifetime); AGE (Min 19 Years) |
| YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>) | Preferred | QL (0.5 EA per 1 Lifetime); AGE (Min 19 Years) |
| VAGINAL ANTIBIOTICS [OPEN CLASS] | | |
| <i>metronidazole gel 0.75 % vaginal</i> | Preferred | |
| CLEOCIN SUPPOSITORY 100 MG VAGINAL (<i>clindamycin phosphate</i>) | Preferred | |
| CLINDESSE CREAM 2 % VAGINAL (<i>clindamycin phosphate (1 dose)</i>) | Preferred | |
| NUVESSA GEL 1.3 % VAGINAL (<i>metronidazole</i>) | Preferred | |
| <i>clindamycin phosphate cream 2 % vaginal</i> | Non Preferred | PA |
| CLEOCIN CREAM 2 % VAGINAL (<i>clindamycin phosphate</i>) | Non Preferred | PA |
| VANDAZOLE GEL 0.75 % VAGINAL (<i>metronidazole</i>) | Non Preferred | PA |
| XACIATO GEL 2 % VAGINAL (<i>clindamycin phosphate</i>) | Non Preferred | PA |
| VAGINAL ESTROGENS [OPEN CLASS] | | |
| <i>estradiol cream 0.1 mg/gm vaginal</i> | Preferred | |
| <i>estradiol tablet 10 mcg vaginal</i> | Preferred | AGE (Min 18 Years) |
| PREMARIN CREAM 0.625 MG/GM VAGINAL (<i>estrogens, conjugated</i>) | Preferred | |
| VAGIFEM TABLET 10 MCG VAGINAL (<i>estradiol</i>) | Preferred | AGE (Min 18 Years) |
| <i>estradiol (Yuvaferm Tablet 10 Mcg Vaginal)</i> | Preferred | AGE (Min 18 Years) |
| ESTRACE CREAM 0.1 MG/GM VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| ESTRING RING 2 MG VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| ESTRING RING 7.5 MCG/24HR VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| FEMRING RING 0.05 MG/24HR VAGINAL (<i>estradiol acetate</i>) | Non Preferred | PA |
| FEMRING RING 0.1 MG/24HR VAGINAL (<i>estradiol acetate</i>) | Non Preferred | PA |
| IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL (<i>estradiol</i>) | Non Preferred | PA |

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| Drug Name | Formulary Status | Requirements/Limits |
|---|------------------|---|
| IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL (<i>estradiol</i>) | Non Preferred | PA |
| WEIGHT MANAGEMENT AGENTS [CLOSED CLASS] | | |
| <i>orlistat capsule 120 mg oral</i> | Preferred | PA; AGE (Min 12 Years) |
| SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (<i>liraglutide -weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS (<i>semaglutide-weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS (<i>semaglutide-weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS (<i>semaglutide-weight management</i>) | Preferred | PA; AGE (Min 12 Years) |
| XENICAL CAPSULE 120 MG ORAL (<i>orlistat</i>) | Preferred | PA; AGE (Min 12 Years) |
| IMCIVREE SOLUTION 10 MG/ML SUBCUTANEOUS (<i>setmelanotide acetate</i>) | Non Preferred | PA; AGE (Min 6 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |
| ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS (<i>tirzepatide-weight management</i>) | Non Preferred | PA; QL (2 ML per 28 days); AGE (Min 18 Years) |

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