

Qualified Health Plans 2025 Drug Formulary for HMOs and PPOs



THIS DOCUMENT HAS INFORMATION ABOUT THE PRESCRIPTION DRUGS WE COVER FOR QUALIFIED HEALTH PLANS.

Qualified Health Plans (QHP) are Affordable Care Act-compliant plans that cover essential health benefits and follow established limits on cost-sharing.

In addition to frequently asked questions regarding our drug formulary and prescription coverage, the actual list of covered drugs for our health plans is also included herein. This list is current as of January 2025.

If you have questions about your health plan, please call a Customer Service at the number on your ID card or log in at hap.org and send us a message.

Please note: A drug's formulary status may change prior to being updated in this document. The listing of a drug does not imply coverage for all benefits. Some dosage forms or strengths of an existing formulary drug may not be covered. Please contact us for more details.

Q&A

Q. What is the drug list?

A. The drug list, also known as a formulary, is a list of covered prescription drugs. Prescription drugs are medications you can obtain from pharmacies and administer to yourself. Our drug list is developed with a team of health care providers, including doctors and pharmacists. It contains the prescription drugs believed to be a necessary part of a quality treatment program. The prescription is then filled at an in-network pharmacy.

The status of covered drugs can change over time. For example:

- We may add new drugs to the list as they are approved by the Food and Drug Administration.
- We may remove drugs as we learn more about how safe they are and how well they work.
- We may change the tier levels of drugs on the list. Tier levels determine your copay and other out-of-pocket costs for drugs.

From time to time, we may add or remove quantity limits, the need for prior authorization or other criteria for coverage.

Q. Where can I find the drug list?

A. You can search for covered drugs on our interactive Drug Search tool or download a drug list. The Drug Search tool and the Drug list are available at hap.org/prescription-drug

Q. How do I use the interactive Drug Search tool?

A: If you are using a computer, click on the Search QHP button. Drug Search tool will display. You only need the first three letters of the drug name to search. Type the drug name in the search box, press enter. You will get a list of drugs that match your search request. Select the drug you are looking for, press enter. The display will show the full drug name, therapeutic class, drug tier status and any criteria for coverage such as quantity limits or prior authorization

Q. How do I use the drug list ?

A. The drug list is a list of covered generic and brand name drugs and is organized by categories. Each category represents the type of medical conditions that the drugs are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what a drug is used for, look for the category name in the list. Then look under the category name for the drug.

You can also look for your drug in the Index that is at the end of the document. The Index provides an alphabetical list of all drugs included in this document.

If you are using a computer, you can search for a specific drug within the formulary, just select Ctrl-F and enter the name of the drug in the search box. The cursor will highlight the drug you are looking for.

What is included in the drug formulary?

- The name of the covered drug. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case (e.g., metformin). **When a generic drug is listed on the formulary, only the generic is covered.**
- The covered drug cost-sharing level or *Tier*. Every drug on the formulary is in one of six cost-sharing Tiers. **Refer to your Summary of Benefits and Coverage for your cost-sharing information.** The following table will translate how the six Tiers shown on the formulary are applicable to your health plan’s prescription drug benefit.

Description of Tier	Copay
Preventive – FDA approve drugs that are covered at zero cost share per the Affordable Care Act when Health Care Reform (HCR) rules are met.	Zero Cost Share
Select Generic Drugs – FDA approved drugs that contain the same active ingredient(s), identical in concentration and strength to their brand name drug. Drugs in this tier are comprised of low-cost generic drugs.	Tier 1
Generic and Select Brand Drugs – FDA approved generic and brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines, with a slightly higher out of pocket cost than Select Generic Drugs.	Tier 2
Preferred Brand – FDA approved brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines.	Tier 3
Non-Preferred Brand and Generic Drugs – FDA approved generic and brand name drugs that meet rigorous quality, safety and cost-effectiveness guidelines that are considered non-preferred by us, which may also include higher cost generics.	Tier 4
Preferred Specialty Drugs – brand, generic or biosimilar drugs approved by the FDA that are used to treat complex and/or chronic illnesses and require close supervision and monitoring. The drugs in this category include injectable/infusible and certain orally inhaled drugs that may require prior authorization. To assure safe and quality care; these drugs must be obtained by a contracted specialty pharmacy.	Tier 5
Non-Preferred Specialty Drug – brand, generic or biosimilar drugs approved by the FDA that are used to treat complex and/or chronic illnesses and require close supervision and monitoring. The drugs in this category include higher-cost injectable/infusible and certain orally inhaled drugs that may require prior authorization. To assure safe and quality care; these drugs must be obtained by a contracted specialty pharmacy.	Tier 6
Medical Drugs – These are drugs that are infused or administered in doctor’s office or facility, that are covered under your medical benefit and may be required by us to be obtained from a Specialty Pharmacy.	Tier 7

- Drug Coverage rules and limites as follows:

PA (Prior Authorization) – You or your doctor is required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL (Quantity Limit) – We limit the amount of these drugs that are covered for each prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

ST (Step Therapy) – Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

SP (Specialty Pharmacy) – This specialty drug can only be obtained from Pharmacy Advantage by calling them at (800) 456 2112.

- **HCR (Health Care Reform)** – You must meet the Health Care Reform requirements for preventive use to obtain the drug at zero cost sharing

Q. What is a *generic substitution*?

A. When an FDA approved generic drug is available, your prescription will be filled with the generic form of the medication. Generic drugs contain the same active ingredients and are equivalent in strength and dosage to the original brand name product. Generic drugs cost you and your health plan less money than a brand name drug.

Q. What are *specialty drugs*?

A. Specialty drugs are biologics or prescription drugs that require close monitoring for safety and efficacy. For this reason we contract with Pharmacy Advantage, a specialty pharmacy, from whom you can obtain specialty drugs. Specialty drugs require prior authorization and Pharmacy Advantage can help you and your doctor submit a request. You or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Q. Are there any restrictions on my coverage?

A. Some covered drugs may have additional requirements or limits on coverage. The coverage requirements are listed on the drug formulary. These requirements and limits may include:

- **Prior Authorization** – Some medications on our formulary have criteria you must meet before we cover them. This means that you will need to get approval from us before you fill your prescriptions for these drugs.
- **Step Therapy** – In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Quantity Limits** – Certain drugs have quantity limits. A quantity limit is the maximum quantity that can be dispensed on each fill of medication or the maximum number of fills allowed for treatment of certain conditions. Specialty/injectable drugs (except insulin) and select oral drugs (e.g. opioid analgesics) are limited to a maximum 30-day supply per fill. Some specialty drugs require a 15-day supply for the first fill.

Benefit limitations

Our drug formulary applies to drugs used in an outpatient setting. It does not include medication administered in the doctor's office or while in the hospital. These are known as *medical drugs*. Note that some medical drugs are listed on this formulary because they are part of our Specialty Program. Please refer to "what are specialty drug?" section for information about these medications

The following are general drug coverage exclusions that apply to all members:

- Over-the-counter (OTC) medications and their equivalents are not covered unless specified in the formulary or on the rider
- Drug products used for cosmetic purposes are not covered
- Experimental drugs and/or any drug products used in an experimental manner are not covered
- Replacement of lost or stolen medication is not covered

Since the selected drug packages and coverage vary for each Qualified Health Plan, check your Summary of Benefits and Coverage (SBC) for your cost-sharing and exclusions.

Q. What if my drug is not on the drug formulary?

A. When your drug is not listed on the formulary it is considered *non-formulary*. You or your doctor can ask us to make an exception and cover your drug and one of HAP clinical specialists will evaluate if the medication will be covered by your plan. However, it is best to first discuss with your doctor or pharmacist if one of the formulary alternatives will work for you.

Exception approvals for standard non-formulary medications will process at the highest non specialty copayment. Exception approvals for non-formulary specialty drugs will process at the highest Specialty copayment. Non-formulary drugs when approved by plan are limited for up to 30-day supply at a time. Non-formulary specialty drugs when approved for use by the health plan can be required to be dispensed by Pharmacy Advantage.

Q. How do I request prior authorization or drug formulary exception?

A. You or your doctor can ask us to make an exception to our requirements or limits. You may also ask us to cover a drug not included on our formulary or ask us to exempt you from a formulary requirement through the exception process. Your doctor must submit a request to us indicating why formulary requirements should not apply. Your doctor may use the forms available at **hap.org/providers** to send us information when requesting either prior authorization or exception to the formulary.

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CURRENT AS OF 1/1/2025

DRUG NAME	DRUG TIER	NOTES
ANTIDOTE THERAPEUTICS		
Acetaminophen Antidote		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
Alcohol Deterrents (91:02)		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
Antidote Therapeutics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	QL (1 kit per 1 fill)
CHEMET ORAL CAPSULE 100 MG	4	
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	ALT (Covered Alternatives: DEPEN); QL (4 capsules per 1 day)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	4	QL (Quantity Limits Apply)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)

Tier 1= Select Generic, Tier 2= Generic and Select Brand, Tier 3= Preferred Brand,

Tier 4= Non-Preferred Brand and Generic, Tier 5= Preferred Specialty, Tier 6= Non-Preferred Specialty

Tier 7= Medical Coinsurance

BB= Buy and Bill Only

PA = Prior Authorization

QL = Quantity Limits

SP = This drug can only be obtained at Pharmacy Advantage: (800) 456-2112; up to 30 day supply at a time.

ST = Step Therapy Required

HCR = Health Care Reform rules apply

TD= FOR NEW TO HAP MEMBERS ONLY: One 30 day fill in the first 90 days of enrolling with HAP.

PF= Partial Fill Program

AG= Age Restriction

DRUG NAME	DRUG TIER	NOTES
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: Penicillamine Tablets); QL (4 capsules per 1 day)
<i>penicillamine oral tablet 250 mg</i>	2	PA; SP; QL (4 tablets per 1 day)
Antidotes (91:04)		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	BB	
Chemotherapy Antidotes/Protectants		
COSELA INTRAVENOUS RECON SOLN 300 MG	BB	PA
ELMIRON ORAL CAPSULE 100 MG	4	PA; QL (3 capsules per 1 day)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	BB	PA
MESNEX ORAL TABLET 400 MG	4	
Fluoropyrimidine Antidote		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Non-Formulary	SP
Methemoglobinemia Antidote		
<i>methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %</i>	BB	
ANTIHISTAMINE DRUGS		
Ethanolamine Derivatives		
<i>clemastine oral tablet 2.68 mg</i>	2	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	

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First Generation Antihistamines		
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	2	
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Other Antihistamines		
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	QL (0.2 ml per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
Phenothiazine Derivatives		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	
Piperazine Derivatives		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
Propylamine Derivatives		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	

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DRUG NAME	DRUG TIER	NOTES
Second Generation Antihistamines		
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	2	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	2	QL (30 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	2	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
<i>loratadine oral solution 5 mg/5 ml</i>	2	
<i>loratadine oral tablet 10 mg</i>	2	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)

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ANTI-INFECTIVE AGENTS		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 3 gram/150 ml</i>	7	
<i>cefazolin injection recon soln 10 gram</i>	7	
<i>cefazolin injection recon soln 2 gram</i>	Non-Formulary	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 500 mg</i>	2	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	QL (2 capsules per 1 day)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>ceftriaxone injection recon soln 2 gram</i>	7	

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4Th Generation Cephalosporin Antibiotics		
<i>cefepime injection recon soln 2 gram</i>	7	
5Th Generation Cephalosporin Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	7	
Adamantane Antivirals		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>rimantadine oral tablet 100 mg</i>	2	
Allylamine Antifungals		
<i>terbinafine hcl oral tablet 250 mg</i>	2	
Amebicides		
HUMATIN ORAL CAPSULE 250 MG	4	SP
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
<i>paromomycin oral capsule 250 mg</i>	2	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
Aminoglycoside Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Non-Formulary	QL (Quantity Limits Apply); SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Non-Formulary	QL (Quantity Limits Apply); QL (280 ampules per 30 days)

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HUMATIN ORAL CAPSULE 250 MG	4	SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Non-Formulary	SP; ALT (Covered Alternatives: TOBRAMYCIN PAK 300 MG/5 ML)
<i>neomycin oral tablet 500 mg</i>	2	
<i>paromomycin oral capsule 250 mg</i>	2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Non-Formulary	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: TOBRAMYCIN SULFATE)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP; QL (280 ampules per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Non-Formulary	SP; QL (280 ampules per 30 days)
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	7	PA; SP; QL (280 ampules per 30 days)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	BB	
Aminomethylcyclines		
NUZYRA ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE, CLINDAMYCIN HCL, MINOCYCLINE HCL, TETRACYCLINE HCL)
Aminopenicillin Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	7	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	7	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	Non-Formulary	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	2	QL (120 Tablets per 28 Day. 28 Days of Treatment per 180 Days)
EGATEN ORAL TABLET 250 MG	Non-Formulary	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	PA; QL (6 tablets per 30 days)
<i>ivermectin oral tablet 3 mg</i>	2	QL (8 tablets per 30 days)
<i>praziquantel oral tablet 600 mg</i>	2	

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Antifungals, Miscellaneous		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
Antileprosy Agents		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
Antimalarials		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
ARAKODA ORAL TABLET 100 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (12 tablets per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (9 tablets per 180 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (8 tablets per 28 days)
COARTEM ORAL TABLET 20-120 MG	4	QL (24 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
DARAPRIM ORAL TABLET 25 MG	Non-Formulary	SP; ALT (Covered Alternatives: HYDROXYCHLOROQUINE SULFATE, PRIMAQUINE GENERIC, MEFLOQUINE HCL); QL (1 tablet per 1 day)
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	QL (3 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)

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<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 Day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg); QL (1 Tablets per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Non-Formulary	
<i>mefloquine oral tablet 250 mg</i>	2	QL (5 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.

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MONDOXYNE NL ORAL CAPSULE 100 MG	Non-Formulary	QL (2 capsules per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	2	Covered for Malaria Treatment, not prophylaxis.
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pyrimethamine oral tablet 25 mg</i>	Non-Formulary	SP; Covered for Malaria Treatment, not prophylaxis.; QL (1 tablet per 1 day)
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	4	Covered for Malaria Treatment, not prophylaxis.
<i>quinine sulfate oral capsule 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (42 capsules per 30 days)
SOVUNA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Hydroxychloroquine); QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	ALT (Covered Alternatives: HYDROXYCHLOROQUINE); QL (1 Tablets per 1 Day)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
Antiprotozoals, Cryptosporidiosis		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA; QL (20 ml per 1 day)
ALINIA ORAL TABLET 500 MG	Non-Formulary	QL (6 tablets per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	2	QL (6 Tablets per Day. 14 Days of Treatment per 180 Days)

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Antiprotozoals, Miscellaneous		
LAMPIT ORAL TABLET 120 MG, 30 MG	Non-Formulary	
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
Antiprotozoals, P Jirovecii Pneumonia		
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	QL (10 ML per Day, 21 Days of Treatment per 180 Days)
PENTAM INJECTION RECON SOLN 300 MG	Non-Formulary	
<i>pentamidine injection recon soln 300 mg</i>	7	QL (1 Vial per 21 Days. 21 Days of Treatment per 180 Days)
Antiprotozoals, Nitroimidazole-Derivative		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	4	PA; QL (Quantity Limits Apply)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	QL (20 tablets per 5 days)
Antiretrovirals		
SUNLENCA ORAL TABLET 300 MG	BB	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	BB	PA
Antiretrovirals, Miscellaneous		
TYBOST ORAL TABLET 150 MG	6	QL (2 tablets per 1 day)
Antituberculosis Agents		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	QL (10 ML per 1 fill)
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>cycloserine oral capsule 250 mg</i>	4	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	

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<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	2	QL (4 tablets per 1 day)
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG	5	QL (4 Tablets per Day. 180 Days of Treatment in 365 Days); SP
SIRTURO ORAL TABLET 20 MG	5	QL (10 Tablets per Day. 180 Days of Treatment in 365 Days); SP
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	BB	PA
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Non-Formulary	
Azole Antifungals		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	7	QL (0.01 Vial per Day. 90 Days of Treatment per 180 Days); SP
CRESEMBA ORAL CAPSULE 186 MG	4	PA; 70 capsules per 30 days, 3 fills per 365 days; QL (70 capsules per 1 fill)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	2	QL (300 ML per 16 days)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (60 GM per 30 days)

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<i>ketoconazole topical foam 2 %</i>	2	ALT (Covered Alternatives: KETOCONAZOLE); QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (120 ML per 30 days)
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Non-Formulary	PA; ALT (Covered Alternatives: ITRACONAZOLE, FLUCONAZOLE, VORICONAZOLE); QL (105 ML per 1 fill)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	7	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	2	QL (105 EA per 1 Fill)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	QL (2 tablets per 1 day)
SPORANOX ORAL CAPSULE 100 MG	Non-Formulary	
SPORANOX ORAL SOLUTION 10 MG/ML	Non-Formulary	QL (300 ml per 1 fill)
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Non-Formulary	QL (Quantity Limits Apply)
VIVJOA ORAL CAPSULE 150 MG	Non-Formulary	ALT (Covered Alternatives: FLUCONAZOLE, TERCONAZOLE, ITRACONAZOLE)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	QL (60 tablets per 30 days)
XOLEGEL TOPICAL GEL 2 %	Non-Formulary	ALT (Covered Alternatives: KETOCONAZOLE, KETOCONAZOLE)
Carbapenem Antibiotics		
<i>ertapenem injection recon soln 1 gram</i>	7	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	7	
Cmv Antivirals		
LIVTENCITY ORAL TABLET 200 MG	5	PA; QL (4 Tablets per 1 Day)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Non-Formulary	QL (Quantity Limits Apply); QL (24 ML per 1 day)

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PREVYMIS ORAL TABLET 240 MG, 480 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VALGANCICLOVIR HCL); QL (1 Tablet per 1 day)
Coronavirus (Covid-19)		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	5	PA; QL (5 days of treatment per 180 days); EUA approved product does not require a prior authorization
Cyclic Lipopeptide Antibiotics		
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	7	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	7	QL (10 ML per 7 days)
Echinocandin Antifungals		
<i>casprofungin intravenous recon soln 50 mg</i>	7	QL (3 Vials per Day. 84 Days of Treatment in 180 Days)
<i>casprofungin intravenous recon soln 70 mg</i>	7	QL (2.15 Vials per Day. 84 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	7	QL (1 Vial per Day. 42 Days of Treatment in 180 Days)
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	7	QL (1 Vial per 1 day)
<i>micalfungin intravenous recon soln 100 mg, 50 mg</i>	7	QL (1 vial per 1 day)
Endonuclease Inhibitors		
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (2 tablets per fill, 2 fills per 365 days)
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	Non-Formulary	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	

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<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (60 ML per 30 days)
Extended-Spectrum Penicillins		
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	BB	
Glycopeptide Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG	Non-Formulary	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450mL per fill, 3 fills per year)
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/250 ml</i>	BB	
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	7	
<i>vancomycin intravenous recon soln 1.25 gram</i>	Non-Formulary	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	QL (40 capsules per 8 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	7	QL (1 Vial per 1 day)
Glycylcycline Antibiotics		
<i>tigecycline intravenous recon soln 50 mg</i>	7	QL (0.01 Vial per 1 day)
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Non-Formulary	SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Non-Formulary	QL (Quantity Limits Apply); SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Non-Formulary	QL (Quantity Limits Apply); SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	SP

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SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Non-Formulary	QL (Quantity Limits Apply)
SOVALDI ORAL TABLET 200 MG, 400 MG	Non-Formulary	QL (Quantity Limits Apply); SP
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Non-Formulary	SP
MAVYRET ORAL TABLET 100-40 MG	2	QL (84 tablets per fill, 168 tablets in 365 days); SP
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP
Hcv Replication Complex Inhibitors		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Non-Formulary	SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Non-Formulary	QL (Quantity Limits Apply); SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Non-Formulary	QL (Quantity Limits Apply); SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Non-Formulary	QL (Quantity Limits Apply); SP
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Non-Formulary	SP
MAVYRET ORAL TABLET 100-40 MG	2	QL (84 tablets per fill, 168 tablets in 365 days); SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Non-Formulary	SP
VOSEVI ORAL TABLET 400-100-100 MG	Non-Formulary	QL (Quantity Limits Apply); SP
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	6	PA; QL (0.01 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	2	QL (2 tablets per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	6	PA; SP; ALT (Covered Alternatives: FUZEON); QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
SELZENTRY ORAL TABLET 150 MG, 300 MG	Non-Formulary	QL (2 tablets per 1 day)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	BB	PA
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	BB	PA
BIKTARVY ORAL TABLET 30-120-15 MG	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	BB	PA
DOVATO ORAL TABLET 50-300 MG	5	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 tablet per 1 day)
ISENTRESS ORAL TABLET 400 MG	5	QL (2 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	6	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	6	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 50 MG	5	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	6	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	6	SP; QL (1 Tablet per 1 day)
VOCABRIA ORAL TABLET 30 MG	Non-Formulary	QL (Quantity Limits Apply)
Hiv Nucleoside Rev. Transcrip. Inhib.		
ATRIPLA ORAL TABLET 600-200-300 MG	Non-Formulary	QL (1 Tablet per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	6	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
EDURANT ORAL TABLET 25 MG	5	QL (2 tablets per 1 day)
<i>efavirenz oral tablet 600 mg</i>	5	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	

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INTELENCE ORAL TABLET 100 MG, 200 MG	Non-Formulary	ALT (Covered Alternatives: ETRAVIRINE)
INTELENCE ORAL TABLET 25 MG	Non-Formulary	ALT (Covered Alternatives: ETRAVIRINE); QL (4 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	6	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (480 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	5	QL (2 tablets per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	5	QL (1 tablet per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
PIFELTRO ORAL TABLET 100 MG	5	
SYMFI LO ORAL TABLET 400-300-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	QL (Quantity Limits Apply)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir oral solution 20 mg/ml</i>	5	QL (480 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	5	QL (2 tablets per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	5	QL (1 tablet per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG	Non-Formulary	QL (1 Tablet per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	5	
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	6	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-Formulary	
DESCOVY ORAL TABLET 200-25 MG	5	PA; ALT (EMTRICITABINE-TENOFV 200-300MG, EMTRICITABINE-TENOFV 100-150MG, EMTRICITABINE-TENOFV 133-200MG, EMTRICITABINE-TENOFV 167-250MG); QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	5	QL (1 tablet per 1 day)

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<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	5	QL (680 ML per 23 days)
EPIVIR ORAL TABLET 150 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 tablet per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	5	PA; QL (2 ml per 1 day)
<i>lamivudine oral tablet 100 mg</i>	5	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	PA; QL (2 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	5	QL (2 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	6	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SYMFI ORAL TABLET 600-300-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	5	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	6	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	6	SP; QL (1 Tablet per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (Quantity Limits Apply)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 tablet per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (16 units per 1 day)
<i>zidovudine oral capsule 100 mg</i>	5	QL (2 capsules per 1 day)

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<i>zidovudine oral syrup 10 mg/ml</i>	5	QL (1 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (2 tablets per 1 day)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE 250 MG	5	QL (4 capsules per 1 day)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	QL (2 capsules per 1 day)
<i>darunavir oral tablet 600 mg, 800 mg</i>	2	QL (Quantity Limits Apply); QL (2 Tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	6	QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Non-Formulary	QL (320 units per 1 fill)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Non-Formulary	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	5	QL (320 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	QL (6 tablets per 1 day)
NORVIR ORAL TABLET 100 MG	Non-Formulary	ALT (Covered Alternatives: Ritonavir)
PREZCOBIX ORAL TABLET 800-150 MG-MG	6	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Non-Formulary	ALT (Covered Alternatives: Darunavir); QL (2 Tablets per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Non-Formulary	
<i>ritonavir oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (4 tablets per 1 day)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP; QL (2 ML per 30 days)
Lincomycin Antibiotics		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)

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<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	QL (60 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL (60 GM per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	2	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Non-Formulary	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; ALT (Covered Alternatives: TOBRAMYCIN SULFATE); QL (2 boxes per 1 month)
Monoclonal Antibodies (08:18)		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	BB	PA

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SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	BB	PA
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Non-Formulary	SP; ALT (Covered Alternatives: Icatibant, Nucala, Takhzyro, Fasenra, Haegarda); QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	BB	PA
Natural Penicillin Antibiotics		
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	BB	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL (10 capsules per fill ; 2 fills per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (20 inhalations (5 Rotadisks) per fill, 2 fills per 365 days)
TAMIFLU ORAL CAPSULE 30 MG	Non-Formulary	QL (20 capsules per fill ; 2 fills per 365 days)
TAMIFLU ORAL CAPSULE 45 MG	Non-Formulary	QL (10 capsules per fill ; 2 fills per 365 days)
TAMIFLU ORAL CAPSULE 75 MG	Non-Formulary	QL (10 capsules per fill, 2 fills per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Non-Formulary	QL (120 ML per fill ; 2 fills per 365 days)
Nitroimidazole Derivative, Anti-Leishmal		
IMPAVIDO ORAL CAPSULE 50 MG	4	PA; QL (3 capsules per 1 day)
Nitroimidazole Derivatives, Misc		
METROGEL TOPICAL GEL 1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

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<i>metronidazole topical cream 0.75 %</i>	2	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	QL (59 GM per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NORITATE TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
Nucleoside And Nucleotide Antivirals		
<i>acyclovir in 0.9 % sodium chl r intravenous piggyback 200 mg/100 ml</i>	BB	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir topical ointment 5 %</i>	2	QL (30 GM per 30 days)
<i>adefovir oral tablet 10 mg</i>	5	SP; QL (1 tablet per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	PA; SP; QL (700 ml per 1 fill)
BARACLUDGE ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	6	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG	5	PA; ALT (EMTRICITABINE-TENOFV 200-300MG, EMTRICITABINE-TENOFV 100-150MG, EMTRICITABINE-TENOFV 133-200MG, EMTRICITABINE-TENOFV 167-250MG); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL (1 tablet per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	SP; QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	

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<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
HEPSERA ORAL TABLET 10 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	0	HCR
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 tablet per 1 day)
<i>ribavirin inhalation recon soln 6 gram</i>	Non-Formulary	
<i>ribavirin oral capsule 200 mg</i>	Non-Formulary	SP; QL (6 Capsules per 1 day)
<i>ribavirin oral tablet 200 mg</i>	2	SP; QL (6 Tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Non-Formulary	
TRUVADA ORAL TABLET 200-300 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	QL (8 tablets per 1 day)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	PA; QL (1 ML per 1 day)
<i>valganciclovir oral tablet 450 mg</i>	2	QL (2 tablets per 1 day)
VEMLIDY ORAL TABLET 25 MG	Non-Formulary	SP
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	QL (5 GM per 30 days)
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
Other Macrolide Antibiotics		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	QL (4 ML per 1 day)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	QL (8 tablets per 1 fill)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, FIRVANQ)

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DIFICID ORAL TABLET 200 MG	4	PA; ALT (Covered Alternatives: METRONIDAZOLE, FIRVANQ); QL (20 tablets per 30 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
Other Misc. Antibacterial Agents		
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
Oxazolidinone Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	2	QL (2 tablets per 1 day)
SIVEXTRO ORAL TABLET 200 MG	Non-Formulary	QL (Quantity Limits Apply)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	Non-Formulary	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
Pleuromutilins		
XENLETA ORAL TABLET 600 MG	4	PA; QL (Quantity Limits Apply); QL (10 tablets per 30 days)
Polyene Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Non-Formulary	
<i>amphotericin b injection recon soln 50 mg</i>	7	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
Polymyxin Antibiotics		
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	6	QL (2 ML per Day. 28 Days of Treatment in 180 Days); SP
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	

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Pyrimidine Antifungals		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	6	PA; QL (1 capsule per 1 day)
Quinolone Antibiotics		
BAXDELA ORAL TABLET 450 MG	Non-Formulary	QL (Quantity Limits Apply)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (3.5 GM per 1 fill)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	QL (10 ML per 1 fill)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)
FACTIVE ORAL TABLET 320 MG	4	PA; QL (1 tablet per 1 day)
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
Rifamycin Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIFTIN ORAL TABLET 150 MG	3	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	

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TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
XIFAXAN ORAL TABLET 200 MG	5	PA; SP; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; SP; QL (60 tablets per 30 days)
Siderophore Cephalosporins		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Non-Formulary	
Sulfonamide Antibiotics (Systemic)		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	2	
Tetracycline Antibiotics		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	QL (3 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)

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<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 Day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Non-Formulary	QL (2 capsules per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
Triterpenoids		
BREXAFEMME ORAL TABLET 150 MG	Non-Formulary	

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Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	QL (1 packet per 30 days)
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (4 capsules per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	QL (4 capsules per 1 day)
<i>nitrofurantoin oral suspension 25 mg/5 ml, 50 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: NITROFURANTOIN CAPSULES, NITROFURANTOIN MONO-MACRO CAPSULES); QL (10 ML per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	2	
ANTINEOPLASTIC AGENTS		
Antineoplastic Agents		
<i>abiraterone oral tablet 250 mg</i>	2	SP; QL (120 tablets per 30 days)
<i>abiraterone oral tablet 500 mg</i>	2	PA; SP; QL (60 tablets per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Non-Formulary	SP; PF
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	6	PA; SP
ALECENSA ORAL CAPSULE 150 MG	5	PA; SP; QL (240 capsules per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	BB	PA
ALUNBRIG ORAL TABLET 180 MG	5	PA; SP; QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; SP; QL (60 tablets per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; SP; QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; SP; QL (30 tablets per 30 days)
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	BB	PA

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AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	BB	
<i>anastrozole oral tablet 1 mg</i>	2	HCR; QL (1 tablet per 1 day)
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	BB	PA
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	BB	
AUGTYRO ORAL CAPSULE 40 MG	6	PA; SP; QL (8 Capsules per 1 day)
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	6	PA; SP; QL (1 tablet per 1 day)
BALVERSA ORAL TABLET 3 MG	6	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	6	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG	6	PA; SP; QL (1 tablet per 1 day)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
BESPONSIA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	BB	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Non-Formulary	SP
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	BB	PA
<i>bexarotene oral capsule 75 mg</i>	6	PA; SP; PF; QL (1 capsule per 1 day)
<i>bexarotene topical gel 1 %</i>	5	PA; SP; QL (2 GM per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	BB	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	BB	PA
BOSULIF ORAL TABLET 100 MG	6	PA; SP; QL (90 tablets per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	6	PA; SP; QL (30 tablets per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	6	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	6	PA; SP; QL (120 capsules per 28 days)

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CABOMETYX ORAL TABLET 20 MG	5	PA; SP; QL (30 tablets per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; SP
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	5	SP; QL (140 tablets per 1 fill)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; QL (60 tablets per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; QL (30 tablets per 30 days)
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	QL (40 gm per 30 days)
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	BB	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL (1 capsule per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Non-Formulary	SP
COTELLIC ORAL TABLET 20 MG	5	PA; SP; QL (63 tablets per 30 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	BB	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	BB	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	6	PA; QL (Quantity Limits Apply); SP; QL (30 Tablets per 1 Fill)
<i>dasatinib oral tablet 20 mg</i>	6	PA; QL (Quantity Limits Apply); SP; QL (90 Tablets per 1 Fill)
<i>dasatinib oral tablet 70 mg</i>	6	PA; QL (Quantity Limits Apply); SP; QL (60 Tablets per 1 Fill)
DAURISMO ORAL TABLET 100 MG	6	PA; SP; QL (0.01 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG	6	PA; SP; QL (0.01 EA per 1 day)

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<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 GM per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	QL (1 capsule per 1 day)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	BB	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	BB	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	BB	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	BB	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	BB	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	BB	PA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	BB	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	BB	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	BB	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; SP; QL (30 capsules per 30 days)
ERLEADA ORAL TABLET 240 MG, 60 MG	6	PA; SP; QL (4 tablets per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	2	SP; PF; QL (30 tablets per 30 days)
<i>etoposide oral capsule 50 mg</i>	5	PA; SP; QL (1 capsule per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP
EVOMELA INTRAVENOUS RECON SOLN 50 MG	BB	PA
<i>exemestane oral tablet 25 mg</i>	2	HCR; QL (1 tablet per 1 day)
FARESTON ORAL TABLET 60 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; SP; QL (6 capsules per 30 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	BB	PA

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FLUOROPLEX TOPICAL CREAM 1 %	4	PA; QL (40 GM per 1 month)
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	ALT (Covered Alternatives: FLUOROURACIL, FLUOROURACIL); QL (40 gm per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	PA; QL (10 ml per 1 month)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	6	PA; SP; QL (1 tablet per 1 day)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	6	PA; SP; PF; QL (21 Capsules per 28 days)
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	BB	PA
GAVRETO ORAL CAPSULE 100 MG	6	PA; SP; QL (1 tablet per 1 day)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	BB	PA
<i>gefitinib oral tablet 250 mg</i>	5	PA; SP; QL (30 Tablets per 1 Fill)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP; QL (30 tablets per 30 days)
GLEEVEC ORAL TABLET 100 MG	Non-Formulary	SP; QL (180 tablets per 1 fill)
GLEEVEC ORAL TABLET 400 MG	Non-Formulary	SP; QL (60 tablets per 1 fill)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	PA; SP; QL (1 capsule per 1 day)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	BB	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	BB	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	5	PA; SP; QL (1 capsule per 1 day)
HYDREA ORAL CAPSULE 500 MG	Non-Formulary	
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 capsules per 30 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; SP; QL (21 tablets per 30 days)

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ICLUSIG ORAL TABLET 10 MG, 30 MG	6	PA; SP; PF; QL (1 TABLET per 1 day)
ICLUSIG ORAL TABLET 15 MG	6	PA; SP; PF; QL (60 tablets per 30 days)
ICLUSIG ORAL TABLET 45 MG	6	PA; SP; PF; QL (30 tablets per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	6	PA; SP; QL (30 tablets per 30 days)
<i>imatinib oral tablet 100 mg</i>	2	SP; QL (180 tablets per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	SP; QL (60 tablets per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; SP; QL (4 Capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	Non-Formulary	SP; ALT (Covered Alternatives: Imbruvica Suspension)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; SP; QL (1 ml per 1 day)
IMBRUVICA ORAL TABLET 140 MG	Non-Formulary	SP; ALT (Covered Alternatives: Imbruvica 140mg Capsule)
IMBRUVICA ORAL TABLET 280 MG	Non-Formulary	SP; ALT (Covered Alternatives: Imbruvica 140mg Capsules)
IMBRUVICA ORAL TABLET 420 MG	5	PA; SP; ALT (Covered Alternatives: Imbruvica 140mg Capsules); QL (1 tablet per 1 day)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	BB	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	BB	PA
INFUGEM INTRAVENOUS PIGGYBACK 1,300 MG/130 ML (10 MG/ML)	BB	PA
INLYTA ORAL TABLET 1 MG, 5 MG	6	PA; SP
INQOVI ORAL TABLET 35-100 MG	Non-Formulary	SP
INREBIC ORAL CAPSULE 100 MG	6	PA; SP; QL (4 tablets per 1 day)
IRESSA ORAL TABLET 250 MG	Non-Formulary	SP; QL (30 tablets per 30 days)
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	BB	PA

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IWILFIN ORAL TABLET 192 MG	6	PA; SP; QL (4 Tablets per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (60 tablets per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	6	PA; SP; QL (4 Tablets per 1 day)
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Non-Formulary	
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	BB	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	BB	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 tablets per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 tablets per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 tablets per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	6	PA; SP; QL (2 tablets per 1 day)
KRAZATI ORAL TABLET 200 MG	6	PA; SP; QL (6 Tablets per 1 day)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG	BB	PA
<i>lapatinib oral tablet 250 mg</i>	5	PA; SP; QL (180 tablets per 30 days)
LAZCLUZE ORAL TABLET 240 MG	Non-Formulary	SP; QL (1 Tablet per 1 day)
LAZCLUZE ORAL TABLET 80 MG	Non-Formulary	SP; QL (2 Tablets per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; SP; QL (1 Capsule per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	6	PA; SP; PF; QL (3 Capsules per 1 day)

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<i>letrozole oral tablet 2.5 mg</i>	2	QL (1 tablet per 1 day)
LEUKERAN ORAL TABLET 2 MG	4	SP
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	BB	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; SP; QL (1 Kit per 28 days)
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; SP; QL (2 Tablets per 1 day)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	BB	PA
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (3 tablets per 1 day)
LUMAKRAS ORAL TABLET 120 MG	6	PA; SP; PF; QL (8 tablets per 1 day)
LUMAKRAS ORAL TABLET 320 MG	6	PA; SP; PF; QL (3 tablets per 1 day)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	BB	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	BB	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	BB	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	BB	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	BB	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; SP; PF; QL (120 tablets per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; SP; QL (1 tablet per 1 day)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	BB	PA

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MATULANE ORAL CAPSULE 50 MG	3	PA; SP; QL (1 capsule per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	2	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Mekinist Tablets)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (90 tablets per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (30 tablets per 30 days)
MEKTOVI ORAL TABLET 15 MG	6	SP; PF
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	BB	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
MYLERAN ORAL TABLET 2 MG	4	PA; SP; QL (1 tablet per 1 day)
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	BB	PA

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<i>nelarabine intravenous solution 250 mg/50 ml</i>	BB	
NERLYNX ORAL TABLET 40 MG	Non-Formulary	SP
NEXAVAR ORAL TABLET 200 MG	Non-Formulary	SP; ALT (Covered Alternatives: Sorafenib)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; SP; QL (3 capsules per 30 days)
NUBEQA ORAL TABLET 300 MG	6	PA; SP; PF; QL (4 tablets per 1 day)
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP; QL (30 capsules per 30 days)
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	6	PA; SP; PF; QL (6 Tablets per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	6	PA; SP; QL (3.2 ML per 1 day)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	6	PA; SP; PF; QL (0.58 Tablets per 1 day)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	6	PA; SP; PF; QL (0.72 Tablet per 1 day)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	6	PA; SP; PF; QL (0.86 Tablet per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	6	PA; SP; QL (1 Tablet per 1 Day)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
ONUREG ORAL TABLET 200 MG, 300 MG	6	PA; SP; QL (1 tablet per 1 day)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	BB	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	BB	PA
ORGOVYX ORAL TABLET 120 MG	6	PA; SP; QL (1 tablet per 1 day)
ORSERDU ORAL TABLET 345 MG	6	PA; SP; QL (1 Tablet per 1 day)
ORSERDU ORAL TABLET 86 MG	6	PA; SP; QL (3 Tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
PADCEV INTRAVENOUS RECON SOLN 20 MG	BB	PA
<i>pazopanib oral tablet 200 mg</i>	5	PA; SP; QL (4 Tablets per 1 day)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP; QL (2 ML per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	6	PA; SP; QL (14 tablets per 21 days)
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	BB	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG-20000 UNIT/10ML	BB	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (Quantity Limits Apply); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	6	PA; SP; QL (1 capsule per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	BB	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	BB	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	Non-Formulary	SP
QINLOCK ORAL TABLET 50 MG	6	PA; SP; QL (3 tablets per 1 day)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
RETEVMO ORAL CAPSULE 40 MG, 80 MG	6	PA; SP; QL (4 Capsules per 1 day)

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REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (1 capsule per 1 day)
REZLIDHIA ORAL CAPSULE 150 MG	6	PA; SP; QL (2 Capsules per 1 day)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	BB	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	BB	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	BB	PA
ROZLYTREK ORAL CAPSULE 100 MG	6	PA; SP; QL (1 tablet per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	6	PA; SP; QL (3 tablets per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Non-Formulary	SP
RUBRACA ORAL TABLET 250 MG, 300 MG	6	PA; SP; PF; QL (120 Tablets per 1 Fill)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; QL (200 ML per 1 fill)
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
RYDAPT ORAL CAPSULE 25 MG	6	PA; SP; QL (2 capsules per 1 day)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	BB	PA
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	BB	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
SCSEMBLIX ORAL TABLET 100 MG	6	PA; SP; QL (10 Tablet per 1 Day)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	6	PA; SP; QL (10 tablets per 1 day)
<i>sorafenib oral tablet 200 mg</i>	5	PA; SP; QL (120 tablets per 1 fill)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	Non-Formulary	SP; ALT (Covered Alternatives: DASATINIB); QL (30 tablets per 30 days)

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SPRYCEL ORAL TABLET 20 MG	Non-Formulary	SP; ALT (Covered Alternatives: DASATINIB); QL (90 tablets per 30 days)
SPRYCEL ORAL TABLET 70 MG	Non-Formulary	SP; ALT (Covered Alternatives: DASATINIB); QL (60 tablets per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; SP; QL (84 tablets per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; SP; QL (30 capsules per 30 days)
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	BB	PA; QL (Quantity Limits Apply)
SUTENT ORAL CAPSULE 12.5 MG	Non-Formulary	SP; QL (90 capsules per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	Non-Formulary	SP; QL (30 capsules per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	BB	PA
TABLOID ORAL TABLET 40 MG	4	PA; SP; QL (2 tablets per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; SP; QL (4 tablets per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; QL (120 capsules per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tafenlar Capsules)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; SP; QL (30 tablets per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; SP; QL (1 Capsule per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	HCR; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG	Non-Formulary	SP; QL (30 tablets per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	Non-Formulary	SP; QL (1 capsule per 1 day)
TARGRETIN TOPICAL GEL 1 %	Non-Formulary	SP; QL (2 gm per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	6	PA; SP; QL (112 capsules per 30 days)
TASIGNA ORAL CAPSULE 50 MG	6	PA; SP; QL (120 capsules per 30 days)
TAZVERIK ORAL TABLET 200 MG	6	PA; SP; QL (8 tablets per 1 day)

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TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	BB	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	BB	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	BB	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	BB	
<i>temozolomide oral capsule 100 mg, 140 mg</i>	5	SP; QL (2 Capsules per 1 day)
<i>temozolomide oral capsule 180 mg, 250 mg</i>	5	SP; QL (1 capsule per 1 day)
<i>temozolomide oral capsule 20 mg, 5 mg</i>	5	SP; QL (3 Capsules per 1 day)
TEPMETKO ORAL TABLET 225 MG	6	PA; SP; ALT (Covered Alternatives: Tabrecta); QL (2 tablets per 1 day)
TIBSOVO ORAL TABLET 250 MG	6	PA; SP; QL (2 tablets per 1 day)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	7	HCR
TIVDAK INTRAVENOUS RECON SOLN 40 MG	BB	PA
<i>toremifene oral tablet 60 mg</i>	2	PA; SP; QL (1 tablet per 1 day)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-Formulary	SP; ALT (Covered Alternatives: Everolimus); QL (1 Tablet per 1 Day)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	BB	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	BB	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	PA; SP; QL (8 capsule per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; ALT (Covered Alternatives: METHOTREXATE); QL (1 tablet per 1 day)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	BB	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	BB	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	6	PA; SP; QL (64 Tablets per 28 days)

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TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; QL (200 ML per 1 fill)
TUKYSA ORAL TABLET 150 MG, 50 MG	6	PA; SP; QL (2 tablets per 1 day)
TURALIO ORAL CAPSULE 125 MG	6	PA; SP; QL (4 Capsules per 1 day)
TYKERB ORAL TABLET 250 MG	Non-Formulary	SP; ALT (Covered Alternatives: LAPATINIB); QL (180 tablets per 1 fill)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	6	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	BB	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	5	PA; SP; QL (1 tablet per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; QL (4 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; SP; QL (42 tablets per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	6	PA; SP; QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; SP; QL (1 Capsule per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; SP; QL (1 ML per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	6	PA; SP; QL (1 tablet per 1 day)
VONJO ORAL CAPSULE 100 MG	6	PA; SP; QL (4 Tablets per 1 day)
VORANIGO ORAL TABLET 10 MG	Non-Formulary	SP; QL (2 Tablets per 1 Day)
VORANIGO ORAL TABLET 40 MG	Non-Formulary	SP; QL (1 Tablet per 1 Day)
VOTRIENT ORAL TABLET 200 MG	Non-Formulary	SP
WELIREG ORAL TABLET 40 MG	6	PA; SP; QL (3 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP; QL (60 capsules per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	5	PA; SP; QL (2 Pellets per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: METHOTREXATE)
XELODA ORAL TABLET 150 MG, 500 MG	Non-Formulary	SP; QL (140 units per 1 fill)
XOSPATA ORAL TABLET 40 MG	6	PA; SP; QL (3 tablets per 1 day)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK)	6	PA; SP; QL (4 tablets per 1 day)

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XTANDI ORAL CAPSULE 40 MG	5	PA; SP; QL (120 capsules per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (120 tablets per 1 fill)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (2 tablets per 1 day)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	BB	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	BB	PA
YONSA ORAL TABLET 125 MG	Non-Formulary	QL (Quantity Limits Apply); SP
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	BB	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	6	PA; SP; QL (1 Tablet per 1 day)
ZELBORAF ORAL TABLET 240 MG	5	PA; SP; QL (240 tablets per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	BB	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (60 tablets per 30 days)
ZYKADIA ORAL TABLET 150 MG	Non-Formulary	SP; QL (150 tablets per 1 fill)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	BB	PA
ZYTIGA ORAL TABLET 250 MG	Non-Formulary	SP; QL (120 tablets per 1 fill)
ZYTIGA ORAL TABLET 500 MG	Non-Formulary	SP; QL (60 capsules per 30 days)
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
Allergenic Extracts (Therapeutic)		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Non-Formulary	
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Non-Formulary	
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Non-Formulary	
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Non-Formulary	

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PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Non-Formulary	
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Non-Formulary	
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Non-Formulary	
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Non-Formulary	
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Non-Formulary	
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Non-Formulary	
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Non-Formulary	
Antitoxins And Immune Globulins		
ALYGLO INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP
ASCENIV INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP
BIVIGAM INTRAVENOUS SOLUTION 10 %	7	PA; SP; QL (0.01 ML per 1 day)
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Non-Formulary	SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	7	PA; SP; QL (0.01 ML per 1 day)
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	7	PA; SP; QL (0.01 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	7	PA; SP; QL (1 ML per 1 day)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	7	PA; SP; QL (1 ml per 1 day)
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Non-Formulary	SP

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DRUG NAME	DRUG TIER	NOTES
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	7	PA; SP; QL (1 ML per 28 days)
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	7	PA; SP; QL (1 vial per 30 days)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	7	PA; SP; QL (1 ML per 28 days)
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; SP; QL (10 ml per 30 days)
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	7	PA; SP; QL (1 ML per 1 day)
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP; QL (50 ml per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	7	PA; SP; QL (1 ML per 28 days)
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; SP; QL (10 ml per 30 days)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP; QL (1 ML per 30 days)
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP; QL (1 ML per 30 days)
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Non-Formulary	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	7	
OCTAGAM INTRAVENOUS SOLUTION 10 %	7	PA; SP; QL (0.01 ml per 1 day)
OCTAGAM INTRAVENOUS SOLUTION 5 %	7	PA; SP; QL (0.01 ML per 1 day)
PANZYGA INTRAVENOUS SOLUTION 10 %	Non-Formulary	SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	7	PA; SP; QL (0.01 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	7	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP; QL (0.4 ML per 1 day)
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	7	HCR
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	7	HCR
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	7	HCR
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	7	HCR
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	7	HCR
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	7	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR

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AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	7	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Non-Formulary	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	7	HCR
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	Non-Formulary	HCR
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	7	HCR
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Non-Formulary	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	7	HCR
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	7	HCR
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	7	HCR
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	7	HCR
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR

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FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	7	HCR
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	7	HCR
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	7	HCR
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	7	HCR
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	7	HCR
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	7	HCR
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	7	HCR
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Non-Formulary	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF- 58 MCG-10 LF/0.5 ML	7	HCR
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	7	HCR
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	7	HCR
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	7	HCR
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	7	HCR

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DRUG NAME	DRUG TIER	NOTES
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	7	HCR
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	7	HCR
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	7	HCR
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	7	HCR
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	7	HCR
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	7	HCR
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	7	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	7	HCR
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	7	HCR
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	7	HCR
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	7	HCR
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	7	HCR
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	7	HCR; QL (1 ML per 1 fill); AG (Min 19 Years)

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SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	7	HCR
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	Non-Formulary	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	Non-Formulary	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	7	HCR
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	7	HCR
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Non-Formulary	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Non-Formulary	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	7	HCR
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Non-Formulary	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	7	HCR
AUTONOMIC DRUGS		
Alpha- And Beta-Adrenergic Agonists		
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	

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DRUG NAME	DRUG TIER	NOTES
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Non-Formulary	SP
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 15 mg/3 ml (5 mg/ml)</i>	BB	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 4 mg/250 ml (16 mcg/ml)</i>	BB	
<i>epinephrine in 0.9 % sod chlor intravenous solution 8 mg/250 ml (32 mcg/ml)</i>	BB	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
<i>norepinephrine bitart in water intravenous solution 2 mg/ml</i>	BB	
<i>norepinephrine bitartrate-nacl intravenous solution 32 mg/250 ml (128 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	BB	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Non-Formulary	SP

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PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply)
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>lofexidine oral tablet 0.18 mg</i>	Non-Formulary	SP
LUCEMYRA ORAL TABLET 0.18 MG	Non-Formulary	QL (Quantity Limits Apply); SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	ALT (Covered Alternatives: CLONIDINE HCL ER 0.1 MG TABLET); QL (4 ML per 1 Day)
<i>phenylephrine hcl in 0.9% nacl intravenous solution 10 mg/250 ml (40 mcg/ml)</i>	BB	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TD; QL (60 Blisters per 28 days)
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	QL (2 capsules per 1 day)

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COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Non-Formulary	QL (5 ML per 1 day)
<i>dicyclomine oral capsule 10 mg</i>	2	QL (8 capsules per 1 day)
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	QL (8 tablets per 1 day)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: CUVPOSA)
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	BB	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	5	PA; QL (5 ml per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	QL (240 ML per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TD; QL (30 Blisters per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (60 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	ALT (Covered Alternatives: Tiotropium Bromide); QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	QL (1 Capsule per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TD; QL (1 Inahler per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	SP; QL (3 vials per 1 day)
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	

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Autonomic Drugs, Miscellaneous		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Cyclosporine, Xiidra (PA required))
Botulinum Toxins		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	BB	
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT	BB	PA
Centrally Acting Skeletal Muscle Relaxant		
AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG	Non-Formulary	
<i>carisoprodol oral tablet 250 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i>	2	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL); QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	2	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL); QL (4 Tablets per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	QL (3 tablets per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i>	2	
LORZONE ORAL TABLET 375 MG, 750 MG	Non-Formulary	ALT (Covered Alternatives: CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL); QL (4 tablets per 1 day)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	
<i>methocarbamol oral tablet 1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Methocarbamol 500mg, Methocarbamol 750mg); QL (4 Tablets per 1 Day)

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<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
TANLOR ORAL TABLET 1,000 MG	Non-Formulary	ALT (Covered Alternatives: Methocarbamol 500mg, Methocarbamol 750mg); QL (4 Tablets per 1 Day)
<i>tizanidine oral capsule 2 mg</i>	2	QL (10 capsules per 1 day)
<i>tizanidine oral capsule 4 mg</i>	2	QL (9 capsules per 1 day)
<i>tizanidine oral capsule 6 mg</i>	2	QL (6 capsules per 1 day)
<i>tizanidine oral tablet 2 mg</i>	2	QL (10 tablets per 1 day)
<i>tizanidine oral tablet 4 mg</i>	2	QL (9 tablets per 1 day)
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml)</i>	BB	PA
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	Non-Formulary	SP; ALT (Covered Alternatives: Baclofen Tablets); QL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg</i>	2	QL (8 tablets per 1 day)
<i>baclofen oral tablet 15 mg</i>	Non-Formulary	ALT (Covered Alternatives: Baclofen 5mg, Baclofen 10mg, Baclofen 20mg); QL (5 Tablets per 1 Day)
<i>baclofen oral tablet 20 mg</i>	2	QL (120 tablets per 30 days)
<i>baclofen oral tablet 5 mg</i>	2	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	Non-Formulary	ALT (Covered Alternatives: Baclofen)
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	Non-Formulary	SP; ALT (Covered Alternatives: Baclofen Tablets); QL (80 ML per 1 day)
Indirect-Acting Skeletal Muscle Relaxant		
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
Neuromuscular Blocking Agents		
<i>succinylcholine chloride intravenous syringe 200 mg/10 ml (20 mg/ml)</i>	BB	
Non-Sel. Beta-Adrenergic Blocking Agents		
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Nebivolol); QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TD
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Non-Sel. Alpha-Adrenergic Blocking Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	PA; QL (0.1 ML per 1 day)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; QL (8 ml per 1 fill)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (24 tablets per 1 fill)

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<i>phenoxybenzamine oral capsule 10 mg</i>	2	PA; ALT (Covered Alternatives: DOXAZOSIN MESYLATE, PRAZOSIN HCL, TERAZOSIN HCL); QL (3 capsules per 1 day)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
Parasympathomimetic (Cholinergic Agents)		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Non-Formulary	ALT (Covered Alternatives: Donepezil, Donepezil ODT)
<i>cevimeline oral capsule 30 mg</i>	2	
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	QL (2 tablets per 1 day)
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
FIRDAPSE ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
MESTINON ORAL TABLET 60 MG	Non-Formulary	QL (Quantity Limits Apply)
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Non-Formulary	QL (Quantity Limits Apply)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	2	PA; QL (5 ML per 1 day)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (30 patches per 30 days)

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Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TD
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Non-Formulary	ALT (Covered Alternatives: DUTASTERIDE, TAMSULOSIN HCL)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Non-Formulary	ALT (Covered Alternatives: ALFUZOSIN HCL ER, FINASTERIDE, TAMSULOSIN HCL, DUTASTERIDE); QL (2 capsules per 1 day)
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	QL (2 capsules per 1 day)
<i>tamsulosin oral capsule 0.4 mg</i>	2	QL (1 capsule per 1 day)
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	ALT (Covered Alternatives: FLUTICASONE-SALMETEROL, WIXELA INHUB); QL (60 units per 1 fill)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (1 Inhaler per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 unit per 1 fill)

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AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Ventolin HFA, Levalbuterol HFA); QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Non-Formulary	ALT (Covered Alternatives: VENTOLIN HFA); QL (36 gm per 1 fill)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TD; QL (60 Blisters per 28 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	QL (120 units per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.3 GM per 1 Fill)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	QL (120 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (10.3 GM per 1 Fill)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)

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DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (13 GM per 28 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	QL (60 units per 1 fill)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	2	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Non-Formulary	QL (120 nebs per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VENTOLIN HFA); QL (1 Inhaler per 28 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: VENTOLIN HFA); QL (2 inahlers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 units per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (4 GM per 28 days)

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SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 GM per 30 days)
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	QL (2 tablets per 1 day)
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: METOPROLOL SUCCINATE)

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Skeletal Muscle Relaxants, Miscellaneous		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	BB	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	HCR
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	ALT (Covered Alternatives: Naltrexone, Naloxone)
<i>naltrexone oral tablet 50 mg</i>	2	
NICORETTE BUCCAL LOZENGE 2 MG	2	HCR
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	2	HCR
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	2	HCR
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	2	HCR
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	2	HCR
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	HCR
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	2	HCR
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	HCR; QL (1 pack per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	BB	PA
BLOOD DERIVATIVES		
Blood Derivatives		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	BB	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	BB	PA; QL (Quantity Limits Apply)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	BB	PA

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RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	BB	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	BB	PA; SP; QL (0.01 EA per 1 day)
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	BB	PA; SP
BLOOD FORMATION, COAGULATION, THROMBOSIS		
Antianemia Drugs		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	BB	
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	BB	
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	6	PA; SP; QL (1 Tablet per 1 Day)
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Non-Formulary	SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG	BB	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP; ALT (Covered Alternatives: Jesduvroq); QL (2 Tablets per 1 Day)
Antithrombin Replacements		
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	BB	
Blood Form.,Coag,Thrombosis Agents Misc.		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	6	PA; SP; QL (2 Tablets per 1 day)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	6	PA; SP; QL (2 Tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
TAVALISSE ORAL TABLET 100 MG, 150 MG	6	PA; SP; QL (2 tablets per 1 day)
Coumarin Derivatives		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (2 TABLETS per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (2 TABLETS per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 tablets per fill & 1 fill per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (20 ML per 1 day); AG (Max 18 Years)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	3	QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	3	
Direct Thrombin Inhibitors		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (75 Capsules per 1 Fill)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Non-Formulary	ALT (Covered Alternatives: DABIGATRAN ETEXILATE CAPSULES); QL (75 Capsules per 1 Fill)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: DABIGATRAN ETEXILATE CAPSULES)
Hematopoietic Agents		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Non-Formulary	SP
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	BB	

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ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	BB	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	6	PA; SP; QL (3 tablets per 1 day)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	6	PA; SP; QL (3 tablets per 1 day)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	6	PA; SP; QL (3 tablets per 1 day)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	BB	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	6	PA; SP; QL (1 Tablet per 1 Day)
LEUKINE INJECTION RECON SOLN 250 MCG	BB	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Non-Formulary	SP
MULPLETA ORAL TABLET 3 MG	5	PA; SP; QL (7 tablets per 365 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	BB	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	

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NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	SP; QL (7 Syringes per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	BB	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	BB	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	BB	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Non-Formulary	SP; QL (1 unit per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	6	PA; SP
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG	BB	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	BB	
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	BB	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	
VAFSEO ORAL TABLET 150 MG, 300 MG	Non-Formulary	SP; ALT (Covered Alternatives: Jesduvroq); QL (2 Tablets per 1 Day)
XOLREMDI ORAL CAPSULE 100 MG	Non-Formulary	SP; QL (4 Capsules per 1 Day)

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ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	BB	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	BB	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
Hemostatics		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Non-Formulary	QL (Quantity Limits Apply); SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP; QL (1 unit per 1 day)
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	7	PA; SP; QL (1 unit per 1 day)
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Non-Formulary	SP; ALT (Covered Alternatives: MONONINE, PROFILNINE, BENEFIX)
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (0.01 Vial per 1 day)
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Non-Formulary	QL (237 units per 60 days)
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	2	SP; QL (237 units per 60 days)
<i>aminocaproic acid oral tablet 1,000 mg</i>	2	QL (1 tablet per 1 day)
<i>aminocaproic acid oral tablet 500 mg</i>	2	QL (100 units per 60 days)

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ANDEXXA INTRAVENOUS RECON SOLN 200 MG	BB	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	7	PA; SP; QL (0.01 EA per 1 day)
DDAVP INJECTION SOLUTION 4 MCG/ML	BB	
<i>desmopressin injection solution 4 mcg/ml</i>	BB	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 Day)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	7	PA; SP; QL (1 unit per 1 day)
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	QL (Quantity Limits Apply); SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	7	PA; SP; QL (1 unit per 1 day)
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Non-Formulary	SP
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	BB	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 30 MG/ML, 60 MG/0.4 ML	7	PA; SP; QL (1 unit per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML	7	PA; SP; QL (0.01 ML per 1 Day)
HEMLIBRA SUBCUTANEOUS SOLUTION 150 MG/ML	7	PA; SP; QL (0.01 unit per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	7	PA; SP

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HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	7	PA; SP; QL (1 unit per 1 day)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	7	PA; SP; QL (1 unit per 1 day)
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT)	BB	PA; SP; QL (0.01 EA per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 500 UNIT (400-620 UNIT)	BB	PA; SP; QL (0.01 vial per 1 day)
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (0.01 UNITS per 1 DAY)
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Non-Formulary	QL (Quantity Limits Apply); SP
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP

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NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 8 MG (8,000 MCG)	7	PA; SP; QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 5 MG (5,000 MCG)	7	PA; SP; QL (0.01 unit per 1 day)
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Non-Formulary	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	7	PA; SP; QL (0.01 EA per 1 day)
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	7	PA; SP; QL (1 ML per 1 day)
<i>tranexamic acid oral tablet 650 mg</i>	2	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	7	PA; SP; QL (0.01 EA per 1 day)
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Non-Formulary	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	7	PA; SP; QL (1 unit per 1 day)

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XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
Heparins		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (36 ML per 30 days)
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Enoxaparin); QL (1 Kit per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Non-Formulary	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	PA; QL (1 ML per 1 day)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	Non-Formulary	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Non-Formulary	
Iron Preparations		
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	BB	PA
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR; AG (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)

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PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON- 1 MG -300 MG	2	
Platelet-Aggregation Inhibitors		
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet 325 mg</i>	2	HCR
<i>aspirin oral tablet,chewable 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (2 capsules per 1 day)
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	2	HCR; QL (1 tablet per 1 day)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (2 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
EFFIENT ORAL TABLET 10 MG, 5 MG	Non-Formulary	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
ZONTIVITY ORAL TABLET 2.08 MG	4	PA; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Platelet-Reducing Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	PA; QL (4 capsules per 1 day)
Thrombolytic Agents		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
Von Willebrand Factor-Related Antithromb		
CABLIVI INJECTION KIT 11 MG	6	PA; SP; QL (1 vial per 1 day)
CABLIVI INJECTION RECON SOLN 11 MG	6	PA; SP; QL (1 vial per 1 day)
CARDIOVASCULAR DRUGS		
Acl Inhibitors		
NEXLETOL ORAL TABLET 180 MG	6	PA; SP; QL (1 tablet per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	6	PA; SP; QL (1 tablet per 1 day)
Alpha-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TD
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin Ii Recep Antagonist/Neprollys		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	PA; TD; QL (2 tablets per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	4	PA
Angiotensin Ii Receptor Antagon.(Hypotn)		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	QL (1 tablet per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (2 tablets per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
<i>eprosartan oral tablet 600 mg</i>	2	QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (1 tablet per 1 day)

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<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan oral solution 4 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: Valsartan Tablets)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	QL (1 tablet 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>	2	QL (2 tablets per 1 day)
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	QL (1 tablet per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (2 tablets per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply)

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EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
<i>eprosartan oral tablet 600 mg</i>	2	QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	QL (1 tablet 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>	2	QL (2 tablets per 1 day)
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (2 capsules per 1 day)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (2 tablets per 1 day)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	QL (Quantity Limits Apply)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
Angiotensin-Converting Enzyme Inhibitors		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (2 capsules per 1 day)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	

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<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (2 tablets per 1 day)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	QL (Quantity Limits Apply)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
Angptl3 Inhibitors (24:06)		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	BB	PA
Antilipemic Agents, Miscellaneous		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	BB	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	

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<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	QL (2 tablets per 1 day)
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Nebivolol); QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TD
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: METOPROLOL SUCCINATE)
Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	QL (8 GM per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	QL (8 GM per 1 day)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	2	QL (8 packets per 1 day)
<i>colesevelam oral powder in packet 3.75 gram</i>	2	QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	2	ST (Step Therapy Required); QL (6 tablets per 1 day)
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	QL (1 unit per 1 day)
WELCHOL ORAL TABLET 625 MG	Non-Formulary	ST (Step Therapy Required); QL (7 tablets per 1 day)
Bradykinin Receptors Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP; QL (0.01 ml per 1 day)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL (0.01 ML per 1 day)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP; QL (0.01 ml per 1 day)

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Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	TD; QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg</i>	2	TD; ST (Step Therapy Required); QL (1 tablet per 1 day)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG, 360 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	QL (Quantity Limits Apply)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG	1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	1	QL (1 unit per 1 day)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)

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<i>diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg</i>	2	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	2	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	QL (1 capsule per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	2	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non-Formulary	

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<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: VERAPAMIL ER, VERAPAMIL ER, VERAPAMIL ER)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	2	
Carbonic Anhydrase Inhibitors (24:36)		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
Cardiac Drugs, Miscellaneous		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: Ranolazine ER)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	6	PA; SP; QL (1 capsule per 1 day)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	QL (2 tablets per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	6	PA; SP; QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	6	PA; SP; QL (4 capsules per 1 day)
Cardiotonic Agents		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Non-Formulary	PA; ALT (Covered Alternatives: IVABRADINE TABLETS); QL (2 tablets per 1 day)

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DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	BB	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	PA; QL (2 Tablets per 1 day)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	Non-Formulary	
Cardiovascular Drugs, Nsaid Anti-Infl		
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	ALT (Covered Alternatives: Colchicine Tablets); QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	ALT (Covered Alternatives: COLCHICINE, PROBENECID W/COLCHICINE, ALLOPURINOL); QL (4 tablets per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
Central Alpha-Agonists (25:24)		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Non-Formulary	ALT (Covered Alternatives: Clonidine Tablets); QL (1 Tablet per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (4 patches per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (1 tablet per 1 day)
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	2	

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ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Non-Formulary	ALT (Covered Alternatives: CLONIDINE HCL ER 0.1 MG TABLET); QL (4 ML per 1 Day)
Cholesterol Absorption Inhibitors		
<i>ezetimibe oral tablet 10 mg</i>	2	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (1 tablet per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Non-Formulary	QL (1 tablet per 1 day)
ZETIA ORAL TABLET 10 MG	Non-Formulary	QL (1 tablet per 1 day)
Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	4	Covered for Malaria Treatment, not prophylaxis.
Class Ib Antiarrhythmics		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	QL (Quantity Limits Apply)
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet,chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
Class Ic Antiarrhythmics		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	

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<i>propafenone oral capsule,extended release 12 hr 225 mg, 425 mg</i>	2	QL (2 capsules per 1 day)
<i>propafenone oral capsule,extended release 12 hr 325 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
Class II Antiarrhythmics		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	QL (2 tablets per 1 day)
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Nebivolol); QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg</i>	Non-Formulary	TD
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Non-Formulary	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	QL (1 tablet per 1 day)

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<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: METOPROLOL SUCCINATE)
Class Iii Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone oral tablet 400 mg</i>	2	QL (1 tablet per 1 day)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	3	QL (2 tablets per 1 day)
PACERONE ORAL TABLET 100 MG, 200 MG	2	
PACERONE ORAL TABLET 400 MG	2	QL (1 tablet per 1 day)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
Class Iv Antiarrhythmics		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG, 360 MG	Non-Formulary	QL (Quantity Limits Apply)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Formulary	QL (Quantity Limits Apply)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 300 MG	1	

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CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG	1	QL (1 unit per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 180 mg</i>	2	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	2	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	QL (1 capsule per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: VERAPAMIL ER, VERAPAMIL ER, VERAPAMIL ER)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	TD; QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg</i>	2	TD; ST (Step Therapy Required); QL (1 tablet per 1 day)

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<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiaazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiaazid oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	2	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non-Formulary	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
Direct Vasodilators		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 kits per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 vials per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	4	ST (Step Therapy Required- Tried and failed sildenafil in the last 120 days); QL (6 ML per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Diuretics, Miscellaneous (24:36)		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	QL (1 capsule per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>fenofibrate micronized oral capsule 90 mg</i>	Non-Formulary	ALT (Covered Alternatives: fenofibrate 43mg capsule, fenofibrate 130mg capsule, fenofibrate 67mg capsule)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: FENOFIBRATE, FENOFIBRATE)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	QL (1 tablet per 1 day)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Non-Formulary	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	2	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FENOFIBRATE)
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Non-Formulary	QL (Quantity Limits Apply)
Hmg-Coa Reductase Inhibitors		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	TD; QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg</i>	2	TD; ST (Step Therapy Required); QL (1 tablet per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Non-Formulary	ALT (Covered Alternatives: Atorvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin); QL (5 ML per 1 Day)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	HCR
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (1 tablet per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	Not covered as an ACA benefit, copay will incur
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Non-Formulary	ALT (Covered Alternatives: SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVASTATIN CALCIUM, ROSUVASTATIN CALCIUM, EZETIMIBE-SIMVASTATIN); QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	2	HCR
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Non-Formulary	ALT (Covered Alternatives: SIMVASTATIN, PRAVASTATIN, LOVASTATIN, ATORVASTATIN, ROSUVASTATIN, EZETIMIBE-SIMVASTATIN); QL (1 Tablet per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	2	HCR
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	2	HCR
VYTORIN 10-10 ORAL TABLET 10-10 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Non-Formulary	QL (1 tablet per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Non-Formulary	QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Formulary	QL (Quantity Limits Apply)
Kallikrein		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	BB	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Non-Formulary	SP; ALT (Covered Alternatives: TAKHZYRO, HAEGARDA)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	6	PA; SP; QL (2 vials per 1 month)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP

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TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	6	PA; SP; QL (4 ml per 30 days)
Loop Diuretics (24:36)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
EDECIN ORAL TABLET 25 MG	Non-Formulary	QL (2 tablet per 1 day)
<i>ethacrynic acid oral tablet 25 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>furosemide injection solution 10 mg/ml</i>	7	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Mineralocorticoid (Aldosterone) Antagnts		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; ALT (Covered Alternatives: SPIRONOLACTONE); QL (1 tablet per 1 day)
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; ALT (Covered Alternatives: SPIRONOLACTONE); QL (1 tablet per 1 day)
Mtp Protein Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Non-Formulary	SP
Nitrates And Nitrites		
ISORDIL TITRADOSE ORAL TABLET 5 MG	Non-Formulary	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	QL (3 TABLET per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	

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<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	QL (2 GM per 1 day)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Patches)
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	QL (30 GM per 84 Days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	QL (1 patch per 1 day)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Ointment); QL (30 GM per 90 days)
Omega-3-Mediated Antilipemics		
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	ALT (Covered Alternatives: OMEGA-3 ACID ETHYL ESTERS, SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVA STATIN CALCIUM); QL (4 capsules per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	QL (4 capsules per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: OMEGA-3 ACID ETHYL ESTERS, SIMVASTATIN, PRAVASTATIN SODIUM, LOVASTATIN, ATORVASTATIN CALCIUM); QL (4 capsules per 1 day)
Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; SP; QL (2 ML per 30 days)

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REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; SP; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; SP; Covered NDC's: 72511-0760-01, 72511-0760-02; QL (2 ML per 30 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; SP; QL (2 ML per 30 days)
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP; ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (1 tablet per 1 day)
ALYQ ORAL TABLET 20 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)
LIQREV ORAL SUSPENSION 10 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Sildenafil)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	Non-Formulary	
REVATIO ORAL TABLET 20 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Non-Formulary	SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	QL (1 tablet per 1 day)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (6 tablets per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SILDENAFIL CITRATE)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>tadalafil oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: TERAZOSIN HCL, TAMSULOSIN HCL, ALFUZOSIN HCL ER, SILODOSIN)
<i>tadalafil oral tablet 20 mg</i>	Non-Formulary	
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Non-Formulary	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (6 tablets per 1 day)
Potassium-Sparing Diuretic		
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: Spironolactone Tablets); QL (15 ML per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
Potassium-Sparing Diuretics (Hypoten)		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	QL (4 capsules per 1 day)
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	PA; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	
Renin Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	PA; TD; QL (1 tablet per 1 day)
Steroidal Mineralocorticoid Receptor Ant		
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: Spironolactone Tablets); QL (15 ML per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
Thiazide Diuretics (24:36)		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazid oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (2 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	QL (1 tablet per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	QL (1 tablet per 1 day)

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<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	QL (Quantity Limits Apply)
Thiazide-Like Diuretics (24:36)		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	QL (2 tablets per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Vasodilating Agents, Miscellaneous		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; SP; QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	2	PA; SP; QL (1 tablet per 1 day)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	TD; QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg, 5-10 mg</i>	2	TD; ST (Step Therapy Required); QL (1 tablet per 1 day)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Non-Formulary	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	2	PA; SP; QL (2 tablets per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Formulary	QL (Quantity Limits Apply)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine, Felodipine); QL (1 tablet per 1 day)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
FOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	Non-Formulary	
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Amlodipine, Cartia XT, Verapamil, Diltiazem, Nifedipine); QL (1 tablet per 1 day)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	

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<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	2	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Non-Formulary	
OPSUMIT ORAL TABLET 10 MG	5	PA; SP; QL (1 tablet per 1 day)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
<i>phenoxybenzamine oral capsule 10 mg</i>	2	PA; ALT (Covered Alternatives: DOXAZOSIN MESYLATE, PRAZOSIN HCL, TERAZOSIN HCL); QL (3 capsules per 1 day)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Non-Formulary	SP
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	QL (Quantity Limits Apply); SP

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DRUG NAME	DRUG TIER	NOTES
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP; QL (0.01 ml per 1 day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; SP; QL (2 tablets per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	BB	PA
CELLULAR AND GENE THERAPY		
Cellular Therapy		
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	BB	
OMISIRGE INTRAVENOUS SUSPENSION	BB	PA
Gene Therapy		
BEQVEZ INTRAVENOUS SUSPENSION 1 X 10EXP13 VG/ML	BB	PA
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	BB	
CASGEVY INTRAVENOUS SUSPENSION 4 X TO 13 X 10EXP6 CELL/ML	BB	
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	BB	PA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	BB	PA

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DRUG NAME	DRUG TIER	NOTES
LENMELDY INTRAVENOUS SUSPENSION 2 X TO 11.8 X 10EXP6 CELL/ML	BB	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	BB	PA
LYFGENIA INTRAVENOUS SUSPENSION 1.7 X TO 20 X 10EXP6 CELL/ML	BB	
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	BB	PA
TECELRA INTRAVENOUS SUSPENSION 2.68X10EXP9 TO 10X10EXP9 CELL	BB	PA
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	BB	PA
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	BB	PA

CENTRAL NERVOUS SYSTEM AGENTS

Adamantanes (Cns)

<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Non-Formulary	SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Non-Formulary	QL (Quantity Limits Apply)

Adenosine A2a Receptor Antagonists

NOURIANZ ORAL TABLET 20 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: CARBIDOPA/LEVODOPA, CARBIDOPA-LEVODOPA ER, STALEVO, PRAMIPEXOLE DI-HCL, PRAMIPEXOLE ER, ROPINIROLE HCL)
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Amphetamine Derivatives

<i>diethylpropion oral tablet 25 mg</i>	2	
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LOMAIRA ORAL TABLET 8 MG	Non-Formulary	ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	2	
<i>phentermine oral tablet 37.5 mg</i>	2	
Amphetamines		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: DEXTROAMPHETAMINE/AMPHE TAMINE ER); QL (2 capsules per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	4	PA
<i>benzphetamine oral tablet 50 mg</i>	2	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	2	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE- AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE ER)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (2 capsules per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (2 tablets per 1 day)
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)

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EVEKEO ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: DEXTROAMPHETAMINE-AMPHETAMINE, METHYLPHENIDATE HCL, DEXTROAMPHETAMINE SULFATE, METHAMPHETAMINE HCL)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	QL (1 Capsule per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (1 Tablet per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Non-Formulary	ALT (Covered Alternatives: LISDEXAMFETAMINE DIMESYLATE Capsules); TD; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	ALT (Covered Alternatives: LISDEXAMFETAMINE DIMESYLATE Capsules); QL (1 tablet per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Non-Formulary	ALT (Covered Alternatives: Dextroamphetamine, Dextroamphetamine ER, Dextroamphetamine-Amphetamine, Dextroamphetamine-Amphetamine ER); QL (1 patch per 1 day)

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ZENZEDI ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER); QL (6 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
Amyotrophic Lateral Sclerosis(Als) Agent		
<i>edaravone intravenous solution 30 mg/100 ml, 60 mg/100 ml</i>	BB	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML)	BB	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	BB	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Non-Formulary	SP
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Non-Formulary	SP; ALT (Covered Alternatives: Riluzole); QL (2 Packets per 1 day)
<i>riluzole oral tablet 50 mg</i>	2	QL (4 tablets per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	ALT (Covered Alternatives: RILUZOLE TABLET); QL (20 ML per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Non-Formulary	QL (Quantity Limits Apply)

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Analgesics And Antipyretics, Misc.		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (10 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: Gabapentin, Duloxetine, Amitriptyline)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GABAPENTIN, DULOXETINE HCL, AMITRIPTYLINE HCL)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	PA; ALT (Covered Alternatives: GABAPENTIN, PRAMIPEXOLE DI-HCL, ROPINIROLE HCL); QL (2 tablets per 1 day)
Anorexigenic Agents		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG	4	PA; ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL); QL (1 Capsule per 1 day)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 3.75-23 MG, 7.5-46 MG	4	ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL); QL (1 Capsule per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Anticholinergic Agents (Cns)		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
Anticonvulsants, Miscellaneous		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
BRIVIACT ORAL SOLUTION 10 MG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LEVETIRACETAM, CARBAMAZEPINE, VALPROIC ACID, DIVALPROEX SODIUM, OXCARBAZEPINE, ZONISAMIDE); TD
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA; ALT (Covered Alternatives: LEVETIRACETAM, CARBAMAZEPINE, VALPROIC ACID, DIVALPROEX SODIUM, OXCARBAZEPINE, ZONISAMIDE); TD; QL (2 tablets per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; SP; QL (60 ml per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	Non-Formulary	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; SP; ALT (Covered Alternatives: CLOBAZAM, TOPIRAMATE, LEVETIRACETAM); QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA; QL (1 ML per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (1 tablet per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Non-Formulary	ALT (Covered Alternatives: LAMOTRIGINE)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg</i>	2	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	2	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	QL (1 Kit per 365 days)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	QL (4 tablets per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	QL (8 capsules per 1 day)
<i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: Topiramate Tablets); QL (1 Capsule per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Topiramate Tablets); QL (1 Capsule per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TOPIRAMATE)
Antidepressants, Miscellaneous		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Non-Formulary	QL (Quantity Limits Apply)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Non-Formulary	ALT (Covered Alternatives: Bupropion, Citalopram, Fluoxetine, Escitalopram, Paroxetine, Duloxetine)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	HCR
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Non-Formulary	QL (Quantity Limits Apply)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Non-Formulary	QL (Quantity Limits Apply)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	6	PA; SP; QL (2 Capsules per 1 day)
ZURZUVAE ORAL CAPSULE 30 MG	6	PA; SP; QL (1 Capsule per 1 day)
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	BB	

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ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	SP
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	SP
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Formulary	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	BB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	BB	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA; TD; QL (1 tablet per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet,chewable 100 mg</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: DIVALPROEX SODIUM)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	

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<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	QL (1 Kit per 365 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (3 tablets per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	BB	SP
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	BB	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral syringe 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (9.34 tablets per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)
SEROQUEL ORAL TABLET 400 MG	Non-Formulary	QL (4 tablets per 1 day)

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SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Quetiapine); QL (1 tablet per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	BB	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	QL (4 capsules per 1 day)
Antimigraine Agents, Miscellaneous		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	QL (6 capsules per 1 day)
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet 325 mg</i>	2	HCR
<i>aspirin oral tablet,chewable 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	2	HCR; QL (1 tablet per 1 day)
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (60 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (6 capsules per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: DIVALPROEX SODIUM)
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Non-Formulary	ALT (Covered Alternatives: DICLOFENAC 1.5% TOPICAL SOLUTION, DICLOFENAC SODIUM 1% GEL); QL (172 GM per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (300 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium Tablets, Celecoxib, Ibuprofen, Meloxicam, Naproxen, Nabumetone)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 75-200 mg-mcg</i>	2	

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<i>dihydroergotamine injection solution 1 mg/ml</i>	2	PA; QL (0.1 ML per 1 day)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	PA; QL (8 ml per 1 fill)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (8 tablets per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	QL (24 tablets per 1 fill)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Non-Formulary	SP
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)

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LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (8 tablets per 1 day)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Non-Formulary	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
Anxiolytics, Sedatives, And Hypnotics, Misc		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	2	
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	BB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	BB	SP
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	BB	SP
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Formulary	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	BB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	BB	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA; TD; QL (1 tablet per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Non-Formulary	ALT (Covered Alternatives: Ziprasidone, Aripiprazole, Risperidone, Quetiapine, Olanzapine, Lurasidone); TD
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (5 tablets per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Non-Formulary	

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FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; ALT (Covered Alternatives: ARIPIPRAZOLE, RISPERIDONE, QUETIAPINE FUMARATE, OLANZAPINE, ZIPRASIDONE HCL, PALIPERIDONE ER); QL (2 tablets per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Non-Formulary	ALT (Covered Alternatives: ARIPIPRAZOLE, RISPERIDONE, QUETIAPINE FUMARATE, OLANZAPINE, ZIPRASIDONE HCL, PALIPERIDONE ER); QL (2 tablets per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	BB	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	Non-Formulary	QL (1 tablet per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	BB	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	BB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	ALT (Covered Alternatives: Lurasidone Tablets); QL (1 tablet per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (1 Tablet per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Non-Formulary	ALT (Covered Alternatives: Olanzapine)
NUPLAZID ORAL CAPSULE 34 MG	6	PA; SP; QL (2 capsules per 1 day)
NUPLAZID ORAL TABLET 10 MG	6	PA; SP; QL (2 tablets per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (3 tablets per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine)

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DRUG NAME	DRUG TIER	NOTES
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	QL (1 tablet per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (1 tablet per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ALT (Covered Alternatives: Aripiprazole, Risperidone, Quetiapine, Olanzapine, Lurasidone); TD; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	BB	SP
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	BB	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral syringe 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (9.34 tablets per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: Asenapine)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply)
SEROQUEL ORAL TABLET 400 MG	Non-Formulary	QL (4 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Quetiapine); QL (1 tablet per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	BB	

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DRUG NAME	DRUG TIER	NOTES
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non-Formulary	QL (Quantity Limits Apply); TD
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	QL (4 capsules per 1 day)
Barbiturates (Anticonvulsants)		
MYSOLINE ORAL TABLET 250 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	QL (6 capsules per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
Benzodiazepines (Anticonvulsants)		
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Non-Formulary	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Diazepam Tablets)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 twinpack per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: Diazepam Tablets); QL (2 films per 1 Day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	QL (16 ml per 1 day)
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	QL (4 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (2 Doses per 30 days)
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	2	QL (2 capsules per 1 day)
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 ml per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Non-Formulary	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Diazepam Tablets)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 twinpack per 30 days)
DORAL ORAL TABLET 15 MG	Non-Formulary	ALT (Covered Alternatives: Quazepam)
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Non-Formulary	ALT (Covered Alternatives: Diazepam Tablets); QL (2 films per 1 Day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Non-Formulary	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (2 Devices per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Non-Formulary	QL (16 ml per 1 day)
ONFI ORAL TABLET 10 MG, 20 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>quazepam oral tablet 15 mg</i>	Non-Formulary	ST (Step Therapy Required: Step through zolpidem, eszopiclone, zaleplon (Trial of 2 or more, 1 fill each))
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Non-Formulary	QL (Quantity Limits Apply)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (2 doses per 30 days)
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	BB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	BB	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	6	PA; SP; QL (0.04 ML per 1 day)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	6	PA; SP; QL (0.04 ml per 1 day)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	5	PA; SP; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	5	PA; SP; QL (1.5 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	6	PA; SP; QL (1 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	6	PA; SP; QL (1 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	6	PA; SP; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Non-Formulary	SP; ALT (Covered Alternatives: Candesartan, Propranolol, Amitriptyline, Duloxetine, Divalproex, Topiramate)
UBRELVY ORAL TABLET 100 MG, 50 MG	6	PA; SP; QL (10 Tablets per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	SP; ALT (Covered Alternatives: Sumatriptan Nasal Spray); QL (0.2 Units per 1 day)
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	QL (8 tablets per 1 day)
<i>entacapone oral tablet 200 mg</i>	2	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tolcapone oral tablet 100 mg</i>	2	PA; ALT (Covered Alternatives: ENTACAPONE); QL (3 tablets per 1 day)
Central Nervous System Agents, Misc.		
ADDYI ORAL TABLET 100 MG	5	PA; SP; QL (1 tablet per 1 day)
<i>carbidopa oral tablet 25 mg</i>	2	
DAYBUE ORAL SOLUTION 200 MG/ML	Non-Formulary	SP; QL (120 ML per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Non-Formulary	TD
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg</i>	2	QL (2 tablets per 1 day)
<i>memantine oral tablet 5 mg</i>	2	QL (4 Tablets per 1 day)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Non-Formulary	QL (1 tablet per 365 days)

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DRUG NAME	DRUG TIER	NOTES
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Non-Formulary	TD
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	Non-Formulary	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Non-Formulary	QL (Quantity Limits Apply)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (2 capsules per 1 day)
VEOZAH ORAL TABLET 45 MG	Non-Formulary	ALT (Covered Alternatives: Oxybutynin, Gabapentin, Paroxetine, Venlafaxine, Desvenlafaxine); TD; QL (1 Tablet per 1 day)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: ADDYI)
Cyclooxygenase-2 (Cox-2) Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Non-Formulary	QL (Quantity Limits Apply)
Dibenzoxapines		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
Diphenylbutylperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
Dopamine Precursors		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	QL (8 tablets 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, 50-200-200 mg</i>	2	QL (8 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	BB	PA
INBRIJA INHALATION CAPSULE 42 MG	6	PA; SP; QL (120 capsules per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	6	PA; SP; QL (120 capsules per 30 days)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CARBIDOPA/LEVODOPA, CARBIDOPA-LEVODOPA ER, STALEVO, PRAMIPEXOLE DI-HCL, PRAMIPEXOLE ER, ROPINIROLE HCL)
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
CYCLOSET ORAL TABLET 0.8 MG	4	PA; ALT (Covered Alternatives: METFORMIN HCL, GLYBURIDE, GLIPIZIDE, JANUVIA, PIOGLITAZONE HCL, JARDIANCE, VICTOZA); QL (1 tablet per 1 day)
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	Non-Formulary	ALT (Covered Alternatives: Duloxetine)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (3 capsules per 1 day)
<i>duloxetine oral capsule, delayed release (dr/ec) 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DULOXETINE HCL, DULOXETINE HCL, DULOXETINE HCL); QL (1 capsule per 1 day)

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DRUG NAME	DRUG TIER	NOTES
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Non-Formulary	QL (2 tablets per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	QL (2 tablets per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA; QL (2 tablets per 1 day)
Gaba-Mediated Anticonvulsants		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: DIVALPROEX SODIUM)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; QL (1 capsule per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Non-Formulary	SP; ALT (Covered Alternatives: DIACOMIT)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: Gabapentin, Duloxetine, Amitriptyline)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GABAPENTIN, DULOXETINE HCL, AMITRIPTYLINE HCL)

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DRUG NAME	DRUG TIER	NOTES
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	PA; ALT (Covered Alternatives: GABAPENTIN, PRAMIPEXOLE DI-HCL, ROPINIROLE HCL); QL (2 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Non-Formulary	QL (2 tablets per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Non-Formulary	QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	QL (2 capsules per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	Non-Formulary	QL (2 tablets per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	Non-Formulary	QL (1 unit per 1 day)
SABRIL ORAL TABLET 500 MG	Non-Formulary	QL (6 tablets per 1 day)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; QL (1 packet per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	PA; QL (1 packet per 1 day)
VIGAFYDE ORAL SOLUTION 100 MG/ML	Non-Formulary	QL (5 ML per 1 day)
VIGPODER ORAL POWDER IN PACKET 500 MG	5	PA; SP; QL (1 Packet per 1 Day)
ZTALMY ORAL SUSPENSION 50 MG/ML	6	PA; SP; QL (36 ML per 1 DAY)
Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Non-Formulary	QL (Quantity Limits Apply)
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	

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<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA; ALT (Covered Alternatives: LEVETIRACETAM, CARBAMAZEPINE, VALPROIC ACID, OXCARBAZEPINE, ZONISAMIDE); QL (1 tablet per 1 day)
BANZEL ORAL TABLET 200 MG, 400 MG	Non-Formulary	ALT (Covered Alternatives: RUFINAMIDE); QL (280 tablets per 1 fill)
<i>lacosamide oral solution 10 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: Lacosamide Tablets); QL (40 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (3 Tablets per 1 Day)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	ALT (Covered Alternatives: Lacosamide); QL (3 Capsules per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	QL (8 tablets per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Non-Formulary	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA; QL (280 tablets per 1 fill)
VIMPAT ORAL SOLUTION 10 MG/ML	Non-Formulary	ALT (Covered Alternatives: Lacosamide Tablets); QL (40 ml per 1 day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Formulary	QL (3 tablets per 1 day)

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XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (1 Tablet per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL (1 Tablet per 1 day)
XCOPRI ORAL TABLET 25 MG	4	PA; QL (1 Tablet per 1 Day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	PA; QL (1 Tablet per 1 day)
ZONEGRAN ORAL CAPSULE 25 MG	Non-Formulary	TD
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Non-Formulary	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Melatonin Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Non-Formulary	SP; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	Non-Formulary	SP; ALT (Covered Alternatives: ROZEREM, ZOLPIDEM TARTRATE, TRAZODONE HCL, ZALEPLON, ESZOPICLONE, ZOLPIDEM TARTRATE ER); QL (1 capsule per 1 day)
<i>ramelteon oral tablet 8 mg</i>	2	QL (1 tablet per 1 day)
Monoamine Oxidase B Inhibitors		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; QL (1 patch per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
XADAGO ORAL TABLET 100 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	ALT (Covered Alternatives: Selegiline Tablets, Selegiline Capsules, Emsam Patches); QL (2 Tablets per 1 day)

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Monoamine Oxidase Inhibitors		
AZILECT ORAL TABLET 0.5 MG, 1 MG	Non-Formulary	QL (1 tablet per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	PA; QL (1 patch per 1 day)
MARPLAN ORAL TABLET 10 MG	4	QL (6 tablets per 1 day)
<i>phenelzine oral tablet 15 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tranylcypromine oral tablet 10 mg</i>	2	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Non-Formulary	ALT (Covered Alternatives: Selegiline Tablets, Selegiline Capsules, Emsam Patches); QL (2 Tablets per 1 day)
Nmda Antagonists		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	BB	PA
Non-Benzodiazepine Anxiolytics		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
Non-Benzodiazepine Hypnotics		
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: ZOLPIDEM TARTRATE, ZOLPIDEM TARTRATE ER, ESZOPICLONE, TRAZODONE HCL, ZALEPLON)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (1 tablet per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	
<i>zolpidem oral capsule 7.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Zolpidem Tablets, Zolpidem ER Tablets); QL (1 Tablets per 1 day)
<i>zolpidem oral tablet 10 mg</i>	2	QL (1 tablet per 1 day)

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<i>zolpidem oral tablet 5 mg</i>	2	QL (2 tablets per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg</i>	2	
<i>zolpidem oral tablet,ext release multiphase 6.25 mg</i>	2	QL (1 tablet per 1 day)
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Apomorphine); QL (1 ML per 1 day)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; SP; QL (1 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	PA; ALT (Covered Alternatives: PRAMIPEXOLE DI-HCL, ROPINIROLE HCL, GABAPENTIN); QL (1 patch per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg</i>	2	QL (1 tablet per 1 day)
<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg, 3.75 mg, 4.5 mg</i>	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
Non-Opioid Analgesics		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	

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<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML	BB	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (8 tablets per 1 day)
Nonsteroidal Anti-Inflamm. Agents, Misc		
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium 1% gel, Diclofenac 1.5% topical solution); QL (12.9 grams per 1 day)

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DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FAMOTIDINE, RANITIDINE HCL, NIZATIDINE, IBUPROFEN, MELOXICAM, ETODOLAC)
TOLECTIN 600 ORAL TABLET 600 MG	Non-Formulary	ALT (Covered Alternatives: TOLMETIN SODIUM Tablets, TOLMETIN SODIUM Capsules); QL (3 Tablets per 1 Day)
<i>tolmetin oral capsule 400 mg</i>	2	
Opioid Agonists (28:08)		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (10 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	QL (6 capsules per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD 50-325)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (6 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (4 tablets per 1 day)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (6 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (8 tablets per 1 day)
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>	BB	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	BB	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 20 mcg/ml</i>	BB	

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<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; QL (2 lozenges per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	QL (10 patches per 30 days)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	2	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	2	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Non-Formulary	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 Day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Non-Formulary	ALT (Covered Alternatives: HYDROCODONE-ACETAMN 7.5-325/15 SOLUTION, HYDROCODONE-ACETAMIN 5-217/10 SOLUTION); QL (60 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	QL (240 ML per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	2	QL (8 tablets per 1 day)

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<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	2	QL (1 tablet per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (945 ml per 1 fill)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (4 tablets per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	QL (1 Tablet per 1 day)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HYDROCODONE W/ACETAMINOPHEN, MORPHINE SULFATE ER, OXYCODONE HCL ER, TRAMADOL HCL, GABAPENTIN, DICLOFENAC SODIUM, CELECOXIB)
<i>levorphanol tartrate oral tablet 2 mg</i>	4	PA; QL (6 tablets per 1 day)
<i>meperidine oral tablet 50 mg</i>	2	
<i>methadone in 0.9 % sod.chlorid intravenous syringe 5 mg/5 ml</i>	BB	
<i>methadone oral concentrate 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (450 ML per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	QL (2 capsules per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (20 ML per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (10 ML per 1 day)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (4 tablets per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	QL (3 tablets per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	QL (6 Tablets per 1 day)
<i>morphine oral tablet extended release 60 mg</i>	2	QL (4 Tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA; QL (2 tablets per 1 day)

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NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>oxycodone oral capsule 5 mg</i>	2	QL (4 capsules per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (500 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (9 Tablets per 1 day)
<i>oxycodone oral tablet, oral only 15 mg</i>	Non-Formulary	ALT (Covered Alternatives: OXYCODONE HCL (IR) 5 MG TABLET, OXYCODONE HCL (IR) 10 MG TAB, OXYCODONE HCL (IR) 15 MG TAB, OXYCODONE HCL (IR) 20 MG TAB); QL (9 Tablets per 1 Day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	2	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	ALT (Covered Alternatives: OXYCODONE HCL ER); QL (2 tablets per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
QDOLO ORAL SOLUTION 5 MG/ML	Non-Formulary	
<i>tramadol oral tablet 25 mg</i>	Non-Formulary	QL (12 Tablets per 1 Day)
<i>tramadol oral tablet 50 mg</i>	2	QL (12 tablets per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (2 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (8 tablets per 1 day)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	

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XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: MORPHINE SULFATE ER, OXYCODONE HCL ER, FENTANYL, METHADONE HCL)
Opioid Antagonists (28:10)		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Naloxone)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	2	QL (2 doses per 90 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Non-Formulary	ALT (Covered Alternatives: Naltrexone, Naloxone)
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	Non-Formulary	QL (2 doses per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	BB	PA
Opioid Partial Agonists		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Non-Formulary	QL (Quantity Limits Apply)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	BB	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	PA; ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM); QL (0.15 unit per 1 day)

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<i>buprenorphine transdermal patch weekly 7.5 mcg/hour</i>	2	ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM); QL (0.15 unit per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (3 films per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (3 tablets per 1 day)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL (5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Non-Formulary	ALT (Covered Alternatives: KADIAN, OXYCODONE HCL ER, BUPRENORPHINE HYDROCHLORIDE, GABAPENTIN, DULOXETINE HCL, DICLOFENAC SODIUM)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	BB	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Non-Formulary	ALT (Covered Alternatives: BUPRENORPHINE-NALOXONE); QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Non-Formulary	QL (Quantity Limits Apply)
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; ALT (Covered Alternatives: ZOLPIDEM TARTRATE, ZOLPIDEM TARTRATE ER, ESZOPICLONE, TRAZODONE HCL, ZALEPLON); TD; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Non-Formulary	QL (1 tablet per 1 day)

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QUVIVIQ ORAL TABLET 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Zolpidem, Zaleplon)
Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
Respiratory And Cns Stimulants		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	QL (6 capsules per 1 day)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Non-Formulary	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Non-Formulary	ALT (Covered Alternatives: BUTALB-ACETAMIN-CAF-COD)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	

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<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (4 tablets per 1 day)
CAFCIT INTRAVENOUS SOLUTION 60 MG/3 ML (20 MG/ML)	BB	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	BB	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (6 capsules per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Non-Formulary	ALT (Covered Alternatives: Methylphenidate Patches); ST (Step Therapy Required); QL (1 patch per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (1 capsule per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 20 mg</i>	2	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (3 tablets per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Non-Formulary	QL (1 capsule per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 20 MG	Non-Formulary	

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JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE LA, METHYLPHENIDATE HCL CD, METHYLPHENIDATE ER, METHYLPHENIDATE HCL, METADATE ER); QL (2 Tablets per 1 Day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	QL (3 capsules per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	QL (2 capsules per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	2	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (30 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	Non-Formulary	ALT (Covered Alternatives: Methylphenidate ER, Methylphenidate ER 36mg); QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Non-Formulary	QL (2 tablets per 1 day)

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<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Non-Formulary	QL (3 tablets per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	ST (Step Therapy Required- Tried and failed methylphenidate 54mg in the last 30 days); QL (1 patch per 1 day)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Non-Formulary	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 30 MG, 40 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER)
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHYLPHENIDATE ER, DEXTROAMPHETAMINE-AMPHET ER, DEXMETHYLPHENIDATE HCL ER, ATOMOXETINE HCL, CLONIDINE HCL ER, GUANFACINE HCL ER); TD
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	Non-Formulary	ALT (Covered Alternatives: METHYLPHENIDATE ER); QL (2 Tablets per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Non-Formulary	
Reversible Cox-1/Cox-2 Inhibitors		
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	2	
COXANTO ORAL CAPSULE 300 MG	Non-Formulary	QL (4 Capsules per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Non-Formulary	ALT (Covered Alternatives: DICLOFENAC 1.5% TOPICAL SOLUTION, DICLOFENAC SODIUM 1% GEL); QL (172 GM per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical gel 1 %</i>	2	QL (300 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium Tablets, Celecoxib, Ibuprofen, Meloxicam, Naproxen, Nabumetone)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	QL (3 tablets per 1 day)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	QL (3 capsules per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	QL (3 tablets per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	QL (1 tablet per 1 day)
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, MEDIPROXEN, ETODOLAC, NABUMETONE)
<i>fenoprofen oral tablet 600 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, MEDIPROXEN, ETODOLAC, NABUMETONE)

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FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	2	QL (8 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	2	QL (1 tablet per 1 day)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg</i>	2	QL (12 capsules per 1 day)
<i>indomethacin oral capsule 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: Indomethacin Capsules, Indomethacin ER Capsules, Colchicine, Febuxostat, Probenacid); QL (1 suppository per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (12 Capsules per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (6 Capsules per 1 day)
<i>ketoprofen oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (4 Capsules per 1 day)
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (1 Capsules per 1 day)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	2	QL (10 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i>	Non-Formulary	SP
<i>ketorolac oral tablet 10 mg</i>	2	
KIPROFEN ORAL CAPSULE 25 MG	Non-Formulary	ALT (Covered Alternatives: CELECOXIB, MELOXICAM); QL (12 Capsules per 1 Day)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, DICLOFENAC SODIUM, NAPROXEN SODIUM, ETODOLAC, PIROXICAM, CELECOXIB)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: Meloxicam Tablets)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
NALFON ORAL CAPSULE 400 MG	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
NALFON ORAL TABLET 600 MG	Non-Formulary	ALT (Covered Alternatives: IBUPROFEN, NAPROXEN SODIUM, ETODOLAC, NABUMETONE)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	

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DRUG NAME	DRUG TIER	NOTES
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: Naproxen Tablets, Naproxen Caplets)
<i>oxaprozin oral tablet 600 mg</i>	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); SP
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
Salicylates		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	2	QL (6 capsules per 1 day)
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet 325 mg</i>	2	HCR
<i>aspirin oral tablet, chewable 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (2 capsules per 1 day)
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	2	HCR; QL (1 tablet per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (4 tablets per 1 day)

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CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	2	HCR; QL (1 tablet per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (6 capsules per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	Non-Formulary	ALT (Covered Alternatives: Duloxetine)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Non-Formulary	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (1 tablet per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Non-Formulary	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (3 capsules per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DULOXETINE HCL, DULOXETINE HCL, DULOXETINE HCL); QL (1 capsule per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Non-Formulary	ALT (Covered Alternatives: VENLAFAXINE HCL, DULOXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, PAROXETINE HCL); QL (1 capsule per 1 day)

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FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; ALT (Covered Alternatives: VENLAFAXINE HCL, DULOXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, PAROXETINE HCL); QL (1 capsule per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Non-Formulary	QL (1 tablet per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA; QL (2 tablets per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QL (2 capsules per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QL (5 capsules per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (3 tablets per 1 day)
Selective Serotonin Agonists		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	QL (12 tablets per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QL (12 tablets per 30 days)
FROVA ORAL TABLET 2.5 MG	Non-Formulary	QL (12 tablets per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	2	PA; ALT (Covered Alternatives: ZOLMITRIPTAN, ALMOTRIPTAN MALATE, NARATRIPTAN HCL, RIZATRIPTAN, SUMATRIPTAN SUCCINATE); QL (12 tablets per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (12 tablets per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SUMATRIPTAN, SUMATRIPTAN SUCCINATE, ZOLMITRIPTAN, NARATRIPTAN HCL, RIZATRIPTAN)

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RELPAK ORAL TABLET 20 MG, 40 MG	Non-Formulary	QL (12 tablets per 1 fill)
REYVOW ORAL TABLET 100 MG, 50 MG	5	PA; SP; QL (8 tablets per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (6 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 tablets per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (6 ML per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: SUMATRIPTAN SUCCINATE, SUMATRIPTAN, SUMATRIPTAN SUCCINATE, ZOLMITRIPTAN, NARATRIPTAN HCL, RIZATRIPTAN)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (12 tablets per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Non-Formulary	
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Non-Formulary	QL (Quantity Limits Apply)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Non-Formulary	QL (12 tablets per 1 fill)
Selective-Serotonin Reuptake Inhibitors		
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	QL (60 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (2 tablets per 1 day)

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<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FLUOXETINE HCL, FLUOXETINE HCL, FLUOXETINE HCL)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: Fluvoxamine Tablets)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Non-Formulary	ALT (Covered Alternatives: olanzapine, fluoxetine)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (1 tablet per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5 ML	Non-Formulary	ALT (Covered Alternatives: PAROXETINE HCL, FLUOXETINE HCL)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	2	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	QL (Quantity Limits Apply)
Serotonin Modulators		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (4 tablets per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (2 tablets per 1 day)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (Quantity Limits Apply); QL (1 Tablet per 1 day)

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VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Formulary	ALT (Covered Alternatives: VILAZODONE, PAROXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, SERTRALINE HCL, DULOXETINE HCL, VENLAFAXINE HCL ER); QL (1 tablet per 1 day)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	ALT (Covered Alternatives: PAROXETINE HCL, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL, SERTRALINE HCL, DULOXETINE HCL, VENLAFAXINE HCL ER); QL (1 TABLET per 1 day)
Succinimides		
CELONTIN ORAL CAPSULE 300 MG	Non-Formulary	ALT (Covered- Alternatives: METHSUXIMIDE); QL (4 capsules per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	2	QL (7 capsules per 1 day)
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	QL (4 Capsules per 1 day)
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Non-Formulary	
Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	

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<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	ST (Step Therapy Required); QL (1 tablet per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (4 capsules per 1 day)
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	3	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
SILENOR ORAL TABLET 3 MG, 6 MG	Non-Formulary	ALT (Covered Alternatives: ZOLPIDEM TARTRATE, TRAZODONE HCL, ESZOPICLONE, ZALEPLON); QL (1 tablet per 1 day)
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Tetrabenazine Tablets); QL (4 Tablets per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tetrabenazine); QL (1 Tablet per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tetrabenazine); QL (1 Tablet per 1 Day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tetrabenazine)

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INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	6	PA; SP; ALT (Covered Alternatives: TETRABENAZINE); QL (1 pack per 1 year)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	6	PA; SP; ALT (Covered Alternatives: TETRABENAZINE); QL (1 capsule per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	SP; QL (1 tablet per 1 day)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
Wakefulness-Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 Tablets per 1 day)
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP; QL (1 Packet per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	QL (2 tablets per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	2	PA; SP; QL (18 ML per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; SP; QL (1 tablet per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Sodium Oxybate); QL (18 ML per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Non-Formulary	SP; QL (18 ML per 1 day)
DENTAL AGENTS		
Nutritional Supplements		
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-Formulary	ALT (Covered Alternatives: DENTA 5000 PLUS CREAM, DENTAGEL GEL); QL (100 ml per 30 Days)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	2	HCR
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	HCR
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	

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DEVICES		
Devices		
AEROCHAMBER PLUS FLOW-VU SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	7	QL (1 spacer per 365 days)
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BD VERITOR AT-HOME COVID19 TST KIT	7	
BINAXNOW COVD AG CARD HOME TST KIT	7	
BINAXNOW COVID-19 AG SELF TEST KIT	7	
BLULINK DIABETIC TEST BUNDLE KIT	Non-Formulary	
BLULINK GLUCOSE MONITOR SYSTEM	Non-Formulary	
BREATHERITE MDI SPACER SPACER	7	QL (1 spacer per 365 days)
CARESTART COVID-19 AG HOME TST KIT	7	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	7	QL (1 spacer per 365 days)
CLINITEST COVID-19 HOME TEST KIT	7	
COMPACT SPACE CHAMBER SPACER	7	QL (1 spacer per 365 days)
CONTOUR PLUS BLUE METER	Non-Formulary	ALT (Covered Alternatives: Freestyle Precision Neo)
COVID-19 AT-HOME TEST KIT	7	
DEXCOM G6 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G6 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 Pack per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	0	QL (1 transmitter per 90 days)

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DRUG NAME	DRUG TIER	NOTES
DEXCOM G7 RECEIVER	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 Receiver per 1 Year)
DEXCOM G7 SENSOR DEVICE	0	ST (Step Therapy Required- Tried and failed any insulin or 3 oral antidiabetic products in the last 120 days); QL (1 Pack per 30 days)
EASIVENT HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
EASY TRAK II BLOOD GLUCOSE MTR	Non-Formulary	ALT (Covered Alternatives: Freestyle Neo Meter, Freestyle Lite Meter, Freestyle Freedom Lite Meter)
EASYMAX T1 KIT	Non-Formulary	
ELLUME COVID-19 HOME TEST KIT	7	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	5	
FLEXICHAMBER SPACER	7	QL (1 spacer per 365 days)
FLOWFLEX COVID-19 AG HOME TEST KIT	7	
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Non-Formulary	ALT (Covered Alternatives: Precision Xtra Ketone Strips)
FREESTYLE CONTROL SOLUTION	0	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
FREESTYLE FREEDOM LITE KIT	0	Zero Copay applicable after deductible; QL (1 meter per 1 year)
FREESTYLE INSULINX	0	Zero Copay applicable after deductible; QL (1 meter per 1 year)
FREESTYLE LANCETS 28 GAUGE	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
FREESTYLE LIBRE 14 DAY READER	0	QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR KIT	0	QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	0	QL (1 reader per 1 year)

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FREESTYLE LIBRE 2 SENSOR KIT	0	QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	0	QL (2 Sensors per 30 days)
FREESTYLE LIBRE 3 READER	0	QL (1 Reader per 1 Year)
FREESTYLE LIBRE 3 SENSOR DEVICE	0	QL (2 sensors per 28 days)
FREESTYLE LITE METER KIT	0	Zero Copay applicable after deductible; QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	0	Zero Copay applicable after deductible; QL (1 meter per 1 year)
GLUCOSE KETONE CONTROL SOLN SOLUTION	0	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
GUARDIAN CONNECT TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM); ST (Step Therapy Required)
GUARDIAN LINK 3 TRANSMITTER DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM); ST (Step Therapy Required)
GUARDIAN SENSOR 3 DEVICE	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FREESTYLE LIBRE SENSOR, DEXCOM); ST (Step Therapy Required)
IHEALTH COVID-19 AG HOME TEST KIT	7	
INDICAID COVID-19 AG HOME TEST KIT	7	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge</i>	2	
INTELISWAB COVID-19 HOME TEST KIT	7	

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<i>lancets</i>	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
LITEAIRE MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
MEDISENSE GLUCOSE KETONE COMBO PACK	4	QL (1 Unit per 90 days)
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (10 Pods per 30 Days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	ST (Step Therapy Required- Tried and failed 90 day treatment of an insulin product in the last 120 days); QL (10 pods per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT	7	
OPTICHAMBER DIAMOND LG MASK SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND VHC SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	7	QL (1 spacer per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	2	
POCKET CHAMBER SPACER	7	QL (1 spacer per 365 days)
PRECISION XTRA B-KETONE STRIP	2	QL (1 strip per 1 day)
PRECISION XTRA MONITOR	0	Zero Copay applicable after deductible; QL (1 meter per 1 year)
PRO COMFORT SPACER-ADULT MASK SPACER	7	QL (1 spacer per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	7	QL (1 spacer per 365 days)
PROCHAMBER SPACER	7	QL (1 spacer per 365 days)

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QUICKVUE AT-HOME COVID-19 TEST KIT	7	
RITFLO AEROCHAMBER SPACER	7	QL (1 spacer per 365 days)
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride inhalation solution for nebulization 10 %, 7 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 3 %</i>	7	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Non-Formulary	ALT (Covered Alternatives: FREESTYLE CONTROL SOLUTION)
DIAGNOSTIC AGENTS		
Adrenocortical Insufficiency		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	SP
Cardiac Function		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (2 capsules per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	

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Diabetes Mellitus		
BLULINK GLUCOSE TEST STRIP STRIP	Non-Formulary	
CONTOUR PLUS TEST STRIP STRIP	Non-Formulary	ALT (Covered Alternatives: Freestyle Precision Neo)
FREESTYLE INSULINX STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE INSULINX TEST STRIPS STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE LITE STRIPS STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
FREESTYLE PRECISION NEO STRIPS STRIP	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day); Zero Copay applicable after deductible
FREESTYLE TEST STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
PRECISION XTRA TEST STRIP	2	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= <18: 720/90, 18 and older: 600/90 days. Gestational Diabetes = 5/day)
Pheochromocytoma		
<i>metirosine oral capsule 250 mg</i>	Non-Formulary	SP

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Pituitary Function		
METOPIRONE ORAL CAPSULE 250 MG	Non-Formulary	SP
Roentgenography And Other Imaging Agents		
<i>iopamidol injection solution 200 mg iodine /ml (41 %)</i>	BB	
<i>iopamidol intrathecal solution 200 mg iodine /ml (41 %), 300 mg iodine /ml (61 %)</i>	BB	
<i>iopamidol intravenous solution 250 mg iodine /ml (51 %), 300 mg iodine /ml (61 %), 370 mg iodine /ml (76 %)</i>	BB	
Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG	BB	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Non-Formulary	SP; QL (3 gm per 1 day)
BUPHENYL ORAL TABLET 500 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Non-Formulary	SP
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3	QL (1 Packet per 1 day)
<i>lactulose oral packet 10 gram</i>	Non-Formulary	ALT (Covered Alternatives: Lactulose Solution, Kristalose Packets); QL (1 Packet per 1 day)
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LITHOSTAT ORAL TABLET 250 MG	Non-Formulary	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Non-Formulary	SP

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PHEBURANE ORAL GRANULES 483 MG/GRAM	Non-Formulary	SP; ALT (Covered Alternatives: Sodium Phenylbutyrate 500mg Tablets, Sodium Phenylbutyrate Powder); QL (1 GM per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Non-Formulary	SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA; SP; QL (3 GRAM per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; SP; QL (1 tablet per 1 day)
Caloric Agents		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Non-Formulary	SP; ALT (Covered Alternatives: BETAQUIK, LIQUIGEN); QL (1 ML per 1 day)
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
Electrolytic,Caloric,Water Balance Misc,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	BB	PA; SP; QL (0.4 ML per 1 day)
Irrigating Solutions		
<i>sodium chloride inhalation solution for nebulization 10 %, 7 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 3 %</i>	7	
Loop Diuretics (40:28)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
EDECRIIN ORAL TABLET 25 MG	Non-Formulary	QL (2 tablet per 1 day)
<i>ethacrynic acid oral tablet 25 mg</i>	2	PA; QL (2 tablets per 1 day)

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<i>furosemide injection solution 10 mg/ml</i>	7	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON	4	PA; QL (6 tablets per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	2	QL (3 tablets per 1 day)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Non-Formulary	QL (105 units per 1 fill)
RENVELA ORAL TABLET 800 MG	Non-Formulary	QL (10 tablets per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL (10 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: Sevelamer Carbonate)
<i>sevelamer hcl oral tablet 800 mg</i>	Non-Formulary	ALT (Covered Alternatives: Sevelamer Carbonate); QL (7 tablets per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	PA; ALT (Covered Alternatives: CALCIUM ACETATE, SEVELAMER HCL, RENAGEL, LANTHANUM CARBONATE); QL (3 tablets per 1 day)
Potassium-Removing Agents		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA; QL (2 packs per 1 day)
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	2	

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VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA; QL (1 packet per 1 day)
Potassium-Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Non-Formulary	QL (4 capsules per 1 day)
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	PA; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	
Replacement Preparations		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	2	QL (1 packet per 1 day)
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	7	
<i>potassium chloride intravenous solution 2 meq/ml</i>	7	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	

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<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	Non-Formulary	QL (1 packet per 1 day)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	5	SP
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
Thiazide Diuretics		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	2	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Non-Formulary	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (2 tablets per 1 day)

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<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	QL (1 tablet per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	TD
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Non-Formulary	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (2 tablets per 1 day)

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ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Formulary	QL (Quantity Limits Apply)
Thiazide-Like Diuretics		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	QL (2 tablets per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CHLORTHALIDONE, LOSARTAN POTASSIUM, IRBESARTAN, VALSARTAN, OLMESARTAN MEDOXOMIL, CANDESARTAN CILEXETIL, TELMISARTAN)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Uricosuric Agents		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	ALT (Covered Alternatives: ALLOPURINOL, COLCHICINE, PROBENECID)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Vasopressin Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	6	PA; SP; QL (2 tablets per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	6	PA; SP; QL (2 tablets per 1 day)
SAMSCA ORAL TABLET 15 MG, 30 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	6	PA; SP; QL (2 tablets per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	Non-Formulary	SP; QL (2 tablets per 1 day)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	BB	PA

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ENZYMES		
Enzyme Cofactors/Chaperones		
GALAFOLD ORAL CAPSULE 123 MG	6	PA; SP; QL (15 capsules per 30 days)
JAVYGTOR ORAL POWDER IN PACKET 100 MG	Non-Formulary	ALT (Covered Alternatives: SAPROPTERIN Tablets, SAPROPTERIN Powder)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Non-Formulary	SP; ALT (Covered Alternatives: SAPROPTERIN DIHYDROCHLORIDE); QL (1 packet per 1 day)
KUVAN ORAL TABLET,SOLUBLE 100 MG	Non-Formulary	SP; ALT (Covered Alternatives: SAPROPTERIN DIHYDROCHLORIDE); QL (1 EA per 1 day)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Non-Formulary	SP; QL (3 Capsules per 1 Day)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; SP; QL (2 capsules per 1 day)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Non-Formulary	SP; ALT (Covered Alternatives: NITISINONE Capsules); QL (2 capsules per 1 day)
ORFADIN ORAL SUSPENSION 4 MG/ML	6	PA; SP; QL (0.01 ML per 1 day)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; SP; QL (1 packet per 1 day)
<i>sapropterin oral tablet,soluble 100 mg</i>	5	PA; SP; QL (1 tablet per 1 day)
Enzyme Inhibitors		
CERDELGA ORAL CAPSULE 84 MG	Non-Formulary	QL (Quantity Limits Apply); SP
OPFOLDA ORAL CAPSULE 65 MG	4	PA; SP; QL (4 Capsules per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	Non-Formulary	SP; QL (1 Tablet per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Non-Formulary	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Non-Formulary	SP
Enzymes		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	BB	PA

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ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	BB	PA
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	BB	PA; SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	BB	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	BB	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	BB	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	BB	PA
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	BB	PA
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	BB	
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	BB	PA
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	BB	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	BB	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	6	PA; SP; QL (2 ML per 30 days)
POMBILITI INTRAVENOUS RECON SOLN 105 MG	BB	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP; QL (2 ampules per 1 day)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	6	PA; SP; QL (1.5 ML per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	PA; QL (30GM per fill, 2 fills per 30 days)

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STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML	Non-Formulary	SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Non-Formulary	QL (Quantity Limits Apply); SP
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Non-Formulary	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	BB	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	BB	PA; SP; QL (1 vial per 28 days)
XENPOZYME INTRAVENOUS RECON SOLN 20 MG	BB	PA
XIAFLEX INJECTION RECON SOLN 0.9 MG	BB	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Brimonidine 0.1% eye drops); QL (15 ML per 1 Fill)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	QL (15 ML per 1 fill)
<i>brimonidine topical gel with pump 0.33 %</i>	2	PA; QL (1 GM per 1 day)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	QL (10 ML per 30 days)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	QL (1 bottle per 1 fill)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BRIMONIDINE TARTRATE, AZOPT, DORZOLAMIDE-TIMOLOL); TD
Antiallergic Agents		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	4	QL (5 ML per 1 fill)

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ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	4	QL (10 ML per 1 fill)
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	2	QL (30 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	QL (0.2 ml per 1 day)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Non-Formulary	QL (0.2 ML per 1 day)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	QL (2.5 ML per 1 fill)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %, 0.7 %	Non-Formulary	
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
Antibacterials (52:04)		
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	QL (2.5 ML per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	QL (5 ML per 30 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (3.5 GM per 1 fill)

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CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	QL (10 ML per 1 fill)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	QL (14 applicators per 7 days)
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	QL (3 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	

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<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 Day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	Non-Formulary	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (60 ML per 30 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	QL (6 ML per 30 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Non-Formulary	QL (2 capsules per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin oral tablet 400 mg</i>	2	QL (1 tablet per 1 day)
<i>neomycin oral tablet 500 mg</i>	2	

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<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	QL (5 ML per 1 fill)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	QL (3.5 GM per 1 fill)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Non-Formulary	QL (Quantity Limits Apply)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	QL (5 ML per 1 fill)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
TOBEX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	QL (1 tube per 1 fill)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	QL (3 units per 1 day)

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ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Non-Formulary	QL (Quantity Limits Apply)
Antifungals (Eent)		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	PA; QL (15 ML per 30 days)
Antiglaucoma Agents, Miscellaneous		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	BB	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST,BIMATOPROST,T RAVOPROST)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)
Anti-Infectives, Miscellaneous (52:04)		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	6	PA; SP; QL (10 ML per 30 days)
Anti-Inflammatory Agents (Eent)		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (2 Units per 1 day)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine); QL (0.2 ML per 1 day)
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	6	PA; SP; QL (1 vial per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (5.5 ML per 24 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (2 dropperettes per 1 day)
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	BB	PA

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VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine DROPPERETTE, SINGLE-USE DROP DISPENSER)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 units per 30 days)
Antivirals (Eent)		
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	QL (5 GM per 30 days)
Astringents (52:04)		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	QL (10 ML per 1 fill)
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	QL (10 ML per 30 days)
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	QL (10 ML per 1 fill)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Non-Formulary	QL (10 ML per 30 days)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	

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ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Non-Formulary	QL (Quantity Limits Apply)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	QL (10 ML per 1 fill)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	Non-Formulary	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	ALT (Covered Alternatives: Timolol Maleate)
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Non-Formulary	QL (Quantity Limits Apply)
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-Formulary	ALT (Covered Alternatives: Timolol Maleate)
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (10 ML per 1 fill)
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	QL (10 ML per 1 fill)
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DORZOLAMIDE-TIMOLOL)
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Non-Formulary	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	

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SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BRIMONIDINE TARTRATE, AZOPT, DORZOLAMIDE-TIMOLOL); TD
Corticosteroids (Eent)		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Loteprednol etabonate); QL (0.4 ML per 1 day)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (6.1 GM per 28 days)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	QL (10 ML per 1 fill)
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 ML per 1 fill)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	QL (10 ML per 30 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	QL (5 ML per 1 fill)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	QL (5 ML per 1 fill)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ALREX, LOTEPREDNOL ETABONATE)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	QL (5 ML per 1 fill)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	QL (20 ML per 1 fill)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	

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<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QL (1 bottle per 30 days)
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTEMAX)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTEMAX)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Non-Formulary	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LOTEMAX)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Non-Formulary	QL (Quantity Limits Apply)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	QL (0.17 ml per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	QL (0.4 ML per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	QL (0.5 ml per 1 day)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	QL (5 ML per 1 fill)
MOMETACURE TOPICAL KIT 0.1-5 %	Non-Formulary	ALT (Covered Alternatives: Mometasone Cream); QL (1 Kit per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	QL (5 ML per 1 fill)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Non-Formulary	QL (Quantity Limits Apply)

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PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TD
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	QL (3.5 GM per 1 fill)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Non-Formulary	QL (Quantity Limits Apply)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Non-Formulary	QL (Quantity Limits Apply)
Eent Drugs, Miscellaneous		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	BB	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	BB	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	BB	

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PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	BB	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	2	HCR
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	2	HCR; QL (1 pack per 365 days)
Eent Nonsteroidal Anti-Inflam. Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	4	QL (30 ML per 1 fill)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	2	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	2	QL (10 ML per 365 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	QL (3.4 ML per 1 fill)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Non-Formulary	ALT (Covered Alternatives: Bromfenac 0.075%); QL (10 ML per 365 days)
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	4	QL (3 ML per 1 fill)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	2	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (4 ML per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (5 syringes per 30 days)
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i>	Non-Formulary	SP
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	2	QL (5 ML per 1 fill)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	QL (3 ML per 1 fill)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	

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SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); SP
Local Anesthetics (Eent)		
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	QL (1 GM per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	QL (1.6 ML per 1 day)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
Macular Degeneration Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	6	PA; SP; QL (5 ML per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	6	PA; SP; QL (15 ML per 1 fill)
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	BB	
Miotics		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	PA; QL (2.5 ML per 30 Days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Non-Formulary	QL (0.05 ML per 1 Day)
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	2	

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Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	TD; QL (7.5 ML per 30 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG	BB	PA
IDOSE TR INTRACAMERAL IMPLANT 75 MCG	BB	PA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Non-Formulary	ALT (Covered Alternatives: Latanoprost, Travoprost); QL (1 Dropperette per 1 Day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST (Step Therapy Required- Tried and failed latanoprost in the last 120 days); QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	3	ST (Step Therapy Required- Tried and failed 30 day trial of Latanoprost); QL (1 dropperette per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	QL (5 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Non-Formulary	ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST); QL (1 Dropperette per 1 day)
Rho Kinase Inhibitors		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LATANOPROST, BIMATOPROST, TRAVOPROST)

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Vascular Endothelial Growth Factor Antag		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	BB	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	BB	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	BB	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	BB	PA
LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	BB	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	BB	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	BB	PA
Vasoconstrictors		
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-2.5 %- 0.5 %</i>	BB	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Non-Formulary	
GASTROINTESTINAL DRUGS		
5-Ht3 Receptor Antagonists		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	BB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA; ALT (Covered Alternatives: ONDANSETRON HCL, GRANISETRON HCL); QL (1 fill per 1 month)
ANZEMET ORAL TABLET 50 MG	4	ST (Step Therapy Required)
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (10 tablets per 30 days)

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<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	7	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	7	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	7	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	
<i>ondansetron oral tablet,disintegrating 16 mg</i>	Non-Formulary	SP
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	
<i>palonosetron intravenous solution 0.25 mg/2 ml</i>	BB	PA
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	BB	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: GRANISETRON HCL, ONDANSETRON HCL, OLANZAPINE, DEXAMETHASONE, APREPITANT)
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide oral capsule 2 mg</i>	2	QL (2 capsules per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Non-Formulary	QL (Quantity Limits Apply)
XERMELO ORAL TABLET 250 MG	6	PA; SP; QL (90 tablets per 30 days)
Antiemetics, Miscellaneous		
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (6 Fills per 365 Days); TD; QL (4 tablets per 1 day)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
Antihistamines (Gi Drugs)		
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	QL (4 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (6 Fills per 365 Days); TD; QL (4 tablets per 1 day)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	QL (2 capsules per 1 day)
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (1 tablet per 1 day)
<i>balsalazide oral capsule 750 mg</i>	2	
CANASA RECTAL SUPPOSITORY 1,000 MG	Non-Formulary	QL (1 unit per 1 day)
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Non-Formulary	ALT (Covered Alternatives: MESALAMINE); QL (6 capsules per 1 day)
DIPENTUM ORAL CAPSULE 250 MG	4	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Non-Formulary	QL (4 tablets per 1 day)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	QL (12 capsules per 1 day)
<i>mesalamine oral capsule, extended release 500 mg</i>	2	QL (8 capsules per 1 day)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	QL (4 capsules per 1 day)
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	QL (4 tablets per 1 day)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	QL (60 ML per 1 day)
<i>mesalamine rectal suppository 1,000 mg</i>	2	QL (1 suppository per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	QL (8 capsules per 1 day)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	Non-Formulary	QL (8 capsules per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	2	

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<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
Antulcer Agents And Acid Suppress., Misc		
PYLERA ORAL CAPSULE 140-125-125 MG	Non-Formulary	QL (Quantity Limits Apply)
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
Antulcer Agents And Acid Suppressants		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)

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Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Non-Formulary	QL (Quantity Limits Apply)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	HCR; QL (2 fills per 365 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	2	HCR; QL (2 fills per 365 days)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	2	HCR; QL (2 fills per 365 days)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	HCR; QL (2 fills per 365 days)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Non-Formulary	QL (Quantity Limits Apply)
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	2	HCR; QL (2 fills per 365 days); AG (Min 50 Years and Max 75 Years)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	2	HCR
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	QL (2 fills per 365 days)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Non-Formulary	QL (2 fills per 365 days)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PEG 3350-ELECTROLYTE, OSMOPREP)
Chloride Channel Activators		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Non-Formulary	ALT (Covered Alternatives: Lubiprostone); QL (2 capsules per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 tablets per 1 day)
Cholelitholytic Agents		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Non-Formulary	SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Non-Formulary	SP
CHENODAL ORAL TABLET 250 MG	Non-Formulary	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Non-Formulary	SP; QL (2 capsules per 1 day)
IQIRVO ORAL TABLET 80 MG	Non-Formulary	SP; QL (1 Tablet per 1 Day)

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LIVDELZI ORAL CAPSULE 10 MG	Non-Formulary	SP; QL (1 Capsule per 1 Day)
LIVMARLI ORAL SOLUTION 19 MG/ML	Non-Formulary	SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Non-Formulary	SP; QL (3 ML per 1 day)
OICALIVA ORAL TABLET 10 MG, 5 MG	6	PA; SP; QL (30 tablets per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
Digestants		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	QL (8 capsules per 1 day)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	6	PA; SP; QL (0.01 unit per 1 day)
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	6	PA; SP; QL (1 kit per 28 days)
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	4	QL (8 capsules per 1 day)
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	QL (8 capsules per 1 day)
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Non-Formulary	QL (Quantity Limits Apply)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	QL (8 capsules per 1 day)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	3	QL (8 Capsules per 1 Day)

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Gi Drugs, Miscellaneous		
ALLI ORAL CAPSULE 60 MG	2	ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL); QL (6 Capsules per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	QL (2 capsules per 1 day)
IBSRELA ORAL TABLET 50 MG	Non-Formulary	SP; ALT (Covered Alternatives: polyethylene glycol 3350 powder, lactulose, lubiprostone, Linzess); QL (2 Tablets per 1 Day)
<i>orlistat oral capsule 120 mg</i>	4	PA
SYNDROS ORAL SOLUTION 5 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
XENICAL ORAL CAPSULE 120 MG	Non-Formulary	QL (3 capsules per 1 day)
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA; ALT (Covered Alternatives: Lubiprostone); TD; QL (1 capsule per 1 day)
TRULANCE ORAL TABLET 3 MG	Non-Formulary	QL (Quantity Limits Apply)
Histamine H2-Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
DUEXIS ORAL TABLET 800-26.6 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FAMOTIDINE, RANITIDINE HCL, NIZATIDINE, IBUPROFEN, MELOXICAM, ETODOLAC)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	QL (5 ML per 1 day)
<i>famotidine oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
Immunomodulatory Agents (56:44)		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	BB	PA

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OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Non-Formulary	SP; QL (2 ML per 28 days)
VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP; ALT (Covered Alternatives: Sulfasalazine, Mesalamine, Balsalazide Disodium); QL (1 Tablet per 1 day)
Lipotropic Agents		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (4 patches per 1 fill)
Neurokinin-1 Receptor Antagonists		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	BB	PA
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA; ALT (Covered Alternatives: ONDANSETRON HCL, GRANISETRON HCL); QL (1 fill per 1 month)
<i>aprepitant oral capsule 125 mg</i>	2	QL (1 Capsules per 1 Fill)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	2	QL (2 Capsules per 1 Fill)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (1 Capsule per 1 Day)
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	BB	PA
EMEND ORAL CAPSULE 80 MG	Non-Formulary	QL (2 capsules per 1 day)
VARUBI ORAL TABLET 90 MG	4	PA; QL (4 tablets per 28 days)
Opioid Antagonists (56:18)		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (1 tablet per 1 day)
RELISTOR ORAL TABLET 150 MG	Non-Formulary	QL (Quantity Limits Apply); SP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Non-Formulary	QL (Quantity Limits Apply); SP
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); SP
SYMPROIC ORAL TABLET 0.2 MG	4	PA; QL (1 tablet per 1 day)
Potassium-Competitive Acid Blockers		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Non-Formulary	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Non-Formulary	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Non-Formulary	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Non-Formulary	
Prokinetic Agents		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	QL (4 tablets per 1 day)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply)
Prostaglandins		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
Protectants		
CARAFATE ORAL SUSPENSION 100 MG/ML	Non-Formulary	QL (Quantity Limits Apply)
<i>sucralfate oral suspension 100 mg/ml</i>	2	
<i>sucralfate oral tablet 1 gram</i>	2	QL (4 tablets per 1 day)

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Proton-Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: LANSOPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM, ESOMEPRAZOLE MAGNESIUM)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Non-Formulary	ALT (Covered Alternatives: Lansoprazole, Pantoprazole, Rabeprazole, Esomeprazole, Omeprazole); QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 capsules per 1 day)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Non-Formulary	ALT (Covered Alternatives: Omeprazole, Esomeprazole, Lansoprazole, Pantoprazole); QL (10 ML per 1 Day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	2	QL (2 capsules per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Non-Formulary	ALT (Covered Alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE SODIUM)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Non-Formulary	QL (Quantity Limits Apply)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	2	QL (2 capsules per 1 day)
<i>pantoprazole in 0.9% sod chlor intravenous piggyback 40 mg/100 ml (0.4 mg/ml), 80 mg/100 ml (0.8 mg/ml)</i>	BB	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	QL (4 tablets per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	2	QL (2 tablets per 1 day)

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PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Non-Formulary	ALT (Covered Alternatives: OMEPRAZOLE, PANTOPRAZOLE SODIUM)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (2 tablets per 1 day)
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Non-Formulary	QL (Quantity Limits Apply)
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	Non-Formulary	ALT (Covered Alternatives: LANSOPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM, ESOMEPRAZOLE MAGNESIUM)
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	Non-Formulary	ALT (Covered Alternatives: LANSOPRAZOLE, PANTOPRAZOLE SODIUM, RABEPRAZOLE SODIUM, ESOMEPRAZOLE MAGNESIUM)
GOLD COMPOUNDS		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	5	PA; SP; QL (1 capsule per 1 day)
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	4	
CUPRIMINE ORAL CAPSULE 250 MG	Non-Formulary	ALT (Covered Alternatives: DEPEN); QL (4 capsules per 1 day)
CUVRIOR ORAL TABLET 300 MG	Non-Formulary	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	2	PA; SP

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<i>deferiprone oral tablet 1,000 mg</i>	5	PA; SP; ALT (Covered Alternatives: Deferasirox (PA)); QL (3 tablets per 1 day)
<i>deferiprone oral tablet 500 mg</i>	5	PA; SP; QL (3 tablets per 1 day)
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Non-Formulary	SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Non-Formulary	SP; ALT (Covered Alternatives: Deferasirox (PA)); QL (3 TABLET per 1 day)
FERRIPROX ORAL SOLUTION 100 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: EXJADE)
FERRIPROX ORAL TABLET 1,000 MG	Non-Formulary	SP; ALT (Covered Alternatives: Deferasirox (PA)); QL (3 TABLET per 1 day)
FERRIPROX ORAL TABLET 500 MG	Non-Formulary	SP; ALT (Covered Alternatives: EXJADE); QL (3 tablets per 1 day)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Non-Formulary	SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Non-Formulary	SP; ALT (Covered Alternatives: DEFERASIROX)
<i>penicillamine oral capsule 250 mg</i>	Non-Formulary	ALT (Covered Alternatives: Penicillamine Tablets); QL (4 capsules per 1 day)
<i>penicillamine oral tablet 250 mg</i>	2	PA; SP; QL (4 tablets per 1 day)
SYPRINE ORAL CAPSULE 250 MG	Non-Formulary	SP; QL (1 capsule per 1 day)
<i>trientine oral capsule 250 mg</i>	6	PA; SP; QL (1 capsule per 1 day)
<i>trientine oral capsule 500 mg</i>	Non-Formulary	SP; ALT (Covered Alternatives: trientine 250mg capsule)
HORMONES AND SYNTHETIC SUBSTITUTES		
Adrenals		
AGAMREE ORAL SUSPENSION 40 MG/ML	Non-Formulary	SP; QL (7.5 ML per 1 Day)
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE)

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DRUG NAME	DRUG TIER	NOTES
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (6.1 GM per 28 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (1 Inaler per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (30 Blisters per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (13 GM per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	4	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	QL (120 ML per 30 days)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	QL (3 capsules per 1 day)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	2	QL (1 Tablet per Day. 8 Weeks of Treatment per 180 Days)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	6	PA; SP; QL (2 Tablets per 1 day)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	3	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	QL (300 ML per 30 days)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 4 mg/ml</i>	BB	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	

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DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: PREDNISONE, METHYLPREDNISOLONE)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Non-Formulary	SP; ALT (Covered Alternatives: Deflazacort Tablets); QL (2 tablets per 1 day)
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Non-Formulary	SP; ALT (Covered Alternatives: BUDESONIDE AMPUL FOR NEBULIZATION (ML)); QL (20 ML per 1 Day)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i>	3	QL (1 Inhaler per 30 days); AG (Max 4 Years)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	QL (1 bottle per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA; QL (1 applicator per 1 day)
ISTURISA ORAL TABLET 1 MG, 5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
KENALOG INJECTION SUSPENSION 10 MG/ML	7	
KENALOG INJECTION SUSPENSION 40 MG/ML	Non-Formulary	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	Non-Formulary	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	2	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	QL (450 ML per 30 days)
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	QL (16 ML per 1 day)
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	Non-Formulary	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	QL (1 ML per 1 day)
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE); QL (4 ml per 1 day)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TD
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PREDNISONE, CORTISONE ACETATE, DEXAMETHASONE, METHYLPREDNISOLONE, FLUDROCORTISONE ACETATE, PREDNISOLONE)
RECORLEV ORAL TABLET 150 MG	Non-Formulary	SP

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DRUG NAME	DRUG TIER	NOTES
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML	7	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML	7	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG	Non-Formulary	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Non-Formulary	SP
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	7	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	7	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Non-Formulary	QL (16 units per 1 day)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
ZILRETTA INTRA-ARTICULAR SUSPENSION, EXTENDED REL RECON 32 MG	BB	PA
Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (19 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (11 pens per 30 days)

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DRUG NAME	DRUG TIER	NOTES
Androgens		
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM)	Non-Formulary	QL (75 gm per 1 fill)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	QL (5 gm per 1 day)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	Non-Formulary	QL (2 gm per 1 day)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	Non-Formulary	QL (1 units per 1 day)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	BB	PA
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Non-Formulary	
COVARYX ORAL TABLET 1.25-2.5 MG	Non-Formulary	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
EEMT HS ORAL TABLET 0.625-1.25 MG	Non-Formulary	
EEMT ORAL TABLET 1.25-2.5 MG	Non-Formulary	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Non-Formulary	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Non-Formulary	QL (Quantity Limits Apply)
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Non-Formulary	
<i>methyltestosterone oral capsule 10 mg</i>	2	PA; QL (2 capsules per 1 day)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	QL (5 gm per 1 day)
TESTOPEL IMPLANT PELLETT 75 MG	BB	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	2	QL (10 ML per 90 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	2	QL (2 ML per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (120 GM per 30 days)

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<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (75 GM per 1 Fill)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (60 packets per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Non-Formulary	QL (5 gm per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Non-Formulary	QL (5 units per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Non-Formulary	QL (5 gm per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Non-Formulary	QL (Quantity Limits Apply)
Antidiabetic Agents, Miscellaneous		
<i>colesevelam oral powder in packet 3.75 gram</i>	2	QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	2	ST (Step Therapy Required); QL (6 tablets per 1 day)
KORLYM ORAL TABLET 300 MG	Non-Formulary	SP; QL (1 Tablet per 1 day)
<i>mifepristone oral tablet 300 mg</i>	Non-Formulary	SP; QL (1 Tablet per 1 day)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Non-Formulary	QL (1 unit per 1 day)
WELCHOL ORAL TABLET 625 MG	Non-Formulary	ST (Step Therapy Required); QL (7 tablets per 1 day)
Antiestrogens		
<i>anastrozole oral tablet 1 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>exemestane oral tablet 25 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	2	QL (1 tablet per 1 day)

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Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Non-Formulary	SP; ALT (Covered Alternatives: Ganirelix); QL (1 Kit per 1 day)
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Non-Formulary	ALT (Covered Alternatives: Ganirelix); QL (7 Syringes per 28 days)
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	5	PA; SP; QL (10 Syringes per 28 days)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; QL (1 tablet per month, 24 months max); SP
ORGOVYX ORAL TABLET 120 MG	6	PA; SP; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
ORLISSA ORAL TABLET 150 MG, 200 MG	6	PA; SP; QL (1 tablets per 1 day)
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	PA; QL (3.7 ml per 1 month)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	2	QL (4 tablets per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Non-Formulary	QL (4 tablets per 1 day)
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Biguanides		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (2 Tablets per 1 Day)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	QL (4 tablets per 1 day)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	Non-Formulary	ALT (Covered Alternatives: METFORMIN HCL ER, GLUCOPHAGE XR)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	

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INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	ALT (Covered Alternatives: SYNJARDY, JARDIANCE); TD; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TD
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (1 Tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (2 Tablets per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Non-Formulary	QL (Quantity Limits Apply); TD
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply); TD
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUVIA, JANUMET, JANUMET XR)
<i>metformin oral solution 500 mg/5 ml</i>	Non-Formulary	ALT (Covered Alternatives: Metformin Tablets); QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	QL (4 tablets per 1 day)
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: METFORMIN HCL ER, GLUCOPHAGE XR)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: METFORMIN HCL ER, GLUCOPHAGE XR)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (4 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TD; QL (2 Tablets per 1 day)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TD; QL (1 Tablet per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Non-Formulary	QL (Quantity Limits Apply)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 tablets per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (2 tablets per 1 day)
Contraceptives		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AFTERA ORAL TABLET 1.5 MG	Non-Formulary	ALT (Covered Alternatives: LEVONORGESTREL); HCR
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR; QL (1 tablet per 1 day)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	2	HCR; QL (1 tablet per 1 day)

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ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR
APRI ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AUBRA ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR; QL (1 tablet per 1 day)
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
AYUNA ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR; QL (1 tablet per 1 day)
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Non-Formulary	QL (Quantity Limits Apply); HCR
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Non-Formulary	QL (Quantity Limits Apply); HCR
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR; QL (1 tablet per 1 day)
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)

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BRIELLYN ORAL TABLET 0.4-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
CAMILA ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	2	HCR; QL (1 tablet per 1 day)
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
CYRED EQ ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
CYRED ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR; QL (1 tablet per 1 day)
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
DEBLITANE ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	HCR; QL (1 tablet per 1 day)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	2	HCR
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	HCR; QL (1 tablet per 1 day)
ECONTRA EZ ORAL TABLET 1.5 MG	2	QL (1 pack per fill and 3 fills per 365 days); HCR
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	2	HCR
ELINEST ORAL TABLET 0.3-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
ELLA ORAL TABLET 30 MG	4	QL (1 pack per fill and 3 fills per 365 days); HCR
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	2	HCR; QL (1 ring per 30 days)

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EMZAHH ORAL TABLET 0.35 MG	2	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	HCR; QL (1 tablet per 1 day)
ENSKYCE ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
ERRIN ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2	HCR; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	HCR
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	HCR; QL (1 ring per 30 days)
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR; QL (1 tablet per 1 day)
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR
HAILEY ORAL TABLET 1.5-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
HEATHER ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
INCASSIA ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
JASMIEL (28) ORAL TABLET 3-0.02 MG	2	HCR; QL (1 tablet per 1 day)
JENCYCLA ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	HCR; QL (1 tablet per 1 day)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Non-Formulary	
JULEBER ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)

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JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR; QL (1 tablet per 1 day)
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	2	HCR; QL (1 tablet per 1 day)
KALLIGA ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR; QL (1 tablet per 1 day)
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	2	HCR
KURVELO (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	HCR; QL (1 tablet per 1 day)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	2	HCR; QL (1 tablet per 1 day)
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	2	HCR; QL (1 tablet per 1 day)
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	HCR; QL (1 tablet per 1 day)
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Non-Formulary	
<i>levonorgestrel oral tablet 1.5 mg</i>	2	HCR

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<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	HCR; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	HCR; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	HCR; QL (1 tablet per 1 day)
LEVORA-28 ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JUNEL FE, LARIN FE, TARINA FE, MICROGESTIN FE); HCR
LORYNA (28) ORAL TABLET 3-0.02 MG	2	HCR; QL (1 tablet per 1 day)
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	2	HCR; QL (1 tablet per 1 day)
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
LYZA ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	HCR; QL (1 tablet per 1 day)
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
MILI ORAL TABLET 0.25-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
MY CHOICE ORAL TABLET 1.5 MG	2	HCR
MY WAY ORAL TABLET 1.5 MG	2	QL (1 pack per fill ; 3 fills per 365 days); HCR
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Non-Formulary	QL (Quantity Limits Apply); HCR; TD

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NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
NEW DAY ORAL TABLET 1.5 MG	2	HCR
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	PA; HCR
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Non-Formulary	ALT (Covered Alternatives: DROSPIRENONE-ETHINYL ESTRADIOL, NIKKI, ZARAH, LORYNA, SYEDA); HCR
NIKKI (28) ORAL TABLET 3-0.02 MG	2	HCR; QL (1 tablet per 1 day)
NORA-BE ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	2	HCR; QL (1 tablet per 1 day)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	HCR; QL (1 tablet per 1 day)
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	HCR; QL (1 tablet per 1 day)
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	HCR
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	HCR
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	HCR; QL (1 tablet per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	2	HCR; QL (1 tablet per 1 day)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	HCR; QL (1 tablet per 1 day)

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NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Non-Formulary	ALT (Covered Alternatives: ETONOGESTREL-ETHINYL ESTRADIOL, ELURYNG); HCR; QL (1 unit per 1 fill)
OCELLA ORAL TABLET 3-0.03 MG	2	HCR; QL (1 tablet per 1 day)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	2	QL (1 pack per fill and 3 fills per 365 days); HCR
OPTION-2 ORAL TABLET 1.5 MG	2	HCR
PHILITH ORAL TABLET 0.4-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR; QL (1 tablet per 1 day)
PORTIA 28 ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	2	HCR; QL (1 tablet per 1 day)
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	2	HCR; QL (1 tablet per 1 day)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Non-Formulary	QL (Quantity Limits Apply); HCR
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	HCR; QL (1 tablet per 1 day)
SHAROBEL ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR; QL (1 tablet per 1 day)
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	2	HCR; QL (1 tablet per 1 day)
SLYND ORAL TABLET 4 MG (28)	Non-Formulary	QL (Quantity Limits Apply); HCR
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
SYEDA ORAL TABLET 3-0.03 MG	2	HCR; QL (1 tablet per 1 day)
TAKE ACTION ORAL TABLET 1.5 MG	Non-Formulary	ALT (Covered Alternatives: LEVONORGESTREL); HCR
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	HCR; QL (1 tablet per 1 day)

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TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Non-Formulary	QL (Quantity Limits Apply); HCR
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	2	HCR; QL (1 tablet per 1 day)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	HCR; QL (1 tablet per 1 day)
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	2	HCR; QL (1 tablet per 1 day)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	HCR; QL (1 tablet per 1 day)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	HCR
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	HCR
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	HCR
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	HCR
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	HCR; QL (1 tablet per 1 day)
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	HCR; QL (1 tablet per 1 day)
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	HCR; QL (1 tablet per 1 day)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	HCR
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	HCR; QL (1 tablet per 1 day)
TULANA ORAL TABLET 0.35 MG	2	HCR; QL (1 tablet per 1 day)
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	2	HCR
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	2	HCR; QL (1 tablet per 1 day)
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	HCR; QL (1 tablet per 1 day)
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	2	HCR; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
WERA (28) ORAL TABLET 0.5-35 MG-MCG	2	HCR; QL (1 tablet per 1 day)
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	2	HCR; QL (1 tablet per 1 day)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	2	HCR; QL (3 patches per 28 days)
ZARAH ORAL TABLET 3-0.03 MG	2	HCR; QL (1 tablet per 1 day)
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	2	HCR; QL (1 tablet per 1 day)
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE, JANUVIA); TD
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (1 Tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (2 Tablets per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Non-Formulary	QL (Quantity Limits Apply); TD
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply); TD
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JANUVIA, JANUMET, JANUMET XR)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Non-Formulary	ALT (Covered Alternatives: JANUVIA, JANUMET); QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET 5 MG	4	PA; TD; QL (1 tablet per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non-Formulary	QL (Quantity Limits Apply)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Non-Formulary	TD; QL (2 Tablets per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Non-Formulary	TD; QL (1 Tablet per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: Januvia); QL (1 Tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)
TRADJENTA ORAL TABLET 5 MG	4	PA; TD; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Non-Formulary	ALT (Covered Alternatives: Januvia); QL (1 Tablet per 1 Day)
Estrogen Agonist-Antagonists		
CLOMID ORAL TABLET 50 MG	3	QL (30 tablets per 30 dayss)
<i>clomiphene citrate oral tablet 50 mg</i>	2	QL (30 tablets per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	4	PA; ALT (Covered Alternatives: ESTRADIOL, RALOXIFENE HCL, ALENDRONATE SODIUM, IBANDRONATE SODIUM, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL); QL (1 tablet per 1 day)
FARESTON ORAL TABLET 60 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
OSPHENA ORAL TABLET 60 MG	4	PA; QL (1 tablet per 1 day)
<i>raloxifene oral tablet 60 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	HCR; QL (1 tablet per 1 day)
<i>toremifene oral tablet 60 mg</i>	2	PA; SP; QL (1 tablet per 1 day)
Estrogens		
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)

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CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Non-Formulary	QL (Quantity Limits Apply)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (8 patches per 28 days)
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Non-Formulary	
COVARYX ORAL TABLET 1.25-2.5 MG	Non-Formulary	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Non-Formulary	QL (1 Packet per 1 day)
DUAVEE ORAL TABLET 0.45-20 MG	4	PA; ALT (Covered Alternatives: ESTRADIOL, RALOXIFENE HCL, ALENDRONATE SODIUM, IBANDRONATE SODIUM, CITALOPRAM HBR, ESCITALOPRAM OXALATE, FLUOXETINE HCL); QL (1 tablet per 1 day)
EEMT HS ORAL TABLET 0.625-1.25 MG	Non-Formulary	
EEMT ORAL TABLET 1.25-2.5 MG	Non-Formulary	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	QL (1 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	2	QL (50 GM per 30 Days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	2	QL (30 packets per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 patches per 30 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 patches per 30 days)

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<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	QL (5 ML per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Non-Formulary	ALT (Covered Alternatives: ESTRADIOL 0.06% 1.25G GEL PUMP); QL (50 GM per 30 days)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Non-Formulary	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Non-Formulary	QL (Quantity Limits Apply)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	PA; QL (1 ring per 1 fill)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Femring)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Femring)
JINTELI ORAL TABLET 1-5 MG-MCG	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	QL (1 tablet per 1 day)
MENEST ORAL TABLET 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (4 patches per 28 days)
MIMVEY ORAL TABLET 1-0.5 MG	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; SP; QL (1 TABLET per 1 day)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	QL (1 tablet per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	QL (30 GM per 30 days)
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	3	QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	QL (1 tablet per 1 day)
VAGIFEM VAGINAL TABLET 10 MCG	Non-Formulary	QL (Quantity Limits Apply)
YUVAFEM VAGINAL TABLET 10 MCG	2	
Glycogenolytic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	QL (1 kit per 1 fill)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	4	QL (Quantity Limits Apply)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	4	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Glucagon, Glucagen, Baqsimi, Zegalogue)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	4	QL (1.2 ML per 1 fill)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	4	QL (1.2 ML per 1 fill)

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Gonadotropins		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	BB	PA
<i>chorionic gonadotropin, human injection recon soln 6,000 unit</i>	2	PA; QL (3 Vials per 28 days)
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	5	PA; SP; QL (3 Vials per 28 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	BB	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	BB	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	BB	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	BB	PA
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	BB	PA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Non-Formulary	QL (Quantity Limits Apply); SP; QL (5 Cartridges per 28 days)
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	5	PA; SP; QL (5 Syringes per 28 days)
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	5	PA; SP; QL (5 Vials per 28 days)
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT	5	PA; SP; QL (3 Vials per 28 days)
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	5	PA; SP; QL (5 Vials per 28 days)
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	BB	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; SP; QL (1 Kit per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	BB	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	BB	PA

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LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	BB	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	BB	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	BB	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	BB	PA
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	5	PA; SP; QL (25 Vials per 28 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Non-Formulary	SP; QL (3 Vials per 28 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	PA; SP; QL (1 Syringe per 28 days)
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Non-Formulary	SP; QL (3 Vials per 28 days)
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	BB	PA; QL (Quantity Limits Apply)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	BB	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	BB	PA
Hormones And Synthetic Substitutes		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Non-Formulary	SP; QL (2 ML per 1 day)
Incretin Mimetics		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, VICTOZA); QL (0.13 ml per 1 day)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Non-Formulary	ALT (Covered Alternatives: TRULICITY, VICTOZA, OZEMPIC); QL (0.04 ml per 1 day)

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BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Non-Formulary	ALT (Covered Alternatives: TRULICITY, VICTOZA, OZEMPIC); QL (0.04 ML per 1 day)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	4	PA; ST (Step Therapy Required); QL (0.3 ML per 1 Day)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	4	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	4	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	4	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	4	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (1 tablet per 1 day)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PHENTERMINE HCL, DIETHYLPROPION HCL, BENZPHETAMINE HCL)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)

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TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	4	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (0.08 ml per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST (Step Therapy Required- Medical diagnosis of Type 2 diabetes and tried and failed 90 days treatment of metformin in the last 120 days); QL (9 ML per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Non-Formulary	QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Non-Formulary	QL (3 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, VICTOZA, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Non-Formulary	QL (0.08 ML per 1 Day)
Insulins		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus, Toujeo); QL (1 ml per 1 day)

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FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); QL (15 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TD; QL (0.5 ml per 1 day)

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HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	PA; ALT (Covered Alternatives: Novolog, Novolin); QL (1 ML per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ML per 1 day)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ML per 1 day)

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HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (42 ML per 1 Fill)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	PA; TD; QL (42 ML per 1 Fill)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Toujeo Solostar, Toujeo Max); QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non-Formulary	
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TD; QL (1 ml per 1 day)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (2 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (2 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (2 ML per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (1 ML per 1 day)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	

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SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, VICTOZA, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
Intermediate-Acting Insulins		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); QL (15 ML per 30 days)

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HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TD; QL (0.5 ml per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70- 30, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN N, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TD; QL (1 ml per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (2 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (2 ML per 1 day)

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NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
Leptins		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	6	PA; SP; QL (0.1 ML per 1 day)
Long-Acting Insulins		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Lantus, Toujeo); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (1 ml per 1 day)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Non-Formulary	ALT (Covered Alternatives: Toujeo Solostar, Toujeo Max); QL (0.3 ML per 1 day)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Non-Formulary	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Non-Formulary	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)

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LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (9 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRULICITY, VICTOZA, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
Meglitinides		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (8 tablets per 1 day)

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Melanocortin Receptor Antagonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Non-Formulary	SP; QL (2 ML per 1 day)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	BB	PA
Parathyroid Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: TERIPARATIDE); QL (0.08 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; SP; QL (0.09 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; QL (Quantity Limits Apply); SP; QL (0.08 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL (1 pen per 30 days)
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	Non-Formulary	QL (Quantity Limits Apply); SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Non-Formulary	SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Non-Formulary	SP
DDAVP INJECTION SOLUTION 4 MCG/ML	BB	
<i>desmopressin injection solution 4 mcg/ml</i>	BB	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 Day)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	QL (0.17 ML per 1 Day)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Non-Formulary	QL (Quantity Limits Apply); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Non-Formulary	QL (Quantity Limits Apply); SP

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DRUG NAME	DRUG TIER	NOTES
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Non-Formulary	QL (Quantity Limits Apply); SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Non-Formulary	QL (Quantity Limits Apply); SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Non-Formulary	SP
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Non-Formulary	QL (Quantity Limits Apply); SP
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Non-Formulary	QL (Quantity Limits Apply); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Non-Formulary	QL (Quantity Limits Apply); SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	5	PA; SP; QL (0.4 ML per 1 day)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML)	5	PA; SP; QL (0.02 ML per 1 day)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	5	PA; SP; QL (0.3 ML per 1 day)
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Non-Formulary	QL (Quantity Limits Apply); SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Non-Formulary	QL (Quantity Limits Apply); SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Non-Formulary	SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Non-Formulary	SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non-Formulary	
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Non-Formulary	SP; ALT (Covered Alternatives: Nutropin AQ); QL (0.22 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); SP
Progestins		
BIJUVA ORAL CAPSULE 0.5-100 MG	Non-Formulary	QL (1 Capsule per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Non-Formulary	QL (Quantity Limits Apply); QL (1 Capsule per 1 day)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (8 patches per 28 days)
CRINONE VAGINAL GEL 4 %, 8 %	4	PA; SP; Covered for 3 months per year; QL (60 GM per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Non-Formulary	ALT (Covered Alternatives: MEDROXYPROGESTERONE ACETATE); HCR
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Non-Formulary	ALT (Covered Alternatives: MEDROXYPROGESTERONE ACETATE); HCR
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Non-Formulary	HCR
ENDOMETRIN VAGINAL INSERT 100 MG	4	SP; Covered for 3 months per year; QL (90 inserts per 30 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	7	HCR
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	7	HCR
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	2	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MIMVEY ORAL TABLET 1-0.5 MG	2	

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MYFEMBREE ORAL TABLET 40-1-0.5 MG	6	PA; QL (1 tablet per month, 24 months max); SP
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Non-Formulary	QL (Quantity Limits Apply)
<i>progesterone intramuscular oil 50 mg/ml</i>	7	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
SLYND ORAL TABLET 4 MG (28)	Non-Formulary	QL (Quantity Limits Apply); HCR
Rapid-Acting Insulins		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; QL (1 ml per 1 day)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog); QL (1 ML per 1 day)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)

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HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); QL (0.5 ml per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); QL (15 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TD; QL (0.5 ml per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG MIX 70-30, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	PA; ALT (Covered Alternatives: Novolog, Novolin); QL (1 ML per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Non-Formulary	TD; QL (1 ml per 1 day)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)

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LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Non-Formulary	ALT (Covered Alternatives: Novolog, Novolin); QL (1 ml per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (1 ML per 1 day)
Short-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ml per 1 day)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	PA; ALT (Covered Alternatives: NOVOLIN 70-30, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (15 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (1 ML per 1 day)

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HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	4	PA; ALT (Covered Alternatives: NOVOLIN R, NOVOLOG, LANTUS, TOUJEO SOLOSTAR); TD; QL (42 ML per 1 Fill)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	4	PA; TD; QL (42 ML per 1 Fill)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (2 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (1 ML per 1 day)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (1 ML per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (2 ML per 1 day)
Sodium-Gluc Cotransport 2 (SglT2) Inhib		
<i>bexagliflozin oral tablet 20 mg</i>	Non-Formulary	ALT (Covered Alternatives: Jardiance, Synjardy, Farxiga, Xigduo XR, Synjardy XR); QL (1 Tablet per 1 Day)
BRENZAVVY ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, FARXIGA, XIGDUO XR, SYNJARDY XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (1 Tablet per 1 Day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	Non-Formulary	ALT (Covered Alternatives: Xigduo XR); QL (2 Tablets per 1 Day)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Farxiga); QL (1 Tablet per 1 Day)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ALT (Covered Alternatives: JARDIANCE); QL (1 tablet per 1 day)

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GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE, JANUVIA); TD
INPEFA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Fraxiga, Jardiance, Synjardy, Xigduo XR, Synjardy XR); QL (1 Tablet per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	ALT (Covered Alternatives: SYNJARDY, JARDIANCE); TD; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Non-Formulary	QL (Quantity Limits Apply); TD
INVOKANA ORAL TABLET 100 MG, 300 MG	Non-Formulary	ALT (Covered Alternatives: JARDIANCE, SYNJARDY); TD; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Non-Formulary	QL (Quantity Limits Apply)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Non-Formulary	QL (Quantity Limits Apply)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: JARDIANCE)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Non-Formulary	QL (Quantity Limits Apply)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (2 tablets per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Non-Formulary	QL (Quantity Limits Apply)

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XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (1 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ALT (Covered Alternatives: JARDIANCE, SYNJARDY, JANUVIA, METFORMIN HCL); QL (2 tablets per 1 day)
Somatostatin Agonists		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	BB	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Non-Formulary	SP; ALT (Covered Alternatives: SANDOSTATIN LAR DEPOT)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	2	QL (2 ML per 1 day)
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	QL (2 ML per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG	BB	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG	BB	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 60 MG	BB	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML)	5	PA; SP; QL (0.01 ml per 1 day)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML (1 ML)	5	PA; SP; QL (0.01 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	BB	PA
Somatotropin Agonists		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Non-Formulary	SP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	6	PA; SP; QL (0.01 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG	5	PA; SP; ALT (Covered Alternatives: OCTREOTIDE ACETATE); QL (0.01 vial per 1 day)
SOMAVERT SUBCUTANEOUS RECON SOLN 30 MG	5	PA; SP; ALT (Covered Alternatives: OCTREOTIDE ACETATE); QL (0.01 ML per 1 day)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glimepiride oral tablet 3 mg</i>	Non-Formulary	ALT (Covered Alternatives: GLIMEPIRIDE 1 MG, GLIMEPIRIDE 2 MG, GLIMEPIRIDE 4 MG)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: Glipizide 5mg, Glipizide 10mg)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
Thiazolidinediones		
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 tablet per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (4 tablets per 1 day)
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	QL (1 tablet per 1 day)

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ERMEZA ORAL SOLUTION 30 MCG/ML	Non-Formulary	ALT (Covered Alternatives: Levothyroxine); QL (2.6 ml per 1 day)
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Non-Formulary	QL (2 tablets per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Non-Formulary	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	QL (2 tablets per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	QL (2 tablets per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	QL (1 tablet per 1 day)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	6	PA; SP; QL (1 Tablet per 1 Day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	QL (2 tablets per 1 day)
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	QL (Quantity Limits Apply)
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	3	

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DRUG NAME	DRUG TIER	NOTES
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	QL (2 tablets per 1 day)
IMMUNOMODULATORY AGENTS (90:00)		
Amino Acid Polymers		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Non-Formulary	SP; QL (30 ml per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Non-Formulary	SP; QL (12 ml per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	2	SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	2	SP; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	2	SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	2	SP; QL (12 ML per 30 days)
Antimetabolites		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	6	PA; SP; QL (1 tablet per 1 day)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	2	SP; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Antimetabolites, Immunosupp Therapy Misc		
AZASAN ORAL TABLET 100 MG, 75 MG	Non-Formulary	
<i>azathioprine oral tablet 50 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	QL (8 capsules per 1 day)
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	QL (8 tablets per 1 day)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Non-Formulary	QL (15 ML per 1 Day)
Bone-Modifying Agents		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	BB	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	BB	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	BB	PA
Calcineurin Inhibitors, Misc (90:28)		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Non-Formulary	QL (Quantity Limits Apply)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (2 Units per 1 day)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Non-Formulary	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (5.5 ML per 24 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine 0.05%); QL (2 dropperettes per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Cyclosporine DROPPERETTE, SINGLE-USE DROP DISPENSER)
Complement Inhibitor Agents (90:20)		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Non-Formulary	SP; ALT (Covered Alternatives: Tavneos)
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
FABHALTA ORAL CAPSULE 200 MG	Non-Formulary	SP; QL (2 Capsules per 1 Day)
PIASKY INJECTION SOLUTION 340 MG/2 ML	BB	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	BB	PA
TAVNEOS ORAL CAPSULE 10 MG	6	PA; SP; QL (6 Capsules per 1 Day)
Complement Inhibitors (90:08)		
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML	6	PA; SP; QL (0.416 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML	6	PA; SP; QL (0.574 ML per 1 day)
ZILBRYSQ SUBCUTANEOUS SYRINGE 32.4 MG/0.81 ML	6	PA; SP; QL (0.81 ML per 1 day)
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	BB	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	6	PA; SP
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	BB	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	6	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	6	PA; SP; QL (0.15 ml per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	6	PA; SP; QL (0.15 ML per 1 day)

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Disease-Modifying Antirheumatic Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML	Non-Formulary	QL (20 ML per 30 days)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	ALT (Covered Alternatives: LEFLUNOMIDE TABLET, Diclofenac Gel); QL (1 kit per 30 days)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: METHOTREXATE)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
RIDAURA ORAL CAPSULE 3 MG	5	PA; SP; QL (1 capsule per 1 day)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	BB	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	BB	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; QL (200 ML per 1 fill)
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	BB	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP; QL (0.072 ML per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	6	PA; SP; QL (0.072 ML per 1 Day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; ALT (Covered Alternatives: METHOTREXATE); QL (1 tablet per 1 day)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; QL (200 ML per 1 fill)
XATMEP ORAL SOLUTION 2.5 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: METHOTREXATE)
Fumarates		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: GILENYA, TECFIDERA)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	2	SP; QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Non-Formulary	SP; ALT (Covered Alternatives: DIMETHYL FUMARATE); QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Non-Formulary	QL (Quantity Limits Apply); SP
Igg1 Monoclonal Antibodies		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	BB	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	6	PA; SP; QL (4 ML per 30 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	6	PA; SP; QL (4 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	BB	PA
Immunomodulatory Agents (90:00)		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	QL (10 TABLET per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	2	
PURIXAN ORAL SUSPENSION 20 MG/ML	Non-Formulary	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Non-Formulary	QL (1 tablet per 1 day)
ZORTRESS ORAL TABLET 1 MG	Non-Formulary	ALT (Covered Alternatives: Everolimus); QL (1 tablet per 1 day)
Interferon Gamma Inhibitor Agents, Misc		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	BB	
Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	5	PA; SP; QL (4 pens per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; SP; QL (4 pens per 30 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	5	PA; SP; QL (4 syringes per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; SP; QL (4 syringes per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Non-Formulary	SP; QL (14 kits per 30 days)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Non-Formulary	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP; QL (0.04 ML per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; SP; QL (0.04 ml per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; SP; QL (1 kit per 30 days)

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DRUG NAME	DRUG TIER	NOTES
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL (6 syringes per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (5 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (5 ML per 30 days)
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	7	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	BB	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	7	PA; SP
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	6	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	BB	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	6	PA; SP; QL (0.13 ML per 1 day)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP; QL (2 syringes per 30 days)
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	BB	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	6	PA; SP; QL (2 pens per 30 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Non-Formulary	SP; QL (0.08 vial per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	SP; QL (0.08 vial per 1 day)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	6	PA; SP; QL (0.07 ML per 1 day)

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COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Non-Formulary	SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Non-Formulary	SP; QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Non-Formulary	SP; QL (2 pens per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	6	PA; SP; QL (19 ML per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	BB	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	6	PA; QL (Maintenance dosing- 0.01ml/day; Loading/Induction dose PLA required (0.02ml/day x 8 weeks)); SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	6	PA; QL (Maintenance dosing- 0.01ml/day; Loading/Induction dose PLA required (0.02ml/day x 8 weeks)); SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: Hadlima, Renflexis, Inflectra)

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TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	BB	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	6	PA; SP
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	SP; ALT (Covered Alternatives: Dupixent, Rinvoq)
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Formulary	QL (Quantity Limits Apply); SP
OLUMIANT ORAL TABLET 4 MG	Non-Formulary	SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; SP; QL (1 tablet per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML	6	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	6	PA; SP; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	6	PA; SP; QL (30 tablets per 30 days)
Monocarboxylic Acid Amide Agents		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
Monoclonal Antibodies (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	BB	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Glatiramer, Dimethyl Fumarate, Teriflunomide, Fingolimod); QL (1 pen per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	BB	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	BB	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	6	PA
Monoclonal Antibodies (90:10)		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	BB	PA

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KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	BB	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	BB	PA
Monoclonal Antibodies (90:12)		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; SP; QL (1 ML per 30 days)
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
Mtor Inhibitors, Miscellaneous		
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
Neonatal Fc Receptor Blockers		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	BB	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	BB	
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	BB	PA
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 20 MG	6	PA; SP; QL (2 Tablets per 1 day)
OTEZLA ORAL TABLET 30 MG	6	PA; SP; QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	6	PA; SP; QL (1 Kit per 1 Year)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; SP; QL (1 kit per 1 year)
Sphingosine 1-Phosphate (S1p) Agents		
<i>fingolimod oral capsule 0.5 mg</i>	2	SP; QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	Non-Formulary	SP; ALT (Covered Alternatives: Fingolimod); QL (1 capsule per 1 day)

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GILENYA ORAL CAPSULE 0.5 MG	Non-Formulary	SP; ALT (Covered Alternatives: Fingolimod); QL (1 Capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	6	PA; SP; QL (1 tablet per 1 day)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	6	PA; SP; QL (1 tablet per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	6	PA; SP; QL (1 tablet per 1 day)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Non-Formulary	SP; QL (1 tablet per 1 day)
PONVORY ORAL TABLET 20 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Non-Formulary	ALT (Covered Alternatives: Fingolimod); QL (1 tablet per 1 day)
ZEPOSIA ORAL CAPSULE 0.92 MG	Non-Formulary	SP; ALT (Covered Alternatives: FINGOLIMOD, DIMETHYL FUMARATE, SULFASALAZINE, MESALAMINE, BALSALAZIDE DISODIUM); QL (1 Capsule per 1 day)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Non-Formulary	SP; ALT (Covered Alternatives: FINGOLIMOD, DIMETHYL FUMARATE, SULFASALAZINE, MESALAMINE, BALSALAZIDE DISODIUM); QL (1 kit per 30 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Non-Formulary	SP; ALT (Covered Alternatives: FINGOLIMOD, DIMETHYL FUMARATE, SULFASALAZINE, MESALAMINE, BALSALAZIDE DISODIUM); QL (1 kit per 30 days)
T-Cell Blockers (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG	Non-Formulary	SP; ALT (Covered Alternatives: Mycophenolate, Everolimus, Tacrolimus, Cyclosporine); QL (6 Capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (1 Kit per 28 days)
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)

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DRUG NAME	DRUG TIER	NOTES
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-adbm subcutaneous syringe kit 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
<i>adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml</i>	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 Days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP; QL (2 Syringes per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Humira); QL (2 Syringes per 28 days)

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AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Humira); QL (2 Syringes per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP; QL (2 Syringes per 28 days)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	BB	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	6	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	6	PA; SP; QL (2 syringes per 30 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; SP; QL (0.15 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; SP; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; SP; QL (4.8 ML per 28 days)

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HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; SP; QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; SP; QL (2.4 ML per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Non-Formulary	SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)

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HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	BB	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	BB	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG	BB	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	BB	PA; SP; QL (5 vials per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	BB	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	6	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	6	PA; SP; QL (0.02 ml per 1 day)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Non-Formulary	SP; QL (2 Syringes per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Non-Formulary	SP; QL (2 Syringes per 28 days)

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YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	Non-Formulary	SP; ALT (Covered Alternatives: Hadlima); QL (2 Syringes per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Non-Formulary	SP; QL (2 Syringes per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Non-Formulary	SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	BB	
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	BB	

LOCAL ANESTHETICS (PARENTERAL)

Local Anesthetics (Parenteral)

EMREAL TOPICAL KIT 2.5-2.5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE-PRILOCAINE CREAM); QL (1 Kit per 30 days)
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %</i>	BB	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (39 gm per 1 fill)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (1 GM per 1 day)
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (3 Patches per 1 Day)

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TRIDACAINE TOPICAL ADHESIVE PATCH, MEDICATED 5 %	Non-Formulary	QL (3 Patches per 1 Day)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-Alpha-Reductase Inhibitors (92:04)		
<i>dutasteride oral capsule 0.5 mg</i>	2	QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Non-Formulary	ALT (Covered Alternatives: DUTASTERIDE, TAMSULOSIN HCL)
<i>finasteride oral tablet 5 mg</i>	2	QL (2 tablets per 1 day)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>allopurinol oral tablet 200 mg</i>	Non-Formulary	ALT (Covered Alternatives: Allopurinol 100mg, Allopurinol 300mg)
<i>colchicine oral capsule 0.6 mg</i>	Non-Formulary	ALT (Covered Alternatives: Colchicine Tablets); QL (4 Capsules per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	Non-Formulary	ALT (Covered Alternatives: COLCHICINE, PROBENECID W/COLCHICINE, ALLOPURINOL); QL (4 tablets per 1 day)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Non-Formulary	ALT (Covered Alternatives: ALLOPURINOL, COLCHICINE, PROBENECID)
<i>febuxostat oral tablet 40 mg</i>	2	QL (1 tablet per 1 day)
<i>febuxostat oral tablet 80 mg</i>	2	TD; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Non-Formulary	QL (Quantity Limits Apply)
<i>indomethacin oral capsule 25 mg</i>	2	QL (12 capsules per 1 day)
<i>indomethacin oral capsule 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	

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<i>indomethacin rectal suppository 100 mg</i>	Non-Formulary	ALT (Covered Alternatives: Indomethacin Capsules, Indomethacin ER Capsules, Colchicine, Febuxostat, Probenacid); QL (1 suppository per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	BB	PA
LODOCO ORAL TABLET 0.5 MG	Non-Formulary	QL (1 Tablet per 1 Day)
MITIGARE ORAL CAPSULE 0.6 MG	Non-Formulary	QL (Quantity Limits Apply)
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	Non-Formulary	ALT (Covered Alternatives: Naproxen Tablets, Naproxen Caplets)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	Non-Formulary	ST (Step Therapy Required); QL (1 tablet per 1 day)
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	Non-Formulary	ALT (Covered Alternatives: ESOMEPRAZOLE MAGNESIUM, NAPROXEN)
Antisense Oligonucleotides		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	6	PA; SP; ALT (Covered Alternatives: SPINRAZA); QL (1 ML per 1 day)
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Non-Formulary	SP; QL (1 Packet per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	2	PA; SP; QL (18 ML per 1 day)

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SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	BB	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	6	PA; SP; QL (1 syringe per 1 day)
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	BB	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	5	PA; SP; QL (0.8 ML per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Sodium Oxybate); QL (18 ML per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Non-Formulary	SP; QL (18 ML per 1 day)
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Non-Formulary	QL (Quantity Limits Apply); SP; ALT (Covered Alternatives: TERIPARATIDE); QL (0.08 ML per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; QL (Quantity Limits Apply); SP; QL (0.08 ML per 1 day)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL (1 pen per 30 days)
Bone Resorption Inhibitors		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	2	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	PA; QL (3.7 ml per 1 month)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	4	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablets per 28 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 tablet per 30 days)
<i>raloxifene oral tablet 60 mg</i>	2	HCR; QL (1 tablet per 1 day)

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<i>risedronate oral tablet 150 mg</i>	2	QL (1 tablet per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 tablets per 28 days)
Bradykinin Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP; QL (0.01 ml per 1 day)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL (0.01 ML per 1 day)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-Formulary	SP; QL (0.01 ml per 1 day)
Carbonic Anhydrase Inhibitors (Misc.)		
KEVEYIS ORAL TABLET 50 MG	Non-Formulary	SP
Cariostatic Agents		
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	2	HCR
Complement Inhibitors		
VOYDEYA ORAL TABLET 100 MG	Non-Formulary	SP; QL (6 Tablets per 1 day)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	Non-Formulary	SP
Complement Inhibitors (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	BB	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	BB	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	BB	PA; SP; QL (0.01 EA per 1 day)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	6	PA; SP; QL (0.01 unit per 1 day)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	6	PA; SP; QL (0.01 EA per 1 day)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	BB	PA; QL (Quantity Limits Apply)

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Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; SP; QL (1.5 ML per 1 Fill)
<i>hydroxychloroquine oral tablet 100 mg, 400 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg)
<i>hydroxychloroquine oral tablet 200 mg</i>	2	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
<i>hydroxychloroquine oral tablet 300 mg</i>	Non-Formulary	ALT (Covered Alternatives: hydroxychloroquine 200mg); QL (1 Tablets per 1 day)
JOENJA ORAL TABLET 70 MG	Non-Formulary	SP; QL (2 Tablets per 1 day)
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Non-Formulary	ALT (Covered Alternatives: LEFLUNOMIDE TABLET, Diclofenac Gel); QL (1 kit per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; SP; QL (1 Capsule per 1 day)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	BB	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	6	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	6	PA; SP; QL (0.15 ml per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	6	PA; SP; QL (0.15 ML per 1 day)
OTEZLA ORAL TABLET 20 MG	6	PA; SP; QL (2 Tablets per 1 day)
OTEZLA ORAL TABLET 30 MG	6	PA; SP; QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	6	PA; SP; QL (1 Kit per 1 Year)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; SP; QL (1 kit per 1 year)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; SP; QL (4 ML per 30 days)

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PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; SP; QL (2 ML per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	6	PA; SP; QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (1 capsule per 1 day)
RIDAURA ORAL CAPSULE 3 MG	5	PA; SP; QL (1 capsule per 1 day)
SOVUNA ORAL TABLET 200 MG	Non-Formulary	ALT (Covered Alternatives: Hydroxychloroquine); QL (6 Tablets per 1 Day)
SOVUNA ORAL TABLET 300 MG	Non-Formulary	ALT (Covered Alternatives: HYDROXYCHLOROQUINE); QL (1 Tablets per 1 Day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (1 capsule per 1 day)
VELSIPITY ORAL TABLET 2 MG	Non-Formulary	SP; ALT (Covered Alternatives: Sulfasalazine, Mesalamine, Balsalazide Disodium); QL (1 Tablet per 1 day)
Other Miscellaneous Therapeutic Agents		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	BB	PA
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Non-Formulary	SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP; QL (1 capsule per 1 day)
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	6	PA; SP; QL (6 ML per 1 day)
ENDARI ORAL POWDER IN PACKET 5 GRAM	Non-Formulary	QL (Quantity Limits Apply); SP
EVOTAZ ORAL TABLET 300-150 MG	6	QL (1 tablet per 1 day)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	6	PA; SP; ALT (Covered Alternatives: SPINRAZA); QL (1 ML per 1 day)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	BB	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Non-Formulary	SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Non-Formulary	SP

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ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	BB	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	BB	PA
PREZCOBIX ORAL TABLET 800-150 MG-MG	6	QL (2 tablets per 1 day)
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Non-Formulary	SP; QL (1 capsule per 1 day)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Non-Formulary	SP
REZUROCK ORAL TABLET 200 MG	Non-Formulary	SP
SKYCLARYS ORAL CAPSULE 50 MG	6	PA; SP; QL (3 capsules per 1 day)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Non-Formulary	SP; QL (2 Capsules per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tiopronin 100mg Tablets); QL (10 Tablets per 1 day)
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 300 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tiopronin 100mg); QL (4 Tablets per 1 day)
THIOLA ORAL TABLET 100 MG	Non-Formulary	SP; ALT (Covered Alternatives: tiopronin)
<i>tiopronin oral tablet 100 mg</i>	2	PA; SP; QL (20 TABLET per 1 day)
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg</i>	Non-Formulary	SP; ALT (Covered Alternatives: Tiopronin 100mg Tablets); QL (10 Tablets per 1 Day)
<i>tiopronin oral tablet, delayed release (dr/ec) 300 mg</i>	Non-Formulary	SP; ALT (Covered Alternatives: Tiopronin 100mg); QL (4 Tablets per 1 Day)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	5	PA; SP
XPHOZAH ORAL TABLET 20 MG, 30 MG	Non-Formulary	SP; QL (2 Tablets per 1 Day)
Protective Agents		
<i>adapalene topical cream 0.1 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)

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<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel with pump 0.3 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical solution 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	SP; QL (2 tablets per 1 day)
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
NONHORMONAL CONTRACEPTIVES		
Nonhormonal Contraceptives		
AIMSCO LATEX CONDOM DEVICE	4	QL (12 condoms per 30 days)
DUREX AVANTI BARE REAL FEEL	4	QL (10 condom per 30 days)
FANTASY CONDOM DEVICE	4	QL (12 condoms per 30 days)
FC2 FEMALE CONDOM	5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	5	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	4	QL (12 condoms per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	4	QL (12 condoms per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	4	QL (12 condoms per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	4	QL (12 condoms per 30 days)
TRUSTEX LATEX CONDOM DEVICE	4	QL (12 condoms per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	4	QL (12 condoms per 30 days)

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TRUSTEX-RIA LUB/SPERMICIDE DEVICE	4	QL (12 condoms per 30 days)
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	4	HCR
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	5	
PHARMACEUTICAL AIDS		
Pharmaceutical Aids		
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	Non-Formulary	SP
<i>diluent for treprostinil (gly) intravenous solution</i>	7	SP
TEGADERM FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 days)
TEGADERM TRANSPARENT DRESSING TOPICAL BANDAGE 2 3/8 X 2 3/4 "	7	ST (Step Therapy Required- Use of Freestyle Libre in the last 180 days); QL (20 patches per 30 Days)
RESPIRATORY TRACT AGENTS		
Alpha And Beta Adrenergic Agonist(Respr)		
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	

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ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 15 mg/3 ml (5 mg/ml)</i>	BB	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 4 mg/250 ml (16 mcg/ml)</i>	BB	
<i>epinephrine in 0.9 % sod chlor intravenous solution 8 mg/250 ml (32 mcg/ml)</i>	BB	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Non-Formulary	QL (4 units per 1 fill)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
PRIMATENE MIST INHALATION HFA AEROSOL INHALER 0.125 MG/ACTUATION	Non-Formulary	QL (11.7 GM per 28 days)

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SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Non-Formulary	QL (Quantity Limits Apply)
Anticholinergic Agents (Respir. Tract)		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TD; QL (60 Blisters per 28 days)
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: Atropine 1% eye drops); QL (5 ML per 30 days)
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	PA; TD; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)

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INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TD; QL (30 Blisters per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (60 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Non-Formulary	ALT (Covered Alternatives: Tiotropium Bromide); QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	QL (1 Capsule per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TD
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TD; QL (1 DEVICE per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: BREO ELLIPTA, SPIRIVA, ARCAPTA NEOHALER, ADVAIR DISKUS, SYMBICORT, COMBIVENT RESPIMAT, PERFOROMIST); TD; QL (1 Inahler per 28 days)
Antifibrotic Agents		
ESBRIET ORAL CAPSULE 267 MG	Non-Formulary	ALT (Covered Alternatives: Pirfenidone Capsules, Pirfenidone Tablets)
ESBRIET ORAL TABLET 267 MG, 801 MG	Non-Formulary	ALT (Covered Alternatives: Pirfenidone Capsules, Pirfenidone Tablets)

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DRUG NAME	DRUG TIER	NOTES
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; SP; QL (60 capsules per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (6 Capsules per 1 Day)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (6 Tablets per 1 day)
<i>pirfenidone oral tablet 534 mg</i>	Non-Formulary	SP; ALT (Covered Alternatives: Pirfenidone 267mg, Pirfenidone 801mg); QL (3 Tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (3 Tablets per 1 day)
Antitussives		
<i>benzonatate oral capsule 100 mg</i>	2	QL (6 capsules per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: BENZONATATE, BENZONATATE); QL (3 capsules per 1 day)
<i>benzonatate oral capsule 200 mg</i>	2	QL (3 capsules per 1 day)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (6 tablets per 1 day)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	QL (240 ML per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Non-Formulary	QL (240 ML per 30 Days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (2 capsules per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	

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DRUG NAME	DRUG TIER	NOTES
Corticosteroids (Respiratory Tract)		
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	QL (1 bottle per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); TD
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply)
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP; QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	SP; ALT (Covered Alternatives: Orkambi Tablets); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP; QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; SP; QL (2 tablets per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	6	PA; SP; QL (3 Packets per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	6	PA; SP; QL (3 tablets per 1 day)

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Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; SP; QL (2 Packets per 1 day)
KALYDECO ORAL TABLET 150 MG	5	PA; SP; QL (2 Tablets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Non-Formulary	SP; QL (4 packets per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Non-Formulary	SP; ALT (Covered Alternatives: Orkambi Tablets); QL (4 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; SP; QL (4 Tablets per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; SP; QL (2 tablets per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	6	PA; SP; QL (3 Packets per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	6	PA; SP; QL (3 tablets per 1 day)
Dual Phosphodiesterase Inhibitor (48:34)		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Non-Formulary	QL (5 ML per 1 Day)
Endothelin Receptor Antagonists		
FILSPARI ORAL TABLET 200 MG, 400 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
Expectorants		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	2	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	2	
First Generation Antihist.(Respir Tract)		
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Non-Formulary	QL (40 ML per 1 Day)
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	

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<i>cypheptadine oral tablet 4 mg</i>	2	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (6 Fills per 365 Days); TD; QL (4 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
Interleukin Antagonists		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	6	PA; SP; QL (0.01 EA per 1 day)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA; SP; QL (0.01 ML per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	6	PA; SP; QL (1 ML per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	BB	PA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	BB	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; SP; QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	BB	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	6	PA; SP; QL (1 ML per 30 days)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Non-Formulary	SP; ALT (Covered Alternatives: Icatibant, Nucala, Takhzyro, Fasenra, Haegarda); QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	BB	PA
Leukotriene Modifiers		
<i>montelukast oral granules in packet 4 mg</i>	2	QL (1 packet per 1 day)

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montelukast oral tablet 10 mg	2	QL (1 tablet per 1 day)
montelukast oral tablet, chewable 4 mg, 5 mg	2	QL (1 tablet per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	2	
zileuton oral tablet, er multiphase 12 hr 600 mg	2	PA; QL (4 tablets per 1 day)
Mast-Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	4	QL (5 ML per 1 fill)
cromolyn ophthalmic (eye) drops 4 %	2	
cromolyn oral concentrate 100 mg/5 ml	2	
Mucolytic Agents		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP; QL (2 ampules per 1 day)
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
roflumilast oral tablet 250 mcg, 500 mcg	2	QL (1 tablet per 1 day)
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene); QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 day)
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA ORAL TABLET 20 MG	Non-Formulary	SP; ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (1 tablet per 1 day)
ALYQ ORAL TABLET 20 MG	Non-Formulary	SP; QL (1 tablet per 1 day)

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CIALIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (6 tablets per 30 days)
CIALIS ORAL TABLET 20 MG	Non-Formulary	ALT (Covered Alternatives: SILDENAFIL CITRATE)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; ALT (Covered Alternatives: SILDENAFIL CITRATE); QL (1 tablet per 1 day)
<i>tadalafil oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	Non-Formulary	ALT (Covered Alternatives: TERAZOSIN HCL, TAMSULOSIN HCL, ALFUZOSIN HCL ER, SILODOSIN)
<i>tadalafil oral tablet 20 mg</i>	Non-Formulary	
Prostacyclin & Prostacyclin Derivatives		
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; SP; QL (9 ml per 1 day)
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Non-Formulary	ALT (Covered Alternatives: PULMOZYME)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	6	PA; SP; ALT (Covered Alternatives: Sildenafil); QL (2 vials per 21 days)
Second Generation Antihist(Respir Tract)		
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	2	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	2	

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CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Non-Formulary	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELASTINE HCL, FLUTICASONE PROPIONATE, FLUNISOLIDE, TRIAMCINOLONE ACETONIDE, BUDESONIDE, MOMETASONE FUROATE)
<i>levocetirizine oral tablet 5 mg</i>	2	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
<i>loratadine oral solution 5 mg/5 ml</i>	2	
<i>loratadine oral tablet 10 mg</i>	2	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	BB	PA
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Non-Formulary	QL (Quantity Limits Apply)
Select.Beta-2-Adrenergic Agonist(Respir)		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Non-Formulary	ALT (Covered Alternatives: FLUTICASONE-SALMETEROL, WIXELA INHUB); QL (60 units per 1 fill)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (1 Inhaler per 28 days)

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AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Non-Formulary	QL (1 unit per 1 fill)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Ventolin HFA, Levalbuterol HFA); QL (10.7 GM per 30 Days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Non-Formulary	ALT (Covered Alternatives: VENTOLIN HFA); QL (36 gm per 1 fill)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); TD; QL (60 Blisters per 28 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	QL (120 units per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (1 inhaler per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.3 GM per 1 Fill)

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BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	PA; TD; QL (10.7 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Non-Formulary	QL (120 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (10.3 GM per 1 Fill)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (1 Inhaler per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (13 GM per 28 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Non-Formulary	QL (60 units per 1 fill)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	2	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Non-Formulary	QL (120 nebs per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: VENTOLIN HFA); QL (1 Inhaler per 28 days)

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DRUG NAME	DRUG TIER	NOTES
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: VENTOLIN HFA); QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 units per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Non-Formulary	QL (Quantity Limits Apply); QL (4 GM per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Non-Formulary	ALT (Covered Alternatives: BUDESONIDE/FORMOTEROL FUMARATE); QL (10.3 GM per 1 Fill)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	PA; TD
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	4	PA; TD; QL (1 DEVICE per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 GM per 30 days)
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; SP; QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	2	PA; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet 62.5 mg</i>	2	PA; SP; QL (2 tablets per 1 day)
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG	BB	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	Non-Formulary	SP; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET 10 MG	5	PA; SP; QL (1 tablet per 1 day)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Non-Formulary	SP; ALT (Covered Alternatives: Tadalafil, Opsumit); QL (1 Tablet per 1 Day)

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DRUG NAME	DRUG TIER	NOTES
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Non-Formulary	SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Non-Formulary	SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Non-Formulary	SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Non-Formulary	SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Non-Formulary	SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Non-Formulary	QL (Quantity Limits Apply); SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	7	PA; SP; QL (0.01 ml per 1 day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; SP; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; SP; QL (2 tablets per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	BB	PA

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DRUG NAME	DRUG TIER	NOTES
Xanthine Derivatives		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
SKIN AND MUCOUS MEMBRANE AGENTS		
Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Non-Formulary	ALT (Covered Alternatives: Brimonidine 0.1% eye drops); QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	2	QL (15 ML per 1 Fill)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	QL (15 ML per 1 fill)
<i>brimonidine topical gel with pump 0.33 %</i>	2	PA; QL (1 GM per 1 day)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Non-Formulary	QL (1 GM per 1 day)
Allylamines (Skin And Mucous Membrane)		
<i>naftifine topical cream 2 %</i>	2	QL (45 GM per 1 Fill)
<i>naftifine topical gel 2 %</i>	2	QL (45 GM per 1 Fill)
NAFTIN TOPICAL GEL 2 %	Non-Formulary	ALT (Covered Alternatives: Naftifine); QL (45 GM per 1 Fill)
<i>terbinafine hcl oral tablet 250 mg</i>	2	
Antibacterials (84:04)		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ACTICLATE ORAL TABLET 75 MG	Non-Formulary	QL (Quantity Limits Apply)
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ALTABAX TOPICAL OINTMENT 1 %	4	PA; QL (15 GM per 1 fill)
AMZEEQ TOPICAL FOAM 4 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN)
<i>azelaic acid topical gel 15 %</i>	2	QL (50 gm per 1 fill)
AZELEX TOPICAL CREAM 20 %	4	PA; QL (1 GM per 1 day)
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	ALT (Covered Alternatives: CLINDAMYCIN-BENZOYL PEROXIDE, ADAPALENE/BENZOYL PEROXIDE, ADAPALENE); QL (50 GM per 30 Days)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	QL (60 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL (60 GM per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	2	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Non-Formulary	QL (Quantity Limits Apply)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)

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DRUG NAME	DRUG TIER	NOTES
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Non-Formulary	ALT (Covered Alternatives: Doxycycline Hyclate, Doxycycline Monohydrate); QL (1 tablet per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	QL (3 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE, DOXYCYCLINE HYCLATE); QL (3 tablets per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE)
<i>doxycycline hyclate oral tablet 75 mg</i>	Non-Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 75 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE MONOHYDRATE)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Non-Formulary	ALT (Covered Alternatives: DOXYCYCLINE HYCLATE); QL (1 Capsule per 1 Day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	Non-Formulary	

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DRUG NAME	DRUG TIER	NOTES
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	QL (100 ML per 30 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	QL (60 GM per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: AZELAIC ACID)
<i>gentamicin topical cream 0.1 %</i>	2	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Non-Formulary	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>mafenide acetate topical packet 50 gram</i>	Non-Formulary	
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Non-Formulary	QL (2 capsules per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Non-Formulary	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	QL (3 ML per 1 fill)
<i>moxifloxacin oral tablet 400 mg</i>	2	QL (1 tablet per 1 day)
<i>mupirocin calcium topical cream 2 %</i>	Non-Formulary	ALT (Covered Alternatives: Mupirocin Ointment); QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	2	QL (44 GM per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>neomycin oral tablet 500 mg</i>	2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %	Non-Formulary	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
SULFAMYLON TOPICAL PACKET 50 GRAM	Non-Formulary	ALT (Covered Alternatives: SILVER SULFADIAZINE)
TARGADOX ORAL TABLET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Non-Formulary	ALT (Covered Alternatives: Tetracycline Capsules); QL (2 Tablets per 1 day)
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Non-Formulary	QL (3 units per 1 day)
XEPI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
ZILXI TOPICAL FOAM 1.5 %	Non-Formulary	QL (Quantity Limits Apply)
Anti-Inflammatory Agents, Misc (Skin)		
WINLEVI TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
Antiproliferants		
<i>bexarotene oral capsule 75 mg</i>	6	PA; SP; PF; QL (1 capsule per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>bexarotene topical gel 1 %</i>	5	PA; SP; QL (2 GM per 1 day)
CARAC TOPICAL CREAM 0.5 %	Non-Formulary	QL (40 gm per 30 days)
EFUDEX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
FLUOROPLEX TOPICAL CREAM 1 %	4	PA; QL (40 GM per 1 month)
<i>fluorouracil topical cream 0.5 %</i>	Non-Formulary	ALT (Covered Alternatives: FLUOROURACIL, FLUOROURACIL); QL (40 gm per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	PA; QL (10 ml per 1 month)
<i>imiquimod topical cream in packet 3.75 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (1 GM per 30 days)
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Non-Formulary	SP; QL (5 packets per 1 month)
PANRETIN TOPICAL GEL 0.1 %	4	
TARGRETIN ORAL CAPSULE 75 MG	Non-Formulary	SP; QL (1 capsule per 1 day)
TARGRETIN TOPICAL GEL 1 %	Non-Formulary	SP; QL (2 gm per 1 day)
VALCHLOR TOPICAL GEL 0.016 %	5	PA; SP; QL (60 GM per 1 fill)
Antipruritics And Local Anesthetics		
<i>doxepin topical cream 5 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUCINONIDE, TACROLIMUS)
EMREAL TOPICAL KIT 2.5-2.5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE-PRILOCAINE CREAM); QL (1 Kit per 30 days)
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	QL (60 GM per 30 days)
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML	BB	PA

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<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 Patches per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (39 gm per 1 fill)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (1 GM per 1 day)
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	ALT (Covered Alternatives: LIDOCAINE 5% PATCH); QL (1 Patch per 1 Day)
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	Non-Formulary	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
PROCTOFOAM HC RECTAL FOAM 1-1 %	Non-Formulary	QL (Quantity Limits Apply)
PRUDOXIN TOPICAL CREAM 5 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE, TACROLIMUS)
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (3 Patches per 1 Day)
TRIDACAINE TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Non-Formulary	QL (3 Patches per 1 Day)
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir in 0.9 % sodium chl r intravenous piggyback 200 mg/100 ml</i>	BB	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	

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<i>acyclovir topical ointment 5 %</i>	2	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	Non-Formulary	ALT (Covered Alternatives: Penciclovir); QL (5 gm per 28 days)
<i>penciclovir topical cream 1 %</i>	2	PA; QL (5 gm per 28 days)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	BB	PA
ZOVIRAX TOPICAL CREAM 5 %	Non-Formulary	QL (Quantity Limits Apply)
Astringents (84:12)		
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Stiolto, fluticasone/salmeterol, budesonide/formoterol, Breo Ellipta; tiotropium); QL (10.7 GM per 28 days)
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Non-Formulary	QL (5 ML per 1 day)
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Non-Formulary	ALT (Covered Alternatives: CUVPOSA)
<i>glycopyrrolate intravenous syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	BB	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	5	PA; QL (5 ml per 1 day)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
QBREXZA TOPICAL TOWELETTE 2.4 %	6	PA; SP; QL (1 packet per 1 day)
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Non-Formulary	SP
Astringents, Anti-Infective		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	

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<i>selenium sulfide topical lotion 2.5 %</i>	2	QL (120 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	2	QL (50 GM per 30 days)
SSD TOPICAL CREAM 1 %	2	QL (50 GM per 30 days)
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	QL (60 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (60 GM per 1 fill)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QL (1 GM per 1 day)
<i>econazole topical cream 1 %</i>	2	QL (85 GM per 30 days)
ERTACZO TOPICAL CREAM 2 %	Non-Formulary	QL (Quantity Limits Apply)
EXELDERM TOPICAL SOLUTION 1 %	4	PA; QL (30 ml per 1 day)
GYNAZOLE-1 VAGINAL CREAM 2 %	3	PA; QL (Quantity Limits Apply); ALT (Covered Alternatives: MICONAZOLE 3, TERCONAZOLE)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; QL (Quantity Limits Apply); ALT (Covered Alternatives: ITRACONAZOLE, TERBINAFINE, CICLOPIROX); QL (4 ML per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (60 GM per 30 days)
<i>ketoconazole topical foam 2 %</i>	2	ALT (Covered Alternatives: KETOCONAZOLE); QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (120 ML per 30 days)
LUZU TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	2	
<i>oxiconazole topical cream 1 %</i>	2	PA; ALT (Covered Alternatives: CLOTRIMAZOLE)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	

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XOLEGEL TOPICAL GEL 2 %	Non-Formulary	ALT (Covered Alternatives: KETOCONAZOLE, KETOCONAZOLE)
Basic Lotions And Liniments		
<i>ammonium lactate topical lotion 12 %</i>	2	
Basic Ointments And Protectants		
<i>ammonium lactate topical cream 12 %</i>	2	QL (140 GM per 30 days)
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (60 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (60 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (60 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Non-Formulary	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Non-Formulary	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCIPOTRIENE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, DESONIDE, ALCLOMETASONE DIPROPIONATE, HALOBETASOL PROPIONATE, FLUOCINOLONE ACETONIDE)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	QL (30 GM per 84 Days)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Non-Formulary	ALT (Covered Alternatives: Nitroglycerin Ointment); QL (30 GM per 90 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	PA; QL (30GM per fill, 2 fills per 30 days)
SORILUX TOPICAL FOAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply)
STRATAMARK TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)
STRATATRIZ TOPICAL GEL	Non-Formulary	QL (Quantity Limits Apply)

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TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCIPOTRIENE-BETAMETHASONE DP)
VTAMA TOPICAL CREAM 1 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene)
Benzylamines (Skin And Mucous Membrane)		
MENTAX TOPICAL CREAM 1 %	4	QL (30 GM per 1 fill)
Cell Stimulants And Proliferants		
ALTRENO TOPICAL LOTION 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
ATRALIN TOPICAL GEL 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (1.5 gm per 1 day)
<i>finasteride oral tablet 5 mg</i>	2	QL (2 tablets per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
REGRANEX TOPICAL GEL 0.01 %	4	PA; QL (15 GM per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 gm per 1 fill)

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RETIN-A TOPICAL GEL 0.01 %	Non-Formulary	QL (1.5 grams per day; 45 grams per fill); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
RETIN-A TOPICAL GEL 0.025 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (1.5 gm per 1 day)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Non-Formulary	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Non-Formulary	QL (50 GM per 30 days)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Non-Formulary	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; QL (45 GM per 1 Fill)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	2	PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.05 %</i>	Non-Formulary	QL (1.5 gm per 1 day)
VELTIN TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply)
ZIANA TOPICAL GEL 1.2-0.025 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, CLINDAMYCIN HCL)
Corticosteroids (Skin, Mucous Membrane)		
ALA-SCALP TOPICAL LOTION 2 %	Non-Formulary	QL (1 ml per 1 day)
<i>alclometasone topical cream 0.05 %</i>	2	QL (45 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	2	QL (45 GM per 30 days)
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Non-Formulary	
APEXICON E TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: Diflorasone); QL (1 gram per 1 day)
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 30 days)

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<i>betamethasone valerate topical foam 0.12 %</i>	Non-Formulary	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	QL (60 GM per 1 day)
<i>betamethasone, augmented topical gel 0.05 %</i>	2	QL (15 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	QL (60 GM per 1 day)
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	QL (60 GM per 1 fill)
BRYHALI TOPICAL LOTION 0.01 %	Non-Formulary	QL (Quantity Limits Apply)
CAPEX TOPICAL SHAMPOO 0.01 %	4	PA; ALT (Covered Alternatives: CLOBETASOL PROPIONATE, FLUOCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE); QL (120 ml per 1 month)
<i>clobetasol scalp solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol topical lotion 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>clobetasol topical shampoo 0.05 %</i>	2	QL (118 ML per 30 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	2	ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE); QL (4.2 ML per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	2	QL (45 GM per 30 days)
CLOBEX TOPICAL LOTION 0.05 %	Non-Formulary	QL (2 ml per 1 day)

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CLOBEX TOPICAL SHAMPOO 0.05 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE)
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	Non-Formulary	QL (4.2 ml per 1 day)
<i>clocortolone pivalate topical cream 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Betamethasone Valerate, Clobetasol, Desonide); QL (1.5 GM per 1 day)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (60 GM per 1 fill)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QL (1 GM per 1 day)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Non-Formulary	
CORDRAN TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE); QL (2 gm per 1 day)
CORDRAN TOPICAL LOTION 0.05 %	Non-Formulary	ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE)

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CORDRAN TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE FUROATE)
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HYDROCORTISONE, HYDROCORTISONE ACETATE)
<i>desonide topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>desonide topical lotion 0.05 %</i>	2	QL (60 GM per 30 days)
<i>desonide topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>desoximetasone topical cream 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
<i>desoximetasone topical cream 0.25 %</i>	2	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE FLUOCINONIDE); QL (15 GM per 30 days)
<i>desoximetasone topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
<i>diflorasone topical cream 0.05 %</i>	2	PA; QL (1 GM per 1 day)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (15 GM per 1 fill)
DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	QL (120 ML per 30 days)

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<i>fluocinolone topical cream 0.01 %</i>	2	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	QL (120 ML per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	2	QL (60 ML per 30 days)
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	2	QL (60 GM per 1 fill)
<i>fluocinonide topical gel 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	QL (60 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>flurandrenolide topical cream 0.05 %</i>	2	PA; QL (60 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluticasone propionate topical lotion 0.05 %</i>	2	QL (60 GM per 30 days)
<i>fluticasone propionate topical ointment 0.005 %</i>	2	QL (60 GM per 30 days)
<i>halcinonide topical cream 0.1 %</i>	2	PA; QL (2 GM per 1 day)
<i>halobetasol propionate topical cream 0.05 %</i>	2	QL (50 GM per 30 days)
<i>halobetasol propionate topical foam 0.05 %</i>	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: HALOBETASOL PROPIONATE Ointment, HALOBETASOL PROPIONATE Cream); QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	2	QL (50 GM per 30 days)
HALOG TOPICAL CREAM 0.1 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE); QL (60 gm per 30 days)
HALOG TOPICAL OINTMENT 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HALOG TOPICAL SOLUTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	2	

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<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Non-Formulary	QL (45 gm per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (45 ML per 30 days)
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream 1 %</i>	2	QL (1 gm per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	2	QL (30 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	QL (28.5 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	QL (30 GM per 30 days)
<i>hydrocortisone topical lotion 2.5 %</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	QL (30 GM per 30 days)
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-Formulary	QL (2 gm per 1 day)
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	QL (60 gm per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	QL (60 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Non-Formulary	QL (100 gm per 30 days)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE, HYDROCORTISONE, HYDROCORTISONE, HYDROCORTISONE VALERATE)
LOCOID TOPICAL LOTION 0.1 %	Non-Formulary	ALT (Covered Alternatives: HYDROCORTISONE, HYDROCORTISONE, HYDROCORTISONE, HYDROCORTISONE VALERATE)
MOMETACURE TOPICAL KIT 0.1-5 %	Non-Formulary	ALT (Covered Alternatives: Mometasone Cream); QL (1 Kit per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (17 GM per 30 days)

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<i>mometasone topical cream 0.1 %</i>	2	QL (45 GM per 30 days)
<i>mometasone topical ointment 0.1 %</i>	2	QL (45 GM per 30 days)
<i>mometasone topical solution 0.1 %</i>	2	QL (45 ML per 30 days)
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-Formulary	QL (Quantity Limits Apply)
<i>prednicarbate topical cream 0.1 %</i>	2	QL (60 GM per 30 days)
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Non-Formulary	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Non-Formulary	QL (Quantity Limits Apply)
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	QL (30 GM per 30 days)
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	QL (30 GM per 30 days)
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	QL (30 GM per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Non-Formulary	ALT (Covered Alternatives: Fluticasone Nasal Spray, Flunisolide Nasal Spray, Mometasone Nasal Spray); QL (1 gram per 1 day)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-Formulary	
SCALACORT TOPICAL LOTION 2 %	Non-Formulary	QL (1 ml per 1 day)
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE, FLUOCINONIDE, HYDROCORTISONE)
SINUVA SINUS IMPLANT 1,350 MCG	BB	PA
TOPICORT TOPICAL CREAM 0.05 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)

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TOPICORT TOPICAL CREAM 0.25 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE FLUOCINONIDE)
TOPICORT TOPICAL GEL 0.05 %	Non-Formulary	
TOPICORT TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE ACETONIDE, FLUOCINONIDE)
TOPICORT TOPICAL OINTMENT 0.25 %	Non-Formulary	ALT (Covered Alternatives: BETAMETHASONE DIPROPIONATE, TRIAMCINOLONE FLUOCINONIDE)
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Non-Formulary	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	QL (5 GM per 1 fill)
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-Formulary	QL (100 gm per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %</i>	2	QL (90 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	QL (60 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	2	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE, TRIAMCINOLONE ACETONIDE)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	2	QL (15 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 %	Non-Formulary	ALT (Covered Alternatives: TRIAMCINOLONE ACETONIDE, FLUOCINOLONE ACETONIDE, BETAMETHASONE DIPROPIONATE, CLOBETASOL PROPIONATE)

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TRIDERM TOPICAL CREAM 0.1 %	Non-Formulary	QL (3 gm per 1 day)
ULTRAVATE TOPICAL LOTION 0.05 %	Non-Formulary	QL (Quantity Limits Apply)
XERESE TOPICAL CREAM 5-1 %	Non-Formulary	ALT (Covered Alternatives: ACYCLOVIR, HYDROCORTISONE)
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox topical cream 0.77 %</i>	2	QL (30 GM per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 ML per 30 days)
<i>ciclopirox topical solution 8 %</i>	2	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (60 ML per 30 days)
Immunomodulatory Agents (84:06)		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	6	PA; SP; QL (4 ML per 30 Days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	6	PA; SP; QL (4 ML per 30 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Non-Formulary	SP; QL (2 ML per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Non-Formulary	SP; QL (2 ML per 56 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Non-Formulary	SP; ALT (Covered Alternatives: Betamethasone Ointment, Clobetasol Ointment); QL (0.072 ML per 1 Day)
HYFTOR TOPICAL GEL 0.2 %	Non-Formulary	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; SP; QL (1 ML per 90 days)
<i>pimecrolimus topical cream 1 %</i>	2	QL (1 GM per 1 day)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	6	PA; QL (Quantity Limits Apply); SP
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	BB	PA

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SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (Maintenance dosing - 0.02 mL/day; Loading/induction dose PLA required (0.04 mL/day x 4 weeks)); SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (0.012 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	BB	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Non-Formulary	SP; ALT (Covered Alternatives: Cyclosporine, Methotrexate, Tacrolimus, Infliximab, Hadlima); QL (2 ML per 28 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 GM per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	BB	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	6	PA; SP; QL (0.072 ML per 1 Day)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	6	PA; QL (Maintenance dosing- 0.02ml/day; Loading/Induction dose PLA required (0.04ml/day x 8 weeks)); SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	6	PA; SP; QL (0.072 ML per 1 Day)
Janus Kinase Inhibitors (84:06)		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Non-Formulary	SP; ALT (Covered Alternatives: Dupixent, Rinvoq)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (60 tablets per 30 days)

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LITFULO ORAL CAPSULE 50 MG	Non-Formulary	SP; ALT (Covered Alternatives: Betamethasone, Clobetasol, Triamcinolone); QL (1 Capsule per 1 day)
OPZELURA TOPICAL CREAM 1.5 %	Non-Formulary	SP; ALT (Covered Alternatives: Betamethasone, Clobetasol, Tacrolimus); QL (2 GRAM per 1 day)
SOTYKTU ORAL TABLET 6 MG	Non-Formulary	SP; ALT (Covered Alternatives: Acitretin, Methoxsalen, Skyrizi)
Keratolytic Agents		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Non-Formulary	QL (Quantity Limits Apply)
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Non-Formulary	QL (Quantity Limits Apply)
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	QL (2 capsules per 1 day)
<i>adapalene topical cream 0.1 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical gel with pump 0.3 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
<i>adapalene topical lotion 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical solution 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)
<i>adapalene topical swab 0.1 %</i>	Non-Formulary	ALT (Covered Alternatives: Adapalene (Gel & Cream)); AG (Max 30 Years)

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AKLIEF TOPICAL CREAM 0.005 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, TRETINOIN)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	QL (2 capsules per 1 day)
ARAZLO TOPICAL LOTION 0.045 %	Non-Formulary	QL (Quantity Limits Apply)
AVAR TOPICAL CLEANSER 10-5 % (W/W)	2	
BP 10-1 TOPICAL CLEANSER 10-1 %	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	QL (2 capsules per 1 day)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	2	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
CONDYLOX TOPICAL GEL 0.5 %	Non-Formulary	QL (3.5 GM per 30 Days)
DIFFERIN TOPICAL LOTION 0.1 %	Non-Formulary	QL (Quantity Limits Apply)
DUOBRII TOPICAL LOTION 0.01-0.045 %	Non-Formulary	QL (Quantity Limits Apply); SP
FABIOR TOPICAL FOAM 0.1 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TAZAROTENE, ADAPALENE, SODIUM SULFACETAMIDE/SULFUR, CLINDAMYCIN PHOSPHATE)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (2 capsules per 1 day)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Non-Formulary	ALT (Covered Alternatives: Isotretinoin 10mg, Isotretinoin 20mg, Isotretinoin 30mg, Isotretinoin 40mg)
METDRAY TOPICAL GEL 17-2 %	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID CREAM, SALICYLIC ACID FOAM, SALICYLIC ACID gel, SALICYLIC ACID lotion); QL (1 pump per 30 days)
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Non-Formulary	

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ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
<i>podofilox topical gel 0.5 %</i>	Non-Formulary	QL (3.5 GM per 30 Days)
<i>podofilox topical solution 0.5 %</i>	2	QL (3.5 ML per 30 days)
SALICATE TOPICAL LIQUID 10 %	Non-Formulary	QL (30 ML per 30 days)
<i>salicylic acid topical cream 6 %</i>	2	
<i>salicylic acid topical cream,extended release 6 %</i>	2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	2	QL (10 ml per 30 days)
<i>salicylic acid topical foam 6 %</i>	Non-Formulary	
<i>salicylic acid topical gel 6 %</i>	Non-Formulary	
<i>salicylic acid topical lotion 6 %</i>	2	
<i>salicylic acid topical lotion,extended release 6 %</i>	2	
<i>salicylic acid topical ointment 3 %</i>	Non-Formulary	ALT (Covered Alternatives: Salicylic Acid 6%)
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID, SALICYLIC ACID)
SALYCIM TOPICAL CREAM 6 %	Non-Formulary	ALT (Covered Alternatives: SALICYLIC ACID CREAM, SALICYLIC ACID LOTION, SALICYLIC ACID GEL); QL (454 GM per 30 Days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	2	QL (454 ML per 30 days)
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 Days)

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<i>tazarotene topical cream 0.1 %</i>	2	TD; QL (1 GM per 1 day)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	2	PA; QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	4	PA; QL (1 gm per 1 day)
TAZORAC TOPICAL CREAM 0.1 %	Non-Formulary	QL (1 gm per 1 day)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene gel); QL (1 GM per 1 day)
<i>urea topical cream 20 %</i>	2	
VEREGEN TOPICAL OINTMENT 15 %	4	PA; QL (60 GM per 1 fill)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	QL (2 capsules per 1 day)
Local Anti-Infectives, Miscellaneous		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	2	
BP 10-1 TOPICAL CLEANSER 10-1 %	2	
FEM PH VAGINAL GEL 0.9-0.025 %	2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS TOPICAL CLEANSER 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS TOPICAL CREAM 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)

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OVACE PLUS TOPICAL LOTION 9.8 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	Non-Formulary	ALT (Covered Alternatives: SODIUM SULFACETAMIDE, TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	2	QL (454 ML per 30 days)
SUMAXIN TOPICAL CLEANSER 9-4 %	Non-Formulary	ALT (Covered Alternatives: SOD SULFACET-SULFUR 10-5% CLSR, SOD SULFACE-SULFUR 9-4.5% WASH); QL (454 GM per 30 Days)
ULESFIA TOPICAL LOTION 5 %	4	PA; QL (227 ml per 1 fill)
Nonsteroidal Anti-Inflammat.Agents(Skin)		
CAMBIA ORAL POWDER IN PACKET 50 MG	Non-Formulary	QL (Quantity Limits Apply)
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Non-Formulary	ALT (Covered Alternatives: DICLOFENAC 1.5% TOPICAL SOLUTION, DICLOFENAC SODIUM 1% GEL); QL (172 GM per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Non-Formulary	
<i>diclofenac potassium oral capsule 25 mg</i>	Non-Formulary	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	

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<i>diclofenac sodium topical gel 1 %</i>	2	QL (300 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 GM per 30 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i>	2	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Non-Formulary	ALT (Covered Alternatives: Diclofenac Sodium 1% gel, Diclofenac 1.5% topical solution); QL (12.9 grams per 1 day)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: PIROXICAM, DICLOFENAC SODIUM, DICLOFENAC SODIUM, MELOXICAM, NABUMETONE, NAPROXEN, CELECOXIB)
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Non-Formulary	QL (Quantity Limits Apply)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: DICLOFENAC SODIUM, DICLOFENAC SODIUM, CELECOXIB, IBUPROFEN, MELOXICAM, NAPROXEN, NABUMETONE)
ZIPSOR ORAL CAPSULE 25 MG	Non-Formulary	QL (Quantity Limits Apply)
Oxaboroles		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Non-Formulary	ALT (Covered Alternatives: ITRACONAZOLE, TERBINAFINE, CICLOPIROX); QL (10 ML per 30 days)
<i>tavaborole topical solution with applicator 5 %</i>	2	PA; QL (10 ML per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Non-Formulary	QL (1 tablet per 1 day)
EUCRISA TOPICAL OINTMENT 2 %	6	PA; SP; QL (60 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ZORYVE TOPICAL CREAM 0.15 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 Day)
ZORYVE TOPICAL CREAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: Tazarotene, Calcipotriene); QL (2 GM per 1 day)
ZORYVE TOPICAL FOAM 0.3 %	Non-Formulary	ALT (Covered Alternatives: TAZAROTENE, CALCIPOTRIENE); QL (2 GM per 1 day)
Pigmenting Agents		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	PA; QL (1 CAPSULE per 1 day)
Polyenes (Skin And Mucous Membrane)		
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (1.4 GM per 1 day)
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	4	PA; QL (2 GRAM per 1 day)
EURAX TOPICAL LOTION 10 %	4	PA; QL (454 GM per 1 fill)
<i>ivermectin topical lotion 0.5 %</i>	2	PA; QL (45 ML per 1 month)
<i>malathion topical lotion 0.5 %</i>	2	QL (59 GM per 30 days)
<i>permethrin topical cream 5 %</i>	2	QL (60 GM per 7 days)
<i>spinosad topical suspension 0.9 %</i>	2	QL (120 ML per 30 days)
ULESFIA TOPICAL LOTION 5 %	4	PA; QL (227 ml per 1 fill)

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Skin And Mucous Membrane Agents, Misc.		
ACZONE TOPICAL GEL 5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Non-Formulary	ALT (Covered Alternatives: Dapsone); QL (2.1 GM per 1 day)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	PA; QL (45 GM per 30 days); AG (Max 30 Years)
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Non-Formulary	ALT (Covered Alternatives: CLINDAMYCIN-BENZOYL PEROXIDE, ADAPALENE/BENZOYL PEROXIDE, ADAPALENE); QL (50 GM per 30 Days)
<i>calcitriol topical ointment 3 mcg/gram</i>	2	QL (100 GM per 30 days)
<i>dapsone topical gel 5 %</i>	2	QL (2 GM per 1 day)
<i>dapsone topical gel with pump 7.5 %</i>	2	QL (2 GM per 1 day)
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	4	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	6	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	6	PA; SP; QL (0.09 ML per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	6	PA; SP; QL (0.15 ml per 1 day)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 gm per 30 days)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	Non-Formulary	ALT (Covered Alternatives: TRETINOIN, ADAPALENE, BENZOYL PEROXIDE, CLINDAMYCIN-BENZOYL PEROXIDE); QL (45 gm per 30 days)
FILSUEVZ TOPICAL GEL 10 %	Non-Formulary	SP; QL (0.8 GM per 1 Day)
<i>metronidazole oral capsule 375 mg</i>	Non-Formulary	

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<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Non-Formulary	ALT (Covered Alternatives: METRONIDAZOLE, CLINDAMYCIN PHOSPHATE)
OTEZLA ORAL TABLET 20 MG	6	PA; SP; QL (2 Tablets per 1 day)
OTEZLA ORAL TABLET 30 MG	6	PA; SP; QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG(19)	6	PA; SP; QL (1 Kit per 1 Year)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	6	PA; SP; QL (1 kit per 1 year)
QUTENZA TOPICAL KIT 8 %	BB	PA
SOOLANTRA TOPICAL CREAM 1 %	Non-Formulary	QL (Quantity Limits Apply)
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Non-Formulary	
SMOOTH MUSCLE RELAXANTS		
Antimuscarinics		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	QL (1 tablet per 1 day)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Non-Formulary	ALT (Covered Alternatives: Mybetriq); TD
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	QL (3 tablets per 1 day)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	QL (1 tablet per 1 day)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg</i>	2	
<i>tolterodine oral tablet 2 mg</i>	2	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: Fesoterodine); TD

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DRUG NAME	DRUG TIER	NOTES
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	QL (1 capsule per 1 day)
<i>trospium oral tablet 20 mg</i>	1	
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET 75 MG	Non-Formulary	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 Tablet per 1 Day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	4	TD; ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	Non-Formulary	ALT (Covered Alternatives: Mirabegron); ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 tablet per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	Non-Formulary	ALT (Covered Alternatives: Mirabegron); TD; ST (Step Therapy Required- Tried and failed 30 day trial of tolterodine er, oxybutynin er and solifenacin); QL (1 tablet per 1 day)
VITAMINS		
Multivitamin Preparations		
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	2	HCR

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DRUG NAME	DRUG TIER	NOTES
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR; AG (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)

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PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	
Vitamin B Complex		
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	2	PA; QL (0.14 ML per 1 day)
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	Non-Formulary	QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (6 Fills per 365 Days); TD; QL (4 tablets per 1 day)
<i>folic acid oral tablet 1 mg</i>	1	QL (1 tablet per 1 day)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	2	HCR; AG (Max 50 Years)
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	Non-Formulary	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Non-Formulary	QL (Quantity Limits Apply)

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OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Non-Formulary	QL (Quantity Limits Apply)
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	2	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	2	HCR; AG (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Non-Formulary	QL (Quantity Limits Apply)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Non-Formulary	QL (Quantity Limits Apply)
PRIMACARE ORAL CAPSULE 30-1-300 MG	Non-Formulary	QL (Quantity Limits Apply)
<i>thiamine in 0.9 % sod chloride intravenous solution 500 mg/100 ml</i>	BB	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	

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ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	OTC products not covered
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	4	ST (Step Therapy Required- Tried and failed 90 days treatment of alendronate or ibandronate); QL (4 tablets per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	PA; QL (2 capsules per 1 day)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Non-Formulary	QL (Quantity Limits Apply); ALT (Covered Alternatives: CALCITRIOL, VITAMIN D2, VITAMIN D3, DOXERCALCIFEROL, PARICALCITOL)
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	2	OTC products not covered

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