



**July 2025**

**Molina Healthcare of Utah**

**CHIP**

**Preferred Drug List  
(Formulary)/**

**Lista de Medicamentos Preferidos  
(Formulario)**

Molina Healthcare of Utah (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

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  - o Skilled sign language interpreters
  - o Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - o Skilled interpreters
  - o Written material translated in your language
  - o Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 483-0760, TTY: (800) 346-4128.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (801) 858-0409.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. You can mail it to:

U.S. Department of Health and Human Service  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



Your Extended Family.

Non-Discrimination Tag Line– Section 1557  
Molina Healthcare of Utah, Inc.  
Medicaid

- English      **ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-483-0760 (TTY: 711).**
- Spanish      **ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-483-0760 (TTY: 711).**
- 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 1-888-483-0760 (TTY: 711)。**
- Vietnamese      **CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-483-0760 (TTY: 711).**
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- Navajo      **Díí baa akó nínízin: Díí saad bee yánílti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiiik’eh, éí ná hóló, koji’ hódíílnih 1-888-483-0760 (TTY: 711.)**
- Nepali      **ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (टिडिवाइ: 711) ।**
- Tongan      **FAKATOKANGA’I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai 1-888-483-0760 (TTY: 711).**
- Serbo-Croatian      **OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-483-0760 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).**
- Tagalog      **PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-483-0760 (TTY: 711).**
- German      **ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-483-0760 (TTY: 711).**
- Russian      **ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-483-0760 (телетайп: 711).**
- Arabic      **ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-483-0760 (رقم هاتف الصم والبكم: 711).**
- Mon-Khmer, Cambodian      **ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃលក្ខណៈគឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-483-0760 (TTY: 711)។**
- French      **ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-483-0760 (TTY : 711).**
- Japanese      **注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-483-0760 (TTY: 711) まで、お電話にてご連絡ください。**

# CONTENTS/CONTENIDO

(07/01/2025)

## FORMULARY GUIDE (ENGLISH)

### INTRODUCTION

We are pleased to provide the *2025 Molina Healthcare of Utah Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review every 3 months.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

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

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

### PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

### PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized 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, all of whom have a broad background of clinical and academic expertise regarding 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 assist in understanding which specific strengths and dosage forms on the document are covered, general principles 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 on the document will be consistent with the category and use where listed.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, lowercase italicized type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding 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, and are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to assure 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 their effectiveness or ability to be absorbed just like the brand-name drug
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

The document represents a closed formulary plan design. There are no member copays for contraceptives, True Metrix blood sugar monitor and testing strips, or vaccines. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc). Requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into [www.molinahealthcare.com](http://www.molinahealthcare.com) to check coverage.

Type of Drug	Plan B	Plan C	Native American
Preferred Generic	\$5	\$15	\$0
Preferred Brand	5%	25%	\$0
Non-Preferred Drugs	5%	50%	\$0

## **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 demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 497-7448. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://www.molinahealthcare.com). Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

## **PRIOR AUTHORIZATION HELPFUL HINTS**

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request.

The following are examples:

<b>Class of Medication/Diagnosis</b>	<b>Requested Clinical Information</b>
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

## **REQUESTING FORMULARY CHANGES**

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (855) 714-2419

## **CATEGORIES OF CONSIDERATION**

### **OPIOID ANALGESICS**

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

## **EXCLUDED SERVICES**

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

- Appetite suppressants and weight loss medications
- Certain off-label drug usage, unless the use has been approved by a Health Plan Medical Director or clinical pharmacist
- Compound drugs when alternative products are available commercially
- Cosmetic Health and beauty aids
- Drugs purchased from Nonparticipating Providers over the internet
- Flu Symptom medications
- Drug and medications purchased through a foreign pharmacy, unless approved by the contractor

- Human growth hormone for the treatment of idiopathic short stature
- Infertility medications
- Medications not meeting the minimum levels of evidence based upon Food and Drug Administration(FDA) approval and/or DrugDex level IIA strength of recommendation, and National Comprehensive Cancer Network (NCCN) category 2A, if applicable
- Minerals, fluoride, and vitamins other than prenatal or when determined to be Medically Necessary to treat a specifically diagnosed disease
- Nicotine and smoking cessation medications, except in conjunction with a contractor-sponsored smoking cessation program
- Over-the-counter (OTC) medications, except as approved by the contractor
- Prescription drugs used for cosmetic purposes
- Prescriptions written by a licensed dentist, except for the prevention of infection or pain in conjunction with a dental procedure
- Replacement of lost, stolen, or damaged drugs and medications
- Sexual dysfunction medications
- Travel-related medications, including preventative medication for the purpose of travel to other countries

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2025. All rights reserved.

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

## FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

## LEGEND

<b>AGE</b>	Age Limit
<b>MED</b>	Max 90 mg Morphine Equivalent Dose per day
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
<b>UPPERCASE</b>	Indicates brand availability

90 DS

After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

## FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
07/01/2025	Tacrolimus 0.03% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Tacrolimus 0.1% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Pimecrolimus 1% cream	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Emgality	Add to Formulary with PA	
07/01/2025	Yesintek and Pyzchiva	Add to Formulary with PA	
07/01/2025	Dapagliflozin 5mg, 10mg	Add to Formulary*, QL	QL, 1 TAB per day
07/01/2025	Estradiol Twice weekly patches	Add to Formulary with QL, AGE	QL up to 8 patches per month, AGE min 18 years
07/01/2025	Estradiol Once weekly patches	Add to Formulary with QL, AGE	QL up to 4 patches per month, AGE min 18 years
07/01/2025	Doxycycline hyclate 100mg CAPs and TABs	Add to Formulary with QL	QL up to 2 CAPs or TABs per day
07/01/2025	Cabometyx 20mg, 40mg, 60mg	Add to Formulary with PA, QL	QL, 1 TAB per day
07/01/2025	Jakafi 5mg, 10mg, 15mg, 20mg, 25mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 18mg, 20mg, and 24mg	Add to Formulary with PA, QL	QL, 3 CAPs per day
07/01/2025	Pazopanib 200mg	Add to Formulary with PA, QL	QL, 4 TABs per day
07/01/2025	Venclexta 50mg, 100mg, Starter Pack	Add to Formulary with PA, QL	QL, 6 TABs per day
07/01/2025	Verzenio 50mg, 100mg, 150mg, 200mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Cosentyx Unoready	Add to Formulary with PA	

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Drug Name	Formulary Status	Requirements/Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<b>*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 3 Years)
<b>*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<b>*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	AGE (Max 1 Years); MAX 120ML PER LIFETIME
<b>*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 3 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>FOCALIN ORAL TABLET 2.5 MG (dexmethylphenidate hcl)</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 17 Years)
<b>*ALTERNATIVE MEDICINES* - VITAMINS AND MINERALS</b>		
<b>*ALTERNATIVE MEDICINE - ME'S*** - VITAMINS AND MINERALS</b>		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 1	QL (20 ML per 1 day)
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS*** - VITAMINS AND MINERALS</b>		
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>ra melatonin oral tablet 3-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOGLYCOSIDES*** - ANTIBIOTICS</b>		
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)</i>	Tier 2	PA
<i>XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)</i>	Tier 2	PA

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	Tier 2	PA
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>adalimumab-fkjp (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	Tier 2	PA
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 2	QL (160 ML per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Tier 2	QL (160 ML per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	QL (4 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); MAX 5 DAYS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>naproxen sodium oral capsule 220 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Tier 2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	Tier 2	PA
<b>*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	Tier 2	PA; QL (4 ML per 24 days)
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Tier 1	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	QL (25 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	Tier 1	
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Tier 1	QL (50 EA per 1 day)
<i>acetaminophen rectal suppository 120 mg</i>	Tier 1	QL (34 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Tier 1	
<i>ed-apap oral liquid 160 mg/5ml</i>	Tier 2	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG ( <i>acetaminophen</i> )	Tier 2	QL (50 EA per 1 day)
<i>pain relief childrens oral elixir 325 mg/10.15ml</i>	Tier 2	
<b>*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<b>*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg</i>	Tier 1	
<b>*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>aspirin low dose oral tablet chewable 81 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>aspirin oral tablet 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 81 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aspirin rectal suppository 300 mg</i>	Tier 1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
<b>*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	Tier 1	QL (3750 ML per 25 days); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1	QL (3750 ML per 25 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<b>*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (0.334 EA per 1 day); MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Tier 1	PA; QL (12 EA per 1 day); MED
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (3 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	QL(240 ML); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	Tier 1	QL(90 EA); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL(120 EA); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<b>*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 16 Years)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
<b>*ANDROGENS*** - DRUGS FOR MEN</b>		
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	
<b>*ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS</b>		
<b>*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	QL (1680 ML per 25 days)
<b>*RECTAL ANESTHETIC COMBINATIONS*** - RECTAL PREPARATIONS</b>		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 2	
<b>*RECTAL LOCAL ANESTHETICS*** - RECTAL PREPARATIONS</b>		
<i>dibucaine (perianal) external ointment 1 %</i>	Tier 1	
<b>*RECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate (Anusol-Hc Rectal Suppository 25 Mg)</i>	Tier 1	
<i>hydrocortisone acetate (Hemmorex-Hc Rectal Suppository 25 Mg, 30 Mg)</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG ( <i>hydrocortisone acetate</i> )	Tier 1	
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	Tier 2	

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*ANTACIDS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTACID &amp; SIMETHICONE*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>antacid &amp; antigas oral suspension 200-200-20 mg/5ml</i>	Tier 1	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Tier 2	
<i>mintox plus oral tablet chewable 200-200-25 mg</i>	Tier 1	
<b>*ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Tier 1	
<b>*ANTACIDS - BICARBONATE*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	
<b>*ANTACIDS - CALCIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>antacid maximum oral tablet chewable 1000 mg</i>	Tier 1	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Tier 2	
<i>calcium antacid oral tablet chewable 500 mg</i>	Tier 2	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	
<i>calcium carbonate antacid oral tablet 648 mg</i>	Tier 1	
<i>childrens soothe oral tablet chewable 400 mg</i>	Tier 1	
<b>*ANTACIDS - MAGNESIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTHELMINTICS*** - DRUGS FOR PARASITES</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days); MAX 2 DAYS; MAX 1 FILL/30DAYS
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 2	
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
<b>*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use BB/CCBs & long-acting nitrate
<b>*NITRATES*** - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY</b>		
<i>bupirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<b>*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	Tier 2	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	QL (4 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	Tier 2	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>oxazepam oral capsule 30 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate oral capsule 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
<b>*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	Tier 2	QL (2 EA per 1 day)
<i>budesonide-formoterol fumarate</i> (Breyna Aerosol 80-4.5 Mcg/Act Inhalation)	Tier 2	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act)	Tier 2	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1	QL (20.4 GM per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	QL (360 ML per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	Tier 2	QL (2 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD</b>		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	Tier 2	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	Tier 2	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	Tier 2	PA; QL (5 EA per 24 days)
<b>*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	QL (26 ML per 1 day)
<b>*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (18 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (6.7 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (8.5 GM per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	Tier 1	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	Tier 1	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	Tier 2	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	Tier 2	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )	Tier 2	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	QL (10 ML per 1 day)
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	Tier 2	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	Tier 2	PA
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD</b>		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	Tier 2	QL (6.1 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 1	QL (0.4 GM per 1 day); AGE (Max 11 Years)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (0.354 GM per 1 day); AGE (Max 11 Years)
<b>*XANTHINES*** - DRUGS FOR ASTHMA/COPD</b>		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
<b>*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	QL (10 EA per 1 day)
<b>*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	Tier 2	QL (74 EA per 365 days)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )	Tier 2	QL (600 ML per 30 days); AGE (Max 17 Years)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG ( <i>rivaroxaban</i> )	Tier 2	QL (42 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG ( <i>rivaroxaban</i> )	Tier 2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	Tier 2	QL (51 EA per 28 days)
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>heparin sod (pork) lock flush (Bd Heparin Posiflush Intravenous Solution 10 Unit/MI, 100 Unit/MI)</i>	Tier 1	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<b>*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> )	Tier 2	PA
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	PA
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	Tier 2	QL (10 EA per 25 days); AGE (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML ( <i>diazepam</i> )	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML ( <i>diazepam</i> )	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
<b>*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 1	
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>lamotrigine oral tablet 150 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	Tier 1	QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	QL (16.667 ML per 1 day)
<i>oxcarbazepine oral tablet 150 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>oxcarbazepine oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 50 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>pregabalin oral capsule 75 mg</i>	Tier 1	PA; QL (8 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>tiagabine hcl oral tablet 12 mg</i>	Tier 1	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	Tier 1	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	Tier 1	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	Tier 2	QL (6 EA per 1 day)
<b>*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<b>*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>depakote sprinkles oral capsule delayed release sprinkle 125 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 1	QL (15 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>valproic acid oral capsule 250 mg</i>	Tier 1	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	QL (100 ML per 1 day)
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION</b>		
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	QL (20 ML per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<b>*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (8 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIDIABETICS* - HORMONES</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BIGUANIDES*** - DRUGS FOR DIABETES</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*DIABETIC OTHER*** - DRUGS FOR DIABETES</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	Tier 2	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	Tier 1	QL (2 EA per 25 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Tier 2	QL (0.2 ML per 25 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Tier 2	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	Tier 2	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )	Tier 2	QL (0.4 ML per 25 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 1	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
<b>*HUMAN INSULIN*** - DRUGS FOR DIABETES</b>		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS ( <i>insulin lispro</i> )	Tier 2	QL (30 ML per 25 days)
ADMELOG SOLUTION 100 UNIT/ML INJECTION ( <i>insulin lispro</i> )	Tier 2	QL (30 ML per 25 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 2	QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	QL (30 ML per 25 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	QL (30 ML per 25 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 ML per 25 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 ML per 25 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	Tier 2	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	Tier 2	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	Tier 2	QL (18 ML per 25 days)
<i>insulin asp prot &amp; asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-aglr</i> )	Tier 2	QL (30 ML per 30 days)
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES</b>		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	QL (9 ML per 30 days); AGE (Min 10 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	Tier 2	ST; QL (1 EA per 1 day); AGE (Min 18 Years); PRIOR USE OF METFORMIN
<b>*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (6 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglytamiticac</i> )	Tier 2	ST; PRIOR USE OF METFORMIN
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES</b>		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )	Tier 2	ST; PRIOR USE OF METFORMIN
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*SULFONYLUREAS*** - DRUGS FOR DIABETES</b>		
<i>glimepiride oral tablet 1 mg, 4 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA</b>		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Tier 1	
<i>stomach relief oral tablet 262 mg</i>	Tier 1	
<b>*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Tier 1	
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
<i>ondansetron hcl injection solution 40 mg/20ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<b>*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	
<b>*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>cvs motion sickness oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet chewable 25 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	QL (0.34 EA per 1 day)
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIFUNGALS*** - DRUGS FOR FUNGUS</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	Tier 1	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*IMIDAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*TRIAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (35 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Tier 1	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 18 Years)
<b>*ANTI-HISTAMINES* - DRUGS FOR THE LUNGS</b>		
<b>*ANTI-HISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES</b>		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES</b>		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral capsule 25 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cvs allergy relief oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
<b>*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES</b>		
<i>allergy (cetirizine) oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 12 Years)
<b>*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES</b>		
<i>promethazine hcl injection solution 25 mg/ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1	QL (24 EA per 30 days)
<b>*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<b>*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL</b>		
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	Tier 2	PA
<b>*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	Tier 2	PA
<b>*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL</b>		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	QL (16 EA per 1 day)
<b>*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<b>*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	Tier 2	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	Tier 2	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	Tier 2	PA; QL (2 ML per 24 days)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )	Tier 2	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine hcl oral tablet 10 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	QL (5 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS</b>		
<i>metronidazole oral tablet 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	PA; 90
<b>*GLYCOPEPTIDES*** - ANTIBIOTICS</b>		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	QL (40 ML per 1 day); 365
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	QL (40 ML per 1 day); 90
<b>*LEPROSTATICS*** - ANTIBIOTICS</b>		
<i>dapsone oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*LINCOSAMIDES*** - ANTIBIOTICS</b>		
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	AGE (Max 18 Years)
<b>*OXAZOLIDINONES*** - ANTIBIOTICS</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	PA
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA
<b>*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	QL (40 ML per 1 day); AGE (Max 12 Years); MAX 10 DAYS
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMALARIALS*** - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (10 EA per 3 days)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS</b>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>isoniazid oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	Tier 1	QL (3 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	Tier 2	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<b>*ANTIADRENALS*** - DRUGS FOR CANCER</b>		
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	Tier 2	
<b>*ANTIANDROGENS*** - DRUGS FOR CANCER</b>		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*ANTIESTROGENS*** - DRUGS FOR CANCER</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIMETABOLITES*** - DRUGS FOR CANCER</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<b>*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER</b>		
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	Tier 2	PA; QL (8 EA per 1 day)
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER</b>		
VENCLEXTA ORAL TABLET 10 MG ( <i>venetoclax</i> )	Tier 1	PA; QL (2 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	Tier 1	PA; QL (6 EA per 1 day)
VENCLEXTA ORAL TABLET 50 MG ( <i>venetoclax</i> )	Tier 1	PA; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	Tier 1	PA; QL (1 Pack per 28 days)
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	Tier 2	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	Tier 2	PA; QL (3 EA per 1 day)
<b>*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER</b>		
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	Tier 2	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	Tier 2	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG ( <i>ibrutinib</i> )	Tier 2	PA; QL (1 EA per 1 day)
<b>*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	Tier 2	PA; QL (1 EA per 1 day)
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	Tier 1	PA; QL (1 EA per 1 day)
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Tier 2	PA
<b>*AROMATASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	Tier 2	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	Tier 2	PA; QL (1 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	Tier 1	PA; QL (2 EA per 1 day)
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<b>*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	Tier 1	PA; QL (2 EA per 1 day)
<b>*LHRH ANALOGS*** - DRUGS FOR CANCER</b>		
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	Tier 2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	Tier 2	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	Tier 2	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	Tier 2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
<b>*MITOTIC INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	PA
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	Tier 2	QL (8 EA per 1 day); 90
<b>*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER</b>		
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	Tier 1	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	Tier 1	QL (20 EA per 1 day)
<b>*RETINOIDS*** - DRUGS FOR CANCER</b>		
<i>tretinoin oral capsule 10 mg</i>	Tier 1	PA
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER</b>		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (3 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	Tier 1	PA; QL (2 EA per 1 day)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<b>*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Tier 1	QL (12 EA per 1 day)
<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</i>	Tier 1	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 1	ST; QL (6 EA per 1 day); prior use of LEVODOPA/CARBIDOPA

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON</b>		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 600 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
<b>*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 18 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 168 days); AGE (Min 18 Years)
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 25 days); AGE (Min 18 Years)
<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 71 days); AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	PA; AGE (Min 6 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	Tier 2	QL (2 EA per 25 days); AGE (Min 18 Years)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	QL (16 ML per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
<b>*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	Tier 1	AGE (Min 6 Years)
<i>clozapine oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	Tier 1	PA
<b>*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZOAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	Tier 1	QL (15 EA per 1 day); AGE (Min 6 Years)
<i>loxapine succinate oral capsule 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Tier 2	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine maleate oral tablet 5 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>trifluoperazine hcl oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<b>*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (aripiprazole)</i>	Tier 1	QL (1 Syringe per 50 days); AGE (Min 18 Years)
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)</i>	Tier 1	QL (1 Syringe per 25 days); AGE (Min 18 Years)
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)</i>	Tier 1	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)</i>	Tier 1	QL (1 Syringe per 28 days); AGE (Min 18 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (aripiprazole lauroxil)</i>	Tier 1	QL (3.9 ML per 50 days); AGE (Min 18 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (aripiprazole lauroxil)</i>	Tier 1	QL (1.6 ML per 25 days); AGE (Min 18 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (aripiprazole lauroxil)</i>	Tier 1	QL (2.4 ML per 25 days); AGE (Min 18 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (aripiprazole lauroxil)</i>	Tier 1	QL (3.2 ML per 25 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
<b>*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Requires trial of risperidone or quetiapine or clozapine
<b>*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<b>*ANTISEPTICS &amp; DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS</b>		
<b>*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS</b>		
HIBICLENS EXTERNAL SOLUTION 4 % ( <i>chlorhexidine gluconate</i> )	Tier 2	
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG ( <i>bictegravir-emtricitab-tenofof</i> )	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofof</i> )	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofof df</i> )	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	Tier 2	ST; QL (1 EA per 1 day); Prior Use of Truvada
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	Tier 2	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (4 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab- rilpivir- tenofov af</i> )	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir- cobicistat</i> )	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg- cobic- emtricit- tenofov</i> )	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun- cobic- emtricit- tenofov</i> )	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir- dolutegravir- lamivud</i> )	Tier 2	QL (1 EA per 1 day)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL (6 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG ( <i>emtricitabine- tenofov df</i> )	Tier 2	QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	Tier 2	QL (30 ML per 1 day)
<b>*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	Tier 2	PA
<b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	Tier 2	QL (2 EA per 1 day)
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (6 EA per 1 day)
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	Tier 2	QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	Tier 2	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir</i> )	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir</i> )	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir</i> )	Tier 2	QL (1 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG ( <i>atazanavir sulfate</i> )	Tier 2	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG ( <i>atazanavir sulfate</i> )	Tier 2	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (4 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	Tier 2	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	Tier 2	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	Tier 2	QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	Tier 2	QL (20 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Tier 2	QL (1 EA per 1 day)
<b>*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Tier 2	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 DAYS
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Tier 2	QL (30 EA per 25 days); AGE (Min 18 Years); MAX 5 DAYS
<b>*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA
<b>*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	Tier 2	PA
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	Tier 2	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	Tier 2	PA; QL (1 EA per 1 day)
<b>*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Tier 2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	Tier 2	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	PA
<i>ribavirin oral tablet 200 mg</i>	Tier 1	PA
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	Tier 2	PA; QL (1 EA per 1 day)
<b>*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS</b>		
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>remdesivir</i> )	Tier 2	
<b>*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (180 ML per 5 days); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	Tier 2	QL (20 EA per 1 day)
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nadolol oral tablet 20 mg, 40 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (2 EA per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	Tier 2	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	Tier 2	AGE (Min 6 Years and Max 12 Years)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG ( <i>diltiazem hcl er beads</i> )	Tier 2	QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<b>*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	QL (1 EA per 1 day)
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG ( <i>sacubitril-valsartan</i> )	Tier 2	PA; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	Tier 2	PA
<b>*PERIPHERAL VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>niacin flush free oral capsule 500 mg</i>	Tier 2	
<b>*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	Tier 2	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	Tier 2	PA
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	Tier 2	PA; QL (2 EA per 1 day)
<b>*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	Tier 2	PA
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS</b>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<b>*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS</b>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	QL (2 EA per 1 day); MAX 10 DAYS
<b>*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<b>*CHEMICALS*</b>		
<b>*BULK CHEMICALS - BU'S***</b>		
<i>budesonide powder</i>	Tier 1	
<b>*BULK CHEMICALS - ET'S***</b>		
<i>ethyl oleate liquid</i>	Tier 1	
<b>*BULK CHEMICALS - PR'S***</b>		
<i>progesterone micronized powder</i>	Tier 1	
<b>*FIXED OILS***</b>		
<i>sesame oil oil</i>	Tier 1	
<b>*LIQUIDS***</b>		
<i>benzyl benzoate liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	QL (1.34 EA per 1 day)
<b>*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)</i>	Tier 2	QL (1.34 EA per 1 day)
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS</b>		
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	Tier 2	QL (0.143 EA per 1 day)
<b>*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS</b>		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1	QL (0.5 EA per 1 day)
<b>*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS</b>		
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	Tier 2	MAX 4 FILLS PER YEAR
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Tier 2	MAX 4 FILLS PER YEAR
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>	Tier 2	QL (1.08 EA per 1 day); 365
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &amp; 0.01 Mg)</i>	Tier 2	QL (1.08 EA per 1 day); 365
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 1	QL (1.08 EA per 1 day); 365
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	QL (1 ML per 84 days)
<b>*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	Tier 2	1 per 999 days
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	Tier 2	1 per 999 days
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	Tier 2	1 per 999 days

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Drug Name	Formulary Status	Requirements/Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	Tier 2	1 per 999 days
<b>*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
norethindrone oral tablet 0.35 mg	Tier 1	QL (1.34 EA per 1 day); 365
<b>*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	Tier 1	QL (1.34 EA per 1 day)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (desogestrel-ethinyl estradiol)	Tier 2	QL (1.34 EA per 1 day); 365
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<b>*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION</b>		
budesonide oral capsule delayed release particles 3 mg	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML (methylprednisolone acetate)	Tier 1	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	QL (60 ML per 1 day)
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 0.5 mg	Tier 1	QL (12 EA per 1 day)
dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	QL (10 EA per 1 day)
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg	Tier 1	QL (12 EA per 1 day)
hydrocortisone oral tablet 20 mg	Tier 1	QL (6 EA per 1 day)
hydrocortisone oral tablet 5 mg	Tier 1	QL (24 EA per 1 day)
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 1	
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone acetate powder	Tier 1	
methylprednisolone oral tablet 32 mg	Tier 1	QL (2 EA per 1 day)
methylprednisolone powder	Tier 1	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG ( <i>hydrocortisone sod succinate</i> )	Tier 1	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>methylprednisolone sodium succ</i> )	Tier 1	
<b>*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<b>*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES</b>		
<i>benzonatate oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<b>*ANTITUSSIVE-DECONGESTANT-ANALGESIC*** - DRUGS FOR COUGH AND COLD</b>		
<i>cold &amp; flu relief daytime oral capsule 10-5-325 mg</i>	Tier 1	
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	Tier 1	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<b>*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD</b>		
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	QL (180 ML per 25 days)
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Tier 1	
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Tier 1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	Tier 1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 2	QL (2 EA per 1 day)
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML ( <i>dextromethorphan-guaifenesin</i> )	Tier 2	
<b>*DECONGESTANT &amp; ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>childrens cold &amp; allergy oral elixir 1-2.5 mg/5ml</i>	Tier 1	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML ( <i>diphenhydramine-phenylephrine</i> )	Tier 2	QL (180 ML per 25 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Tier 1	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Tier 1	
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	Tier 2	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	Tier 2	
<b>*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD</b>		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 4 Years)
<b>*EXPECTORANTS*** - DRUGS FOR COUGH AND COLD</b>		
<i>chest congestion relief oral tablet 400 mg</i>	Tier 2	AGE (Min 4 Years)
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML ( <i>guaifenesin</i> )	Tier 2	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>guaifenesin oral liquid 100 mg/5ml</i>	Tier 1	
<i>guaifenesin oral tablet 200 mg</i>	Tier 1	AGE (Min 4 Years)
<b>*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES</b>		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
<b>*MUCOLYTICS*** - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution 20 %</i>	Tier 1	QL (120 ML per 1 day)
<b>*NON-NARC ANTITUSSIVE-ANTI-HISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 ML per 25 days); AGE (Min 4 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHIISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<b>*OPIOID ANTITUSSIVE-ANTIHIISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
<b>*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN</b>		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	ST; QL (10 ML per 1 day); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	PA; QL (118 ML per 25 days)
<b>*ACNE PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>acne medication 10 external lotion 10 %</i>	Tier 2	
<i>adapalene external gel 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	Tier 1	
<i>benzoyl peroxide external gel 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>benzoyl peroxide external liquid 10 %</i>	Tier 1	QL (240 EA per 25 days)
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Tier 1	QL (240 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	ST; QL (45 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	ST; QL (45 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>tretinoin external gel 0.05 %</i>	Tier 1	ST; PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<b>*ANTIBIOTIC MIXTURES TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (bacitracin-polymyxin b)</i>	Tier 2	
<i>triple antibiotic external ointment</i>	Tier 2	
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
<b>*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 2	QL (60 GM per 30 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 % ( <i>tolnaftate</i> )	Tier 2	QL (151 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (20 GM per 1 day)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Tier 2	QL (133 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	Tier 2	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>tolnaftate external powder 1 %</i>	Tier 1	QL (67.5 GM per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (200 GM per 25 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>fluorouracil external cream 5 %</i>	Tier 1	
<b>*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN</b>		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 2	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 2	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	Tier 2	PA; QL (0.5 ML per 24 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	Tier 2	PA; QL (2 ML per 23 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )	Tier 1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-kfce</i> )	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-kfce</i> )	Tier 1	PA
<b>*ANTIPSORIATICS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	PA
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 1	PA
<b>*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>anti-dandruff external shampoo 1 %</i>	Tier 2	
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<b>*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
ABREVA EXTERNAL CREAM 10 % ( <i>docosanol</i> )	Tier 2	QL (2 GM per 15 days)
<i>acyclovir external ointment 5 %</i>	Tier 1	PA
<b>*BURN PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
<b>*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	QL (50 ML per 25 days)
<i>cvs cortisone maximum strength external gel 1 %</i>	Tier 1	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>desonide external cream 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>desonide external ointment 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (60 GM per 25 days)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE MOMETASONE AND FLUCINOLONE CREAM
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	Tier 1	
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external lotion 1 %</i>	Tier 1	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	ST; QL (60 ML per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide powder</i>	Tier 1	
<b>*EMOLLIENTS*** - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT ( <i>emollient</i> )	Tier 2	
<b>*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	Tier 2	PA; QL (2 GM per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 % (miconazole nitrate)	Tier 2	QL (113 GM per 30 days)
antifungal (clotrimazole) external cream 1 %	Tier 2	QL (60 GM per 30 days)
antifungal external powder 2 %	Tier 2	QL (90 GM per 30 days)
athletes foot powder spray external aerosol powder 2 %	Tier 2	QL (133 GM per 30 days)
clotrimazole external solution 1 %	Tier 1	QL (60 ML per 30 days)
ketoconazole external cream 2 %	Tier 1	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 1	QL (120 ML per 25 days)
miconazole antifungal external cream 2 %	Tier 2	QL (150 GM per 25 days)
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
imiquimod external cream 5 %	Tier 1	PA; QL (24 EA per 25 days)
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN</b>		
podofilox external solution 0.5 %	Tier 1	QL (7 ML per 180 days)
<b>*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
arthritis pain relieving external cream 0.075 %	Tier 2	
capsaicin external cream 0.025 %, 0.075 %, 0.1 %	Tier 1	
capsaicin hp external cream 0.1 %	Tier 1	
dibucaine external ointment 1 %	Tier 1	
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	Tier 2	
lidocaine external cream 4 %	Tier 1	
lidocaine external patch 5 %	Tier 1	PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	Tier 1	
lidocaine hcl urethral/mucosal external gel 2 %	Tier 1	
lidocaine pain relief max st external patch 4 %	Tier 2	QL (4 EA per 1 day)
lidocaine hcl (Proxivol External Gel 2 %)	Tier 2	
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	Tier 2	PA; QL (2 GM per 1 day)
pimecrolimus external cream 1 %	Tier 1	QL (100 GM per 25 days)
tacrolimus external ointment 0.03 %	Tier 1	QL (100 GM per 25 days)
tacrolimus external ointment 0.1 %	Tier 1	QL (100 GM per 25 days); AGE (Min 16 Years)
<b>*MISC. TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 % (menthol-zinc oxide)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<b>*MISC. TOPICAL*** - DRUGS FOR THE SKIN</b>		
DRYSOL EXTERNAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	Tier 1	PA; QL (100 GM per 25 days)
<b>*ROSACEA AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<b>*SCABICIDE COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 1	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	Tier 2	
<b>*SCABICIDES &amp; PEDICULICIDES*** - DRUGS FOR THE SKIN</b>		
<i>croton external lotion 10 %</i>	Tier 2	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	Tier 2	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	
<i>ra lice treatment external liquid 1 %</i>	Tier 2	
<i>spinosad external suspension 0.9 %</i>	Tier 1	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	Tier 2	
<b>*SKIN PROTECTANTS*** - DRUGS FOR THE SKIN</b>		
MINERIN CREME EXTERNAL CREAM ( <i>skin protectants, misc.</i> )	Tier 2	
<b>*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC DRUGS***</b>		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG ( <i>thyrotropin alfa</i> )	Tier 2	PA; QL (2 EA per 180 days)
<b>*DIAGNOSTIC TESTS***</b>		
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	Tier 2	
<i>relion true metrix test strips strip in vitro</i>	Tier 1	PA; QL (100 EA per 25 days)
<i>true metrix blood glucose test strip in vitro</i>	Tier 1	PA; QL (100 EA per 25 days)
<b>*INFECTION TESTS***</b>		
<i>covid-19 at-home test in vitro kit</i>	Tier 1	QL (2 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	Tier 1	QL (2 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)
CUE HEALTH MONITORING SYSTEM IN VITRO ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)

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ID NOW COVID-19 2.0 TEST IN VITRO KIT ( <i>covid-19 test</i> )	Tier 1	QL (2 EA per 28 days)
ID NOW COVID-19 IN VITRO KIT ( <i>covid-19 test</i> )	Tier 1	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT ( <i>covid-19 home test</i> )	Tier 1	QL (2 EA per 28 days)
RAPID RESPONSE COVID-19 IN VITRO KIT ( <i>covid-19 antibody test</i> )	Tier 1	QL (2 EA per 28 days)
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
<b>*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 2	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 2	QL (6 EA per 1 day)
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bumetanide oral tablet 2 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>torseamide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ALDACTONE ORAL TABLET 100 MG ( <i>spironolactone</i> )	Tier 2	QL (2 EA per 1 day)
ALDACTONE ORAL TABLET 25 MG ( <i>spironolactone</i> )	Tier 2	QL (8 EA per 1 day)
ALDACTONE ORAL TABLET 50 MG ( <i>spironolactone</i> )	Tier 2	QL (4 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrochlorothiazide oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone oral tablet 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
<b>*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>alendronate sodium oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.0358 EA per 1 day)
<b>*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day); AGE (Min 50 Years)
<b>*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	QL (18 EA per 1 day)
<b>*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>*GROWTH HORMONES*** - DRUGS FOR GROWTH</b>		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	Tier 2	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	QL (4 EA per 1 day)
<b>*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	Tier 2	PA
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN</b>		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	Tier 2	PA

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG ( <i>leuprolide acetate (3 month)</i> )	Tier 2	PA
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	Tier 2	PA
<b>*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	Tier 2	PA
<b>*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	Tier 2	PA
<b>*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	Tier 2	PA
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 50 Years)
<b>*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH</b>		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Tier 1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	Tier 1	PA
<i>sandostatin injection solution 100 mcg/ml</i>	Tier 1	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	Tier 2	PA
<b>*VASOPRESSIN*** - HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	PA
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 1	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	PA
<b>*ESTROGENS* - HORMONES</b>		
<b>*ESTROGEN &amp; PROGESTIN*** - DRUGS FOR WOMEN</b>		
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Tier 2	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AGE (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr</i>	Tier 1	QL (8 Patches per 28 days); AGE (Min 18 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>	Tier 1	QL (4 Patches per 28 days); AGE (Min 18 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
<b>*FLUOROQUINOLONES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	QL (1 EA per 1 day); MAX 10 DAYS
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
<b>*ANTIFLATULENTS*** - DRUGS FOR THE STOMACH</b>		
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Tier 1	
<i>gas relief oral tablet chewable 80 mg</i>	Tier 1	
PHAZYME ORAL TABLET CHEWABLE 125 MG ( <i>simethicone</i> )	Tier 2	
<i>simethicone extra strength oral capsule 125 mg</i>	Tier 1	
<i>simethicone oral tablet chewable 80 mg</i>	Tier 1	
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 2	
<b>*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	Tier 2	QL (10 EA per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML ( <i>ustekinumab-ttwe (iv)</i> )	Tier 1	PA
<b>*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH</b>		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	QL (180 ML per 1 day)
<b>*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE</b>		
PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )	Tier 2	QL (1 EA per 1 day)
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*CITRATES*** - DRUGS FOR INFECTIONS</b>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	Tier 1	QL (3 EA per 1 day)
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<b>*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	QL (1000 ML per 25 days)
<b>*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<b>*GOUT AGENT COMBINATIONS*** - GOUT DRUGS</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*GOUT AGENTS*** - GOUT DRUGS</b>		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (30 EA per 90 days); MAX 1 FILL/90DAYS
<b>*URICOSURICS*** - GOUT DRUGS</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
<b>*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Tier 2	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	Tier 2	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )	Tier 2	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Tier 2	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	Tier 2	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 2	PA
<b>*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	PA
<b>*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole oral tablet 25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
<b>*COBALAMINS*** - DRUGS FOR NUTRITION</b>		
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg</i>	Tier 1	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	Tier 2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	Tier 2	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION</b>		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	QL (5 EA per 1 day)
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	Tier 2	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 2	PA; QL (0.6 ML per 11 days)
<b>*IRON COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>foltrin oral capsule</i>	Tier 2	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE ( <i>iron combinations</i> )	Tier 2	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 2	QL (2 EA per 1 day)
<b>*IRON*** - DRUGS FOR NUTRITION</b>		
FERATE ORAL TABLET 240 (27 FE) MG ( <i>ferrous gluconate</i> )	Tier 2	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML ( <i>ferrous sulfate</i> )	Tier 2	
FERROCITE ORAL TABLET 324 MG ( <i>ferrous fumarate</i> )	Tier 2	
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Tier 1	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Tier 1	
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	Tier 1	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG ( <i>polysaccharide iron complex</i> )	Tier 2	QL (2 EA per 1 day)
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG ( <i>ferrous sulfate</i> )	Tier 2	
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 1	
<i>slow release iron oral tablet extended release 50 mg</i>	Tier 2	
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTI-HISTAMINE HYPNOTIC COMBINATIONS*** - DRUGS FOR INSOMNIA</b>		
<i>acetaminophen pm oral tablet 500-25 mg</i>	Tier 1	
<i>cvs non-aspirin headache pm oral tablet 500-38 mg</i>	Tier 1	
<b>*ANTI-HISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>sleep aid oral tablet 25 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA</b>		
<i>zolpidem tartrate oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<b>*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>gavilyte-c oral solution reconstituted 240 gm</i>	Tier 1	QL (4000 ML per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	QL (4000 ML per 1 day)
<i>peg-prep oral kit 5-210 mg-gm</i>	Tier 1	QL (1 EA per 30 days)
<b>*BULK LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
BENEFIBER DRINK MIX ORAL PACKET ( <i>wheat dextrin</i> )	Tier 2	
BENEFIBER FOR CHILDREN ORAL POWDER ( <i>wheat dextrin</i> )	Tier 2	
CITRUCEL ORAL TABLET 500 MG ( <i>methylcellulose (laxative)</i> )	Tier 2	
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 2	
<i>fiber (corn dextrin) oral powder</i>	Tier 1	
FIBERCON ORAL TABLET 625 MG ( <i>calcium polycarbophil</i> )	Tier 2	
HYDROCIL ORAL POWDER 95 % ( <i>psyllium</i> )	Tier 2	
<i>konsyl daily fiber oral packet 100 %</i>	Tier 2	
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % ( <i>psyllium</i> )	Tier 2	
METAMUCIL ORAL WAFER ( <i>psyllium</i> )	Tier 2	
<i>natural fiber oral powder 58.6 %</i>	Tier 2	
<i>natural psyllium seed oral powder 100 %</i>	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
<i>psyllium fiber oral capsule 0.52 gm</i>	Tier 1	
<i>sb fib lax orange oral powder 33 %</i>	Tier 2	
UNIFIBER ORAL POWDER ( <i>cellulose</i> )	Tier 2	
<b>*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	Tier 1	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Tier 1	
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1	QL (180 ML per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	Tier 1	QL (34 GM per 1 day)
<i>ra glycerin adult rectal suppository 80.7 %</i>	Tier 2	
<b>*LAXATIVES &amp; DSS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Tier 2	QL (6 EA per 1 day)
<b>*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>enema mineral oil rectal enema</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	
<b>*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION</b>		
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML ( <i>sodium phosphates</i> )	Tier 2	
<b>*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Tier 1	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 2	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	Tier 2	
<b>*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	Tier 2	
<i>gentle laxative rectal suppository 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>laxative max str oral tablet 25 mg</i>	Tier 1	
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG ( <i>sennosides</i> )	Tier 2	
<b>*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>cvs stool softener oral capsule 50 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>docusate mini rectal enema 283 mg/5ml</i>	Tier 1	
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>docusate sodium oral liquid 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
PEDIA-LAX ORAL LIQUID 50 MG/15ML ( <i>docusate sodium</i> )	Tier 2	QL (30 ML per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>stool softener oral capsule 100 mg</i>	Tier 2	QL (6 EA per 1 day)
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AZITHROMYCIN*** - ANTIBIOTICS</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); AGE (Max 12 Years); MAX 1 FILL/45DAYS
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Max 12 Years); MAX 1 FILL/45DAYS
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*CLARITHROMYCIN*** - ANTIBIOTICS</b>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>*ERYTHROMYCINS*** - ANTIBIOTICS</b>		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<b>*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>alcohol swabs pad 70 %</i>	Tier 1	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	Tier 2	QL (200 EA per 25 days)
<b>*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>condoms</i>	Tier 1	QL (12 EA per 1 day)
TRUSTEX LUB/RIBBED/STUDED ( <i>condoms latex lubricated</i> )	Tier 1	QL (12 EA per 1 day)
TRUSTEX LUBRICATED EX LARGE ( <i>condoms latex lubricated</i> )	Tier 1	QL (12 EA per 1 day)
TRUSTEX RIA LUBRICATED ( <i>condoms latex lubricated</i> )	Tier 1	QL (12 EA per 1 day)
TRUSTEX RIA NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	Tier 2	QL (12 EA per 1 day)
<b>*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (3 EA per 23 days)
DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )	Tier 2	PA; QL (1 EA per 76 days); MAX 90 DAYS
DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (3 EA per 23 days)

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Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 PLUS SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE 2 SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 PLUS SENSOR ( <i>continuous glucose sensor</i> )	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 READER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE READER DEVICE ( <i>continuous glucose receiver</i> )	Tier 2	PA; QL (1 EA per 310 days); 365
<i>lancets 28g thin</i>	Tier 1	
<i>lancets ultra thin 30g</i>	Tier 1	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 2	QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 2	QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 2	QL (1 EA per 365 days)
<i>trueplus lancets 26g</i>	Tier 1	
<i>trueplus lancets 28g</i>	Tier 1	
<i>trueplus lancets 30g</i>	Tier 1	
<i>trueplus lancets 33g</i>	Tier 1	
<b>*MISC. DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>mucosal atomization device</i>	Tier 1	
<b>*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
AEROECLIPSE II NEBULIZER ( <i>nebulizers</i> )	Tier 2	
<b>*NEEDLES &amp; SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	Tier 2	QL (5 EA per 1 day)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" ( <i>needle (disp)</i> )	Tier 2	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML ( <i>syringe/needle (disp)</i> )	Tier 2	
MONOJECT SYRINGE REGULAR TIP 3 ML ( <i>syringe (disposable)</i> )	Tier 2	
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	Tier 2	QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	Tier 2	QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	Tier 2	QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	Tier 2	QL (5 EA per 1 day)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	Tier 2	QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 2	QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	Tier 2	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 12MM ( <i>insulin pen needle</i> )	Tier 2	
TECHLITE PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Tier 2	
TECHLITE PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Tier 2	
TECHLITE PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Tier 2	
TECHLITE PEN NEEDLES 32G X 6 MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Tier 2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 2	QL (5 EA per 1 day)
<b>*PEAK FLOW METERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
TRUZONE PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	Tier 2	QL (1 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
<b>*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
ACTIVITY POUCH ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>adult aerosol mask</i>	Tier 1	QL (1 EA per 365 days)
<i>adult mask large</i>	Tier 1	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AEROECLIPSE MASK LARGE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AEROECLIPSE MASK MEDIUM ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AEROECLIPSE MASK SMALL ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	Tier 1	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	Tier 1	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP MASK WIPES ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN ( <i>respiratory therapy supplies</i> )	Tier 1	QL (354.8 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>co monitor replacement pieces</i>	Tier 1	QL (1 EA per 365 days)
EASY FLOW 300 MM HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW 400 MM HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW AIR NOZZLE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW HEPA FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>filter air pp</i>	Tier 1	QL (1 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>full kit nebulizer set</i>	Tier 1	QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK LARGE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK MEDIUM ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK SMALL ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
MINIELITE FILTER REPLACEMENTS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>nebulizer air tube/plugs</i>	Tier 1	QL (1 EA per 365 days)
<i>nebulizer mask adult</i>	Tier 1	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	Tier 1	QL (1 EA per 365 days)
<i>nose clip</i>	Tier 1	QL (1 EA per 365 days)
OMBRA COMPRESSOR AIR FILTERS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI BABY CONVERSION KIT ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI MASK SET ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI SMARTMASK BABY/ELBOW ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI SOFT PLASTIC PED MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>pediatric mouthpiece</i>	Tier 1	QL (1 EA per 365 days)
PFLEX ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>pharmacist choice mask wipes</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/adult</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/child</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/pediatric</i>	Tier 1	QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>replacement air filter</i>	Tier 1	QL (1 EA per 365 days)
<i>replacement filters</i>	Tier 1	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-LRG ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-MED ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
REUSABLE COMFORTSEAL MASK-SML ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SAMI THE SEAL FILTERS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK (OTC) ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK (RX) ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (OTC) ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (RX) ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	Tier 1	QL (1 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>sootheneb nbl 100 adult mask</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>tubing/wing tip</i>	Tier 1	QL (1 EA per 365 days)
<i>ultra neb accessories kit</i>	Tier 1	QL (1 EA per 365 days)
WINDMILL TRAINER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (5 EA per 365 days)
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
INSPIREASE ( <i>spacer/aero-holding chambers</i> )	Tier 2	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	Tier 2	QL (1 EA per 365 days)
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES</b>		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 1	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 1	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 1	PA
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<b>*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	Tier 1	
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	Tier 2	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 2	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 2	
<i>calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg, 600-5 mg-mcg</i>	Tier 1	
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Tier 1	
<i>calcium citrate + d oral tablet 250-5 mg-mcg</i>	Tier 2	
<i>calcium citrate + d3 oral tablet 315-6.25 mg-mcg</i>	Tier 2	

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<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	Tier 1	
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Tier 2	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Tier 1	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Tier 2	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Tier 2	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Tier 2	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg</i>	Tier 1	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	Tier 2	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 2	
<b>*CALCIUM*** - DRUGS FOR NUTRITION</b>		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>	Tier 1	
<i>calcium 600 oral tablet 600 mg</i>	Tier 2	
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	Tier 1	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	
<i>calcium oyster shell oral tablet 500 mg</i>	Tier 1	
<b>*ELECTROLYTES &amp; DEXTROSE*** - DRUGS FOR NUTRITION</b>		
<i>dextrose in lactated ringers intravenous solution 5 %</i>	Tier 1	
<b>*ELECTROLYTES ORAL*** - DRUGS FOR NUTRITION</b>		
REHYDRALYTE ORAL SOLUTION ( <i>oral electrolytes</i> )	Tier 2	
<b>*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION</b>		
<i>lactated ringers intravenous solution</i>	Tier 1	
<b>*FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*MAGNESIUM*** - DRUGS FOR NUTRITION</b>		
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG ( <i>magnesium chloride</i> )	Tier 2	
<i>mag-g oral tablet 500 (27 mg) mg</i>	Tier 1	
<i>magnesium gluconate oral tablet 27.5 mg</i>	Tier 1	
<i>magnesium oral tablet 250 mg, 400 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral capsule 500 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	Tier 1	

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*PHOSPHATE*** - DRUGS FOR NUTRITION</b>		
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	Tier 2	QL (4 EA per 1 day)
<b>*POTASSIUM*** - DRUGS FOR NUTRITION</b>		
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day)
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 2	QL (5 EA per 1 day)
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 8 meq</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Tier 1	
<b>*SODIUM*** - DRUGS FOR NUTRITION</b>		
<i>sodium chloride flush</i> (Aquastat Intravenous Solution 0.9 %)	Tier 1	
<i>sodium chloride flush</i> (Aquastat Sfr Intravenous Solution 0.9 %)	Tier 1	
<i>sodium chloride flush</i> (Bd Posiflush Intravenous Solution 0.9 %)	Tier 1	
<i>sodium chloride flush</i> (Bd Posiflush Safescrub Intravenous Solution 0.9 %)	Tier 1	
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution 0.9 %)	Tier 1	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)	Tier 1	
<i>normal saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	
<b>*ZINC*** - DRUGS FOR NUTRITION</b>		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Tier 1	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS</b>		
<b>*ANTILEPROTICS*** - VITAMINS AND MINERALS</b>		
THALOMID ORAL CAPSULE 100 MG ( <i>thalidomide</i> )	Tier 2	PA; QL (1 EA per 1 day)
<b>*CHELATING AGENTS*** - VITAMINS AND MINERALS</b>		
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	Tier 2	PA
<b>*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	QL (15 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	QL (5 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>cyclosporine oral capsule 25 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg)	Tier 2	QL (10 EA per 1 day)
<i>cyclosporine modified</i> (Gengraf Oral Capsule 25 Mg)	Tier 2	QL (15 EA per 1 day)
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 2	QL (10 ML per 1 day)
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS</b>		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<b>*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS</b>		
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	Tier 2	
<i>tacrolimus oral capsule 0.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	Tier 1	QL (14 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	Tier 1	
<b>*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 2	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	Tier 1	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	Tier 2	QL (1 EA per 1 day)
<b>*PURINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<b>*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	QL (120 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
<b>*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	
<b>*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
<b>*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*B-COMPLEX W/ C &amp; FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
<i>b-complex/vitamin c oral tablet</i>	Tier 1	
<i>folbee plus oral tablet</i>	Tier 2	
NEPHRO-VITE ORAL TABLET 0.8 MG ( <i>b complex-c-folic acid</i> )	Tier 2	
<i>triphrocaps oral capsule 1 mg</i>	Tier 2	QL (2 EA per 1 day)
<b>*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION</b>		
<i>multivitamin plus iron adult oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<b>*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION</b>		
<i>complete multivitamin/mineral oral liquid</i>	Tier 1	QL (5 ML per 1 day)
<i>cvs one daily mens 50+ adv oral tablet</i>	Tier 1	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Tier 2	QL (1 EA per 1 day)
<b>*MULTIVITAMINS*** - DRUGS FOR NUTRITION</b>		
AMLADEX ORAL TABLET ( <i>multiple vitamin</i> )	Tier 2	QL (1 EA per 1 day)
ZELDANA ORAL CAPSULE ( <i>multiple vitamin</i> )	Tier 2	QL (1 EA per 1 day)
<b>*PED MULTI VITAMINS W/FL &amp; FE*** - DRUGS FOR NUTRITION</b>		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 2	QL (1.67 ML per 1 day)
<b>*PED MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION</b>		
CENTRUM KIDS ORAL TABLET CHEWABLE ( <i>pediatric multivit-minerals</i> )	Tier 2	QL (1 EA per 1 day)
<i>mvw complete formulation oral solution</i>	Tier 1	QL (1 ML per 1 day)
<b>*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vit-flor oral tablet chewable 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*PED MV W/ IRON*** - DRUGS FOR NUTRITION</b>		
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	Tier 1	
<i>multiple vitamins-iron oral tablet chewable 15 mg</i>	Tier 1	QL (1 EA per 1 day)
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML ( <i>pediatric multivitamins-iron</i> )	Tier 2	QL (50 ML per 25 days)
<b>*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	Tier 2	QL (1.67 ML per 1 day)
<b>*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION</b>		
<i>childrens chew multivitamin oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
POLY-VI-SOL ORAL SOLUTION ( <i>pediatric multiple vitamins</i> )	Tier 2	QL (0.5 EA per 25 days)
<b>*PEDIATRIC VITAMINS A &amp; D W/ C*** - DRUGS FOR NUTRITION</b>		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 ( <i>pediatric vitamins adc</i> )	Tier 2	QL (50 ML per 25 days)
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	Tier 2	QL (50 ML per 25 days)
<b>*PRENATAL MV &amp; MIN W/FE-FA*** - DRUGS FOR NUTRITION</b>		
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
CO-NATAL FA TABLET ORAL ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG ( <i>prenatal-fe bisgly-fa-omega 3</i> )	Tier 2	QL (1 EA per 1 day)
<i>inatal gt oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal (w/iron &amp; fa) oral tablet 27-0.8 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 2	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 EA per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION</b>		
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	Tier 2	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 2	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	Tier 2	QL (2 EA per 1 day)
<i>prenatal+dha oral 28-0.975 &amp; 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>*PRENATAL MV &amp; MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON*** - DRUGS FOR NUTRITION</b>		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION</b>		
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	Tier 2	QL (2 EA per 1 day)
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<b>*NASAL AGENTS - MISC.*** - ALLERGY</b>		
<i>saline nasal spray nasal solution 0.65 %</i>	Tier 1	
<b>*NASAL ANTICHOLINERGICS*** - ALLERGY</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
<b>*NASAL ANTIHISTAMINES*** - ALLERGY</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 1	QL (30 ML per 25 days)
<b>*NASAL MAST CELL STABILIZERS*** - ALLERGY</b>		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	QL (52 ML per 25 days)
<b>*NASAL STEROIDS*** - ALLERGY</b>		
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	QL (17 ML per 25 days); AGE (Min 2 Years)

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Drug Name	Formulary Status	Requirements/Limits
<b>*SYSTEMIC DECONGESTANTS*** - ALLERGY</b>		
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Tier 1	QL (6 EA per 1 day)
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML ( <i>pseudoephedrine hcl</i> )	Tier 2	QL (40 ML per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML ( <i>phenylephrine hcl</i> )	Tier 2	
<b>*TOPICAL DECONGESTANTS*** - ALLERGY</b>		
<i>epinephrine hcl (nasal) solution 0.1 % nasal</i>	Tier 1	
<b>*NUTRIENTS* - DRUGS FOR NUTRITION</b>		
<b>*MISC. NUTRITIONAL SUBSTANCES*** - DRUGS FOR NUTRITION</b>		
<i>dha complete oral capsule 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 2	
<i>fish oil oral capsule 500 mg</i>	Tier 1	
<i>fish oil oral capsule delayed release 1200 mg</i>	Tier 1	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	Tier 2	
<i>omega-3 fish oil oral capsule 1000 mg</i>	Tier 1	
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** - DRUGS FOR THE EYE</b>		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	Tier 2	
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Tier 1	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 2	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Tier 2	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Tier 2	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 2	
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 % ( <i>propylene glycol-glycerin</i> )	Tier 2	
<b>*ARTIFICIAL TEAR SOLUTIONS*** - DRUGS FOR THE EYE</b>		
SYSTANE CONTACTS OPHTHALMIC SOLUTION ( <i>artificial tear solution</i> )	Tier 2	
<b>*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE</b>		
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Tier 2	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Tier 2	
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	QL (10 ML per 25 days)

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<b>*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
<b>*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<b>*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
<b>*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 1	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (2.5 ML per 30 days)
<b>*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (10 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Tier 2	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
<b>*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<b>*OPHTHALMIC HYPEROSMOLAR PRODUCTS*** - DRUGS FOR THE EYE</b>		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	
<b>*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE</b>		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (10 ML per 25 days)
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA</b>		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	
<b>*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
<b>*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
<b>*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<b>*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	QL (5 ML per 25 days)
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<b>*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL</b>		
<i>acetic acid otic solution 2 %</i>	Tier 1	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	Tier 2	

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>ra ear drying agent otic liquid 95-5 %</i>	Tier 2	
<b>*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<b>*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<b>*OXYTOCICS* - HORMONES</b>		
<b>*OXYTOCICS*** - DRUGS FOR WOMEN</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (7 EA per 1 day)
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS</b>		
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	Tier 2	PA
<b>*IMMUNE SERUMS*** - BIOLOGICAL AGENTS</b>		
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	Tier 2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	Tier 2	
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOPENICILLINS*** - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*NATURAL PENICILLINS*** - ANTIBIOTICS</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*PENICILLIN COMBINATIONS*** - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 Years)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	QL (2 EA per 1 day); MAX 10 DAYS
<b>*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS</b>		
<i>dicloxacillin sodium oral capsule 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*ANTIMICROBIAL AGENTS***</b>		
<i>benzyl alcohol liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
<b>*PARENTERAL VEHICLES***</b>		
<i>sterile water for injection injection solution</i>	Tier 1	
<b>*PROGESTINS* - HORMONES</b>		
<b>*PROGESTINS*** - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER</b>		
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 1	PA
<b>*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	PA
<b>*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 2	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 2	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Tier 2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Tier 2	PA
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA
<b>*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	Tier 1	
<b>*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	Tier 1	QL (8 EA per 1 day); MAX 3 FILLS/365DAYS
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	QL (8 EA per 1 day); MAX 3 FILLS/365DAYS
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	QL (8 EA per 1 day); MAX 3 FILLS/365DAYS
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	QL (1 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD</b>		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML <i>(alpha1-proteinase inhibitor)</i>	Tier 2	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG <i>(alpha1-proteinase inhibitor)</i>	Tier 2	PA
<b>*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG <i>(ivacaftor)</i>	Tier 2	PA
KALYDECO ORAL TABLET 150 MG <i>(ivacaftor)</i>	Tier 2	PA
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS</b>		
ORKAMBI ORAL PACKET 150-188 MG <i>(lumacaftor-ivacaftor)</i>	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG <i>(lumacaftor-ivacaftor)</i>	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG <i>(lumacaftor-ivacaftor)</i>	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 11 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG <i>(tezacaftor-ivacaftor)</i>	Tier 2	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG <i>(elexacaftor-tezacaftor-ivacaftor)</i>	Tier 2	PA
<b>*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML <i>(dornase alfa)</i>	Tier 2	PA; QL (2.5 ML per 1 day)
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<b>*TETRACYCLINES*** - ANTIBIOTICS</b>		
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*THYROID AGENTS* - HORMONES</b>		
<b>*ANTITHYROID AGENTS*** - DRUGS FOR THYROID</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	QL (20 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<b>*THYROID HORMONES*** - DRUGS FOR THYROID</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 65 MG, 97.5 MG (thyroid)	Tier 2	QL (1 EA per 1 day); AGE (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (thyroid)	Tier 2	QL (1 EA per 1 day)
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	QL (2 EA per 1 day)
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	QL (1 EA per 1 day)
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b>		
<b>*TOXOID COMBINATIONS*** - VACCINES</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	Tier 2	QL, AGE per ACIP
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth- acell pertussis-tetanus)	Tier 2	QL, AGE per ACIP
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS</b>		
dicyclomine hcl oral capsule 10 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	QL (80 ML per 1 day); AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<b>*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS</b>		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<b>*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
acid reducer maximum strength oral tablet 20 mg	Tier 2	QL (2 EA per 1 day)
acid reducer oral tablet 10 mg	Tier 2	QL (2 EA per 1 day)
cimetidine 200 oral tablet 200 mg	Tier 2	QL (4 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>famotidine intravenous solution 40 mg/4ml</i>	Tier 1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	Tier 1	
<i>nizatidine oral capsule 150 mg</i>	Tier 1	ST; QL (4 EA per 1 day); T/F of Famotidine
<b>*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	Tier 1	QL (4 EA per 1 day)
<b>*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	QL (1 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	Tier 1	QL (3 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML ( <i>omeprazole</i> )	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	QL (4 EA per 1 day)
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Prior use of oxybutynin required
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*VACCINES* - BIOLOGICAL AGENTS</b>		
<b>*BACTERIAL VACCINES*** - VACCINES</b>		
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR ( <i>pneumococcal 20-val conj vacc</i> )	Tier 2	AGE (Min 19 Years); QL
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR ( <i>pneumococcal 15-val conj vacc</i> )	Tier 2	AGE (Min 19 Years); QL
<b>*VIRAL VACCINE COMBINATIONS*** - VACCINES</b>		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML ( <i>hepatitis a-hep b recomb vac</i> )	Tier 2	AGE (Min 19 Years); QL
<b>*VIRAL VACCINES*** - VACCINES</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML ( <i>rsv pre-fusion f a&amp;b vac rcmb</i> )	Tier 2	AGE (Min 19 Years); QL
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR ( <i>rsvpref3 vac recomb adjuvanted</i> )	Tier 2	AGE (Min 50 Years); QL
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR ( <i>covid-19 mrna virus vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION ( <i>hepatitis b vac recombinant</i> )	Tier 2	AGE (Min 19 Years); QL
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION ( <i>hepatitis b vac recombinant</i> )	Tier 2	AGE (Min 19 Years); QL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza virus vacc split pf</i> )	Tier 2	AGE (Min 19 Years); QL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML ( <i>hepatitis a vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR ( <i>hepatitis a vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR ( <i>hepatitis b vac recomb adj</i> )	Tier 2	AGE (Min 19 Years); QL
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION ( <i>hepatitis b vac recombinant</i> )	Tier 2	AGE (Min 19 Years); QL
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION ( <i>hepatitis b vac recombinant</i> )	Tier 2	AGE (Min 19 Years); QL

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION ( <i>hepatitis b vac recombinant</i> )	Tier 2	AGE (Min 19 Years); QL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ( <i>zoster vac recomb adjuvanted</i> )	Tier 2	AGE (Min 18 Years); QL
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR ( <i>covid-19 mrna virus vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR ( <i>hepatitis a vaccine</i> )	Tier 2	AGE (Min 19 Years); QL
<b>*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS</b>		
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	
<i>clotrimazole-7 vaginal cream 1 %</i>	Tier 1	
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 2	
<i>miconazole 7 vaginal cream 2 %</i>	Tier 2	
<i>miconazole 7 vaginal suppository 100 mg</i>	Tier 2	
<i>ra miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Tier 2	
<b>*SPERMICIDES*** - BIRTH CONTROL PILLS</b>		
<i>today sponge vaginal 1000 mg</i>	Tier 1	
<i>vcf vaginal contraceptive vaginal film 28 %</i>	Tier 1	
<b>*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 5 days)
<b>*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i>	Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 EA per 25 days)
<b>*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine pf solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine solution 1 mg/10ml intravenous</i>	Tier 1	

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<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>epinephrine solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine solution 10 mg/10ml injection</i>	Tier 1	
<i>epinephrine solution prefilled syringe 0.2 mg/0.2ml injection</i>	Tier 1	
<i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i>	Tier 1	
<i>epinephrine solution prefilled syringe 1 mg/ml injection</i>	Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*VITAMIN B-1*** - DRUGS FOR NUTRITION</b>		
<i>thiamine hcl oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*VITAMIN B-2*** - DRUGS FOR NUTRITION</b>		
<i>vitamin b-2 oral tablet 100 mg</i>	Tier 1	
<b>*VITAMIN B-3*** - DRUGS FOR NUTRITION</b>		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Tier 1	
<i>niacin er oral tablet extended release 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
<b>*VITAMIN B-6*** - DRUGS FOR NUTRITION</b>		
<i>pyridoxine hcl oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*VITAMIN C*** - DRUGS FOR NUTRITION</b>		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	
<b>*VITAMIN D*** - DRUGS FOR NUTRITION</b>		
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 2	QL (1 EA per 1 day)
<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	Tier 1	QL (1 EA per 1 day)
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)</i>	Tier 2	QL (1 EA per 1 day)
<i>D-VI-SOL ORAL LIQUID 10 MCG/ML (cholecalciferol)</i>	Tier 2	QL (6 ML per 1 day)
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Tier 2	QL (6 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	Tier 2	QL (1 EA per 1 day)
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin d3 oral liquid 125 mcg/ml</i>	Tier 1	QL (6 ML per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	QL (1 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<b>*VITAMIN K*** - DRUGS FOR NUTRITION</b>		
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)

**Tier 1** - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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