Marketplace

2026 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of Wisconsin, Inc Marketplace

Notice:

The information in this document is current as of October 1, 2026.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Search Drugs tool.

Aviso:

La información de este documento está vigente a partir del 1 de octubre de 2026.

El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Búsqueda de Medicinas.

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MOLINA® HEALTHCARE

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Drug Formulary and Guide

Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. Smaller updates are also made every 3 months. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are on the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Changes are made to the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has a new safety issue

Molina will provide at least 60 days' notice ahead of these types of formulary updates:

- Moving the drug to a higher drug list tier, moving the drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for the formulary drug
- Removing the drug from the formulary
- Adding a prior authorization requirement to the formulary drug
- Adding or updating the drug's quantity limit
- Adding a step-therapy requirement to the drug

If the drug has been found to be unsafe by the US Federal Food and Drug Administration (FDA) or is taken off the market for other reasons, we may remove it from the drug list quickly and without standard notice. Your plan's most current drug list is on our website MolinaMarketplace.com. A notice of all changes is included in the drug list document with each update.

Does the drug list include injectable drugs that a Provider treats me with in a clinic or other location?

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from us on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

I have questions about how my plan covers drugs.

This guide contains many details for common questions:

- Can my prescription be filled at a retail pharmacy?
- Where can I see the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

You may also call us and ask specific coverage questions about a drug. Call toll-free **1 (888) 560-2043**, Monday through Friday, **8:00 a.m. through 5:00 p.m. CST**. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement ("Evidence of Coverage") also contain important coverage information. Please see the plan agreement for information on contraceptive coverage, benefit exclusions, hospice services, and more.

If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your prescriber know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

Using the Drug Formulary and Guide

How do I locate a drug that is on the drug list?

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here are examples of how a drug may be displayed on the drug list (actual coverage may differ from this example).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG ***(warfarin sodium)***	Tier 3	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 2	QL (300 ea / 30 days); MAIL

What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or "generic" names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug "warfarin sodium".

When the branded form of a drug is covered, the drug name will be listed in all CAPITAL letters as its BRAND NAME. The non-proprietary or "***generic name***" for the branded drug will follow in parentheses and in all ***bold and italicized***

lowercase letters. When the generic form of the drug is covered, it is listed separately by its ***generic name(s)*** in all ***bold and italicized lowercase*** letters. A generic drug that is covered as the trademarked generic form will be listed separately by its ***generic name*** followed by the trademarked name in parentheses. The trademarked generic name will be shown with the first letter of each word capitalized.

If both the brand form and the generic form for a drug are covered on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and ***warfarin sodium*** are listed separately to show both the brand form and the generic form are covered on the formulary. In this example, a trademarked generic form (Jantoven) is also displayed. Different Drug Tier and Requirements/Limits may apply for a trademarked form versus a generic form of a drug if multiple drug forms are listed as covered on the actual drug list.

What are Drug Tiers and how do they affect my share of the drug's cost?

We put drugs on different levels called tiers based on how well they improve health, how much support may be needed to use them, and how much they cost compared to similar treatments. Non-preferred tier drugs will cost you more than preferred tier drugs.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
Preventive	Tier 1 – Preventive drugs, family planning drugs and devices (ie, contraception), and other drugs with $0 cost sharing
Preferred Generic	Tier 2 – Preferred generic drugs
Preferred Brand	Tier 3 – Preferred brand drugs
Non-Preferred Brand and Generic	Tier 4 – Non-preferred drugs, both brand name and generic; Higher cost sharing than lower tier drugs used to treat the same conditions, if available
Specialty	Tier 5 – Specialty drugs, both brand name and generic. Drugs that require special handling, complex counseling or monitoring, limited distribution, or other specialty pharmacy requirements; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some specialty drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution")
Durable Medical Equipment	DME – Non-drug items such as monitoring equipment and supplies covered under the pharmacy benefit; Cost sharing follows the medical benefit cost sharing for Durable Medical Equipment for non-drug items on the drug list

When coverage of nonformulary drugs is approved on formulary exception, enrollees pay the Non-Preferred Brand tier cost sharing for non-specialty drugs or the Specialty tier cost sharing for specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

In accordance with the Affordable Care Act, your plan covers nationally recognized preventive service drugs and dosage forms (Tier 1) with $0 cost sharing when prescribed for you to use in line with those recommendations.

Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that is required.

- There are limits on your cost sharing for anticancer drugs taken by mouth. The limit **$131** applies per anticancer drug, per 30-day supply.

How do deductible and out-of-pocket maximums work?

Understanding how plan deductible and out-of-pocket maximums work can help you understand why some of your covered drugs and services have higher member pay amounts at the beginning of the year than the rest of the year. Online tools are available in the member portal to help you track your member pay balances.

A deductible is the total out-of-pocket amount members pay for covered benefits before the plan starts paying for those benefits. After the deductible is met, the member pay amount becomes a defined cost sharing rate, either a flat dollar copay amount or a percent coinsurance.

- Your plan design information shows which benefits have a deductible requirement and which do not. The information shows what the cost sharing rate is for a given benefit "after deductible" if deductible applies.
- It is important to know if your plan has a combined deductible shared between all benefits, or if it has separate deductibles for the medical and pharmacy benefits.
- Only out-of-pocket amounts you pay as deductible will be counted towards the deductible. This means amounts you pay in cost sharing for benefits that do not have a deductible requirement are not counted towards the deductible. However, all amounts you pay towards your deductible are also counted towards your out-of-pocket maximums. Drug company patient assistance is not counted as true member out of pocket or deductible unless required by state or federal rules.

An out-of-pocket maximum is a limit on the total member pay amounts you and your covered family members pay for all drugs and services covered by the plan during the plan year. If the totals you pay during the plan year reach the out-of-pocket maximum and stay there, no more member pay will be due for drugs and services covered by the benefit after that point, for the remainder of the plan year or coverage period.

- The out-of-pocket maximum counts the total member pay amounts you have paid for drugs and services covered under the pharmacy and medical benefits.
- There is an individual out-of-pocket maximum for each person covered by your plan.
- There is a family out-of-pocket maximum if two or more family members are covered by the same plan. If the family out-of-pocket maximum is reached, there will be no further member pay due for drugs and services covered by the plan after that point for any of the covered family members.

Some events can affect if your deductible and out-of-pocket maximum balances have reached the limits and stay there.

- If you change plans during the plan year, you may have a different deductible and out-of-pocket maximum.
- Claim activities on both the pharmacy and medical benefit channels can affect your balances.
- Depending on timing, balances may include member pay amounts due that you are about to pay on recent medical and pharmacy claims.
- Drug company patient assistance is not counted as true member out of pocket or deductible unless required by state or federal rules.

Online tools for your balances reflect the total member pay amounts due on all claims that have processed through the benefit to the present time. Be mindful of drugs ready at the pharmacy and any member pay amounts due on them when reviewing your balances.

Deductible and out-of-pocket maximums apply to the coverage period in the plan year you received covered drugs and services that had member pay amounts due. The balances paid towards deductible and out-of-pocket maximums start over each new plan year and coverage period. Insurance premiums are not counted as out of pocket for the purposes of deductible and out-of-pocket maximum balances. You must continue to pay the insurance premium to have coverage.

How can I find more information about how much my drug will cost?

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the “Search Drugs” tool at MolinaMarketplace.com. This tool will provide an estimate of your cost for formulary drugs. If you create an account with Caremark.com, you can use a version of the tool that includes the cost sharing you have paid towards your plan design deductible and out of pocket maximum this year to more closely estimate actual prices you pay at the pharmacy.

Finding a pharmacy to fill a prescription

Pharmacy Network

Your plan has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com. The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show “90-day Supply Available” in the details of your search results.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on the Specialty tier. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies.

Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pickup.

CVS Pharmacy Help Desk can be contacted by calling 1 (888) 407-6425 or visiting CVSSpecialty.com

Mail Order Pharmacy

Your plan has a network of Mail Order pharmacies that can process and dispense up to 90 days' supply of eligible medications. Eligible medications are marked "MAIL" on the formulary.

Your plan's Pharmacy Benefit Manager has a Mail Order pharmacy. To have prescriptions filled through their service the provider or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7:00 a.m. to 7:00 p.m. or go to Caremark.com.

Your plan’s network also offers 90-day fill at network retail pharmacies. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show “90-day Supply Available” in the details of your search results.

Enrollment forms for all network mail order pharmacies can be found at MolinaMarketplace.com in the Member "Forms and Documents" section.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet your needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

We have selected CVS Caremark® as the Pharmacy Benefit Manager ("PBM") to manage the prescription benefit for your plan. Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425.

Membership, cost sharing, prescription drug benefit information, and eligibility concerns may be addressed by calling our Customer Support Center at **1 (888) 560-2043.** Member Services is available Monday through Friday **8:00 a.m. through 5:00 p.m. CST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1 (855) 326-5059**.

Urgent and After-Hours Medication Policy

To prevent an enrollee's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before Prior Authorization has been reviewed (e.g., an enrollee is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark® Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call us at **1 (855) 326-5059** on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

In general, 30-day supplies of medications can be refilled when 85% of the predicted days of use have passed from the date of the prior fill. Please see the "Proration and Synchronization" section of your plan agreement for any drugs that have special refill timing. Your pharmacy or provider can ask to override refill timing limits in order to synchronize the fill dates of your medications by contacting the CVS Caremark® Help Desk at 1 (888) 407-6425. If shorter or longer day supplies are dispensed to synchronize your medications, your cost sharing on those supplies will be prorated.

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to us at **1 (844) 802-1417**. The clinical policies and forms may be obtained at our website MolinaMarketplace.com. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, your provider can ask for the request to be reviewed as an Urgent Circumstance.

- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function. Situations where you are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision can also be indicated as urgent on requests. Supporting information is required to justify the urgency of the request.
- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.

We will reach a decision no later than:

- 24 hours following receipt of request with Urgent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

If the request is approved, we will send a letter to your prescriber. We will include how long the request is approved for before renewal of the authorization is required. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements such as step therapy?

We have a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. A formulary exception would be needed in the following scenarios:

- Your prescriber may order a drug that is not on the formulary but that he or she believes is best for you
- You may be taking a drug that is no longer on the new plan year's drug list and you cannot switch
- The formulary drug requires step therapy, and you tried the step drugs in the past, or have clinical factors that make those step drugs not right for you

Your prescriber can send us a formulary exception request using the Prior Authorization process and form described in the previous section.

Exceptions may be considered when formulary options cannot be used and/or other requirements are met. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you. We may consider an exception under the following conditions:

- There is documentation of a specific need in your medical record
- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past
- Your doctor has certified the options have caused you harm or are reasonably expected by the prescriber to cause you harm, or to be ineffective because of the clinical features of your condition
- Information in the request shows you met the step therapy requirement previously, or the drug we require step therapy on was covered for you by a past insurer in the last 90 days

If the request is approved, we will send a letter to your prescriber. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Review timeframes and conditions are found in the “Prior Authorization” section of this guide.

Are there any drugs or other products that are not covered at all?

Non-covered drugs or other products such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Your plan does not cover certain types of drugs that are listed as benefit exclusions in the plan policy. For more information refer to the sections in your Agreement (“Evidence of Coverage”) titled “Non-Covered Drugs” and “Exclusions”.

Complaints and Appeals

You may file a grievance or complaint by contacting the Customer Support Center at **1 (888) 560-2043**. If we do not approve your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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Legend

What are the Requirements and Limits on the drug list?

Requirements and limits may be set up for certain drugs. Drugs may have the following requirements and limitations:

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MAIL	Drug is eligible for Mail Order and other 90-day fill programs at participating retail pharmacies. It is your choice if you want to use Mail Order programs. There is no discount to cost sharing for using 90-day fill programs.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Specialty drugs may have a comment in the "Requirements/Limits" column that reads "Medical Necessity PA". This means there are other Specialty drugs that are preferred. There are other Specialty drugs with a comment "Preferred Brand" that may treat the same condition. We require that the drug marked "Preferred Brand" be considered first or instead of the non-preferred Specialty drug, if appropriate.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

2026

Guía del formulario

(Lista de medicamentos cubiertos)

Molina Marketplace, Wisconsin

MolinaMarketplace.com

MOLINA® HEALTHCARE

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Formulario y guía de medicamentos

Formulario de medicamentos (lista de medicamentos)

Su plan tiene una lista de medicamentos con cobertura. Esta se denomina Formulario de medicamentos. El formulario cambia de un año del plan a otro. También se realizan actualizaciones menores cada tres meses. Los medicamentos de la lista son elegidos por un grupo de médicos y farmacéuticos de su aseguradora y de la comunidad médica. El grupo se reúne cada tres meses para hablar sobre los medicamentos que se incluyen en el formulario. Revisan los nuevos medicamentos y los cambios en la atención médica. Tratan de encontrar los medicamentos más eficaces para tratar diferentes afecciones. Se realizan cambios en el formulario de medicamentos por diferentes motivos. Los motivos pueden incluir lo siguiente:

- Cambios en la práctica médica.
- Se dispone de medicamentos nuevos.
- Los medicamentos genéricos nuevos están disponibles y toman el lugar de los medicamentos de marca cubiertos anteriormente.
- Nuevos requisitos estatales o federales de cobertura de medicamentos.
- Un medicamento ya no está disponible o tiene un nuevo problema de seguridad.

Molina avisará con al menos 60 días de anticipación sobre este tipo de actualizaciones del formulario:

- Cambiar el medicamento a un nivel superior de la lista de medicamentos; cambiar el estado del medicamento de preferido a no preferido, u otros cambios que hagamos en la lista de medicamentos que resulten en un mayor costo compartido para los miembros por el medicamento del formulario.
- Quitar un medicamento del formulario.
- Agregar un requisito de autorización previa al medicamento del formulario.
- Agregar o actualizar el límite de cantidad del medicamento.
- Agregar un requisito de tratamiento escalonado al medicamento.

Si la Administración Federal de Alimentos y Medicamentos (FDA) de los EE. UU. ha determinado que el medicamento no es seguro o se retira del mercado por otros motivos, podemos eliminarlo de la lista de medicamentos rápidamente y sin aviso previo estándar. La lista de medicamentos más actualizada de su plan se encuentra en nuestro sitio web MolinaMarketplace.com. Se incluye un aviso de todos los cambios en el documento de la lista de medicamentos con cada actualización.

¿La lista de medicamentos incluye los medicamentos inyectables con los que un proveedor me trata en una clínica u otro lugar?

En general, los medicamentos que aparecen en la lista de medicamentos son aquellos que su proveedor le receta para que usted los obtenga en una farmacia y se los dé a sí mismo. La mayoría de los medicamentos inyectables cuya administración requiere la ayuda de un proveedor están cubiertos en virtud del beneficio médico, en lugar del beneficio de medicamentos recetados (“de farmacia”). Su proveedor tiene instrucciones de nuestra parte sobre cómo obtener aprobación para los medicamentos que compra y le provee. Se pueden aprobar algunos medicamentos inyectables en una farmacia usando el beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

Esta guía contiene mucha información como respuesta a las preguntas comunes:

- ¿Se puede surtir mi receta en una farmacia minorista?
- ¿Dónde puedo ver el monto en dólares del costo compartido de mi receta?
- ¿Cuál es el proceso para solicitar un medicamento con requisito de autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o que tiene requisitos de tratamiento escalonado?
- ¿Mi medicamento está cubierto por el beneficio de medicamentos recetados o por el beneficio médico?

También puede llamarnos y hacernos preguntas específicas sobre la cobertura de un medicamento. Llame a la línea gratuita al **1 (888) 560-2043,** de lunes a viernes, **de 8:00 a.m. a 5:00 p.m., hora del centro (CST)**. Si tiene problemas de audición, llame al 711 para comunicarse con el servicio de telecomunicaciones. También puede pedirnos que le enviemos por correo postal una copia de la lista de medicamentos.

El manual del miembro y el acuerdo del plan ("Evidencia de Cobertura") también contienen información importante sobre la cobertura. Consulte el acuerdo del plan para obtener información sobre la cobertura de anticonceptivos, exclusiones de beneficios, servicios de hospicio y más.

Si hay un medicamento en el formulario, ¿me lo recetarán?

El hecho de que un medicamento esté en el formulario no garantiza que su médico se lo recete. Esta guía permite que usted y el profesional con autorización para emitir recetas sepan qué medicamentos recetados están cubiertos por su plan. Los medicamentos que no están en esta lista pueden no estar cubiertos por su plan y tener un mayor costo para usted. Puede solicitar la cobertura de los medicamentos que no están en el formulario. Las solicitudes de medicamentos que no están en el formulario se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones del formulario o se cumplan otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Cómo usar el formulario y la guía de medicamentos

¿Cómo encuentro un medicamento que está en la lista de medicamentos?

La lista de medicamentos está organizada alfabéticamente por categoría y clase terapéutica mediante la clasificación del Servicio del Formulario de Medicamentos del Hospital Estadounidense (AHFS). Dentro de la categoría y la clase, los nombres de los medicamentos también se organizan en orden alfabético. Si no conoce la categoría o la clase del medicamento que está buscando, hay dos maneras de buscar por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede usar la función de búsqueda en PDF presionando Ctrl + F en el teclado de su computadora. Escriba el nombre del medicamento que busca en el cuadro de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el Índice que se encuentra al final de esta guía.

Las entradas de los medicamentos de la lista contienen el nombre del medicamento, el nivel y otros detalles de cobertura de todos los medicamentos y artículos cubiertos por el beneficio de medicamentos recetados de su plan.

Estos son ejemplos de cómo puede aparecer un medicamento en la lista de medicamentos (la cobertura real puede ser diferente a este ejemplo).

Nombre del medicamento	Nivel del medicamento	Requisitos/límites
COUMADIN TAB 1MG ***(warfarin sodium)***	Tier 3	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 2	QL (300 ea / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos utiliza nombres de marcas registradas y nombres públicos o "genéricos" para mostrar qué forma del medicamento tiene cobertura. También hay nombres de marcas registradas utilizados por determinados medicamentos genéricos. La manera en que se muestra el nombre de un medicamento en la lista de medicamentos le indicará si lo que tiene cobertura es la forma de la marca, la forma genérica o la forma genérica de la marca registrada. El ejemplo anterior muestra las formas de marca, genéricas y genéricas de marca registrada del medicamento "warfarina sódica".

Cuando se cubre la forma de la marca de un medicamento, el nombre del medicamento aparecerá en letras MAYÚSCULAS como NOMBRE DE LA MARCA. El nombre público o ***"nombre genérico"*** del medicamento de marca aparecerá a continuación entre paréntesis y en letras ***minúsculas en negrita y cursiva***. Cuando está cubierta la forma genérica del medicamento, aparece en la lista por separado según su(s) ***nombre(s) genérico(s)*** en letras ***minúsculas en negrita y cursiva***. Un medicamento genérico cubierto en la forma genérica de marca registrada aparecerá en la lista por separado por su ***nombre genérico*** seguido del nombre de marca registrada entre paréntesis. El nombre genérico de marca registrada se mostrará con la primera letra de cada palabra en mayúscula.

Si tanto la forma de la marca como la forma genérica de un medicamento están cubiertas en el formulario, cada una aparecerá como entradas de medicamentos separadas. Por ejemplo, COUMADIN y ***warfarina sódica*** figuran por separado para mostrar que tanto la forma de la marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica de la marca registrada (Jantoven). Pueden aplicarse diferentes niveles de medicamentos y requisitos/límites para una forma de marca registrada frente a una forma genérica de un medicamento si aparecen varias formas de medicamentos como cubiertas en la lista de medicamentos real.

¿Qué son los niveles de medicamentos y cómo afectan mi parte del costo del medicamento?

Colocamos los medicamentos en diferentes niveles en función de lo bien que mejoran la salud, la cantidad de apoyo necesario para tomarlos y su costo en comparación con tratamientos similares. Los medicamentos no preferidos tendrán un costo mayor que los medicamentos preferidos.

A continuación, le mostramos más detalles sobre qué medicamentos se encuentran en qué niveles.

Nivel del medicamento	Descripción
Medicamentos preventivos	PREV: medicamentos preventivos, medicamentos y dispositivos para la planificación familiar (es decir, anticoncepción) y otros medicamentos con un costo compartido de $0.
Medicamentos genéricos preferidos	Tier 2: medicamentos genéricos preferidos.
Medicamentos de marca preferidos	Tier 3: medicamentos de marca preferidos.
Medicamentos genéricos y de marca no preferidos	Tier 4: medicamentos no preferidos, tanto de marca como genéricos; costos compartidos más altos que los medicamentos de niveles inferiores que se usan para tratar las mismas afecciones, si están disponibles.
Especializados	Tier 5: medicamentos especializados, tanto de marca como genéricos. Medicamentos que requieren un manejo especial, asesoramiento o supervisión complejos, distribución limitada u otros requisitos de especialidad de farmacia. Según las reglas estatales, Molina puede requerir que los miembros usen una farmacia especializada de la red; algunos medicamentos especializados solo se venden en determinadas farmacias que la compañía farmacéutica ha elegido ("distribución limitada").
Equipo médico duradero	Equipo médico duradero (DME): artículos no farmacológicos, como equipos y suministros de control cubiertos por el beneficio de farmacia. El costo compartido sigue el costo compartido de los beneficios médicos para los equipos médicos duraderos de los artículos no farmacológicos de la lista de medicamentos.

Cuando la cobertura de medicamentos no incluidos en el formulario se aprueba en virtud de una excepción al formulario, los afiliados pagan el costo compartido del nivel de medicamentos de marca no preferidos para los medicamentos no especializados o el costo compartido del nivel de medicamentos especializados para los medicamentos especializados. Consulte el acuerdo del plan para obtener más información sobre los costos compartidos en el caso de las excepciones al formulario.

De conformidad con la Ley de Atención Asequible, su plan cubre medicamentos para servicios preventivos y formas de dosificación (del Nivel 1) de reconocimiento nacional con un costo compartido de $0 cuando se recetan para que los use de acuerdo con esas recomendaciones.

Determinados tipos de medicamentos que cubre su plan tienen límites de costos compartidos cada vez que los surte. Si su estado tiene límites específicos, los costos compartidos serán los costos compartidos menores del diseño de su plan o cualquier límite que se requiera.

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se administran por vía oral. El límite de **$131** se aplica por cada medicamento contra el cáncer, por suministro de 30 días.

¿Cómo funcionan los deducibles y los máximos de gastos de bolsillo?

Comprender cómo funcionan los deducibles y los gastos máximos de bolsillo del plan puede ayudarlo a entender por qué algunos de sus medicamentos y servicios cubiertos tienen montos de pago para los miembros más altos al comienzo del año que durante el resto del año. En el portal para miembros, hay herramientas en línea disponibles para ayudarle a hacer un seguimiento de sus saldos de pago de miembro.

Un deducible es el monto total de bolsillo que los miembros pagan por los beneficios cubiertos antes de que el plan comience a pagar por esos beneficios. Una vez que se alcanza el deducible, el monto que paga el miembro se convierte en una tasa de costo compartido definida, ya sea un monto fijo de copago en dólares o un porcentaje de coseguro.

- La información de diseño de su plan indica qué beneficios tienen un requisito de deducible y cuáles no. La información muestra cuál es la tasa de costo compartido para un beneficio determinado "después del deducible", si se aplica el deducible.
- Es importante saber si su plan tiene un deducible combinado compartido entre todos los beneficios o si tiene deducibles separados para los beneficios médicos y de farmacia.
- Solo los montos de bolsillo que usted pague como deducible se contarán para el deducible. Esto significa que los montos que usted paga en costos compartidos por beneficios que no tienen el requisito de deducible no se cuentan para el deducible. Sin embargo, todos los montos que usted paga por su deducible también se cuentan para sus gastos máximos de bolsillo. La asistencia para el paciente de la compañía farmacéutica no se cuenta como deducible o gasto de bolsillo verdadero para el miembro, a menos que lo exijan las reglas estatales o federales.

Un gasto máximo de bolsillo es un límite en el total de los montos de pago de miembro que usted y sus familiares con cobertura pagan por todos los medicamentos y servicios cubiertos por el plan durante el año del plan. Si los totales que usted paga durante el año del plan alcanzan el gasto máximo de bolsillo y permanecen allí, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el beneficio después de ese momento durante el resto del año del plan o período de cobertura.

- El gasto máximo de bolsillo cuenta el monto total que el miembro ha pagado por los medicamentos y servicios cubiertos en los beneficios médicos y de farmacia.
- Existe un gasto máximo de bolsillo individual para cada persona cubierta por su plan.
- Hay un gasto máximo de bolsillo familiar si dos o más familiares están cubiertos por el mismo plan. Si se alcanza el gasto máximo de bolsillo familiar, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el plan después de ese momento para ningún familiar con cobertura.

Algunos eventos pueden afectar si su deducible y los saldos de gastos máximos de bolsillo alcanzan los límites y se mantienen allí.

- Si cambia de plan durante el año del plan, es posible que tenga un deducible y un gasto máximo de bolsillo diferentes.
- Las actividades de reclamación tanto en la farmacia como en los canales de beneficios médicos pueden afectar los saldos.
- Según el plazo, los saldos pueden incluir los montos adeudados a pagar por el miembro que usted está por saldar en concepto de reclamaciones médicas y de farmacia recientes.
- La asistencia para el paciente de la compañía farmacéutica no se cuenta como deducible o gasto de bolsillo verdadero para el miembro, a menos que lo exijan las reglas estatales o federales.

Las herramientas en línea para saldos reflejan los montos totales adeudados a pagar por el miembro en todas las reclamaciones que se han procesado a través del beneficio hasta la actualidad. Tenga en cuenta los medicamentos que están listos en la farmacia y cualquier monto a pagar que el miembro adeude por ellos al momento de revisar los saldos.

El deducible y los gastos máximos de bolsillo se aplican al período de cobertura del año del plan en el que usted recibió los medicamentos y servicios cubiertos con montos adeudados a pagar por el miembro. Los saldos pagados en concepto de deducible y gastos máximos de bolsillo se renuevan cada nuevo año del plan y período de cobertura. Las primas de seguros no se cuentan como gastos de bolsillo a los efectos de los saldos de deducible ni de gastos máximos de bolsillo. Debe continuar pagando la prima del seguro para tener cobertura.

¿Cómo puedo encontrar más información sobre cuánto costará mi medicamento?

Puede encontrar información sobre los montos de costo compartido de los medicamentos recetados en nuestro folleto Consulte sus beneficios en un vistazo o ingresando la información de los medicamentos en la herramienta "Search Drugs" (Buscar medicamentos) en MolinaMarketplace.com. Esta herramienta le proporcionará un cálculo aproximado del costo de los medicamentos del formulario. Si crea una cuenta en Caremark.com, puede usar una versión de la herramienta que incluye los costos compartidos que ha pagado para el deducible del diseño del plan y el gasto máximo de bolsillo de este año para estimar con mayor precisión los precios reales que paga en la farmacia.

Cómo encontrar una farmacia para surtir un medicamento recetado

Red de farmacias

Su plan cuenta con redes de farmacias minoristas, por correo y especializadas que pueden procesar y dispensar medicamentos mediante su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta "Find a Pharmacy" (Encontrar una farmacia) en MolinaMarketplace.com. La herramienta le permite buscar farmacias por código postal, ciudad, país y estado. Puede limitar los resultados de búsqueda en función de la distancia u otros criterios específicos como el nombre de la tienda, el idioma que se habla o los servicios ofrecidos. Si busca farmacias minoristas que participen en el programa de surtido para 90 días en farmacias minoristas, las farmacias participantes mostrarán "suministro para 90 días disponible" en los detalles de los resultados de búsqueda.

Farmacia especializada

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos especializados. Los medicamentos especializados se colocan en el nivel de medicamentos especializados. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que el medicamento solo se vende en algunas farmacias.

El administrador de beneficios de farmacia de Molina, CVS Caremark, tiene una farmacia especializada que brinda apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y afecciones. La mayoría de los medicamentos especializados requieren autorización previa antes de tener cobertura. El profesional autorizado para emitir recetas puede enviarnos las solicitudes de autorización previa directamente a Molina o enviar una receta a CVS para comenzar el proceso. Si el pedido por correo del medicamento especializado no representa una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para que lo recojan.

Puede comunicarse con el Centro de Ayuda de CVS Pharmacy llamando al 1 (888) 407-6425 o visitando CVSSpecialty.com.

Farmacia de pedidos por correo

Su plan cuenta con una red de farmacias de pedidos por correo que pueden procesar y dispensar hasta 90 días de suministro de medicamentos elegibles. Estos medicamentos están marcados como "MAIL" (correo) en el formulario.

El administrador de beneficios farmacéuticos de su plan tiene una farmacia de pedidos por correo. Para que las recetas se surtan a través de su servicio, el proveedor o afiliado puede llamar a la línea gratuita de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7:00 a.m. a 7:00 p.m., o visitar Caremark.com.

La red de su plan también ofrece surtido de 90 días en farmacias minoristas de la red. Si busca farmacias minoristas que participen en el programa de surtido para 90 días en farmacias minoristas, las farmacias participantes mostrarán "suministro para 90 días disponible" en los detalles de los resultados de búsqueda.

Los formularios de inscripción para todas las farmacias de pedidos por correo de la red se pueden encontrar en MolinaMarketplace.com en la sección para miembros "Formularios y documentos".

Farmacia fuera de la red

Si las farmacias dentro de la red no satisfacen sus necesidades, se puede solicitar una excepción para obtener autorización para usar una farmacia fuera de la red. Se revisarán las excepciones caso por caso para determinar si son médicamente necesarias.

Procesador de reclamaciones de medicamentos recetados

Hemos seleccionado a CVS Caremark® como administrador de beneficios de farmacia ("PBM") para administrar el beneficio de medicamentos recetados de su plan. Si tiene preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas, puede comunicarse con el Centro de Ayuda de CVS Caremark al 1 (888) 407-6425.

Puede abordar las preocupaciones sobre la membresía, los costos compartidos, la información sobre beneficios de medicamentos recetados y la elegibilidad llamando a nuestro Centro de Atención al Cliente al **1 (888) 560-2043.** Servicios para Miembros está disponible de lunes a viernes, **de 8:00 a. m. a 5:00 p. m., CST.**

Los profesionales autorizados para emitir recetas y las farmacias pueden comunicarse con nuestro Centro de Ayuda para Proveedores llamando al **1** (**855) 326-5059**.

Política de medicamentos urgentes y fuera del horario de atención

Para evitar que la afección de un afiliado empeore en una situación urgente, es posible que sea necesario proporcionar un suministro para 72 horas de un medicamento para afecciones agudas antes de que se evalúe la autorización previa (p. ej., un miembro es dado de alta del hospital después del horario de atención normal con una receta especial de antibióticos).

Las farmacias tienen instrucciones de utilizar su juicio profesional. Reembolsaremos a las farmacias un suministro para 72 horas de un medicamento para afecciones agudas a tarifas contratadas para estas recetas. Las farmacias pueden comunicarse con el Centro de Ayuda de CVS Caremark® llamando al 1 (888) 407-6425 para obtener una anulación de un suministro para 72 horas.

Las farmacias pueden llamarnos al **1 (855) 326-5059** el siguiente día hábil para obtener una autorización para permitir que la receta urgente o fuera del horario de atención se procese en línea. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se dispensaron medicamentos en estas circunstancias de urgencia.

Plazo, sincronización y prorrateo de resurtidos

En general, los suministros de medicamentos para 30 días se pueden resurtir cuando ha pasado el 85% de los días de uso previstos desde la fecha de surtido anterior. Consulte la sección "Prorrateo y sincronización" del acuerdo del plan para conocer los plazos de resurtido específicos para cualquier medicamento. Su farmacia o proveedor puede solicitar que se anulen los límites del plazo de resurtido para sincronizar las fechas de surtido para sus medicamentos comunicándose

con el Centro de Ayuda de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros para más o menos días para sincronizar sus medicamentos, se prorrateará el costo compartido de esos suministros.

Procedimiento para la autorización previa y la solicitud de excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se evalúan según las reglas estándares para determinar si son médicamente necesarios. Los proveedores deben demostrar que usted hace un uso médicamente aceptado del medicamento y que otros tratamientos no han funcionado o no son clínicamente adecuados para usted. Pueden aplicarse otros requisitos según el medicamento. Es posible que solicitemos los resultados de determinadas pruebas para demostrar que un medicamento es adecuado para usted. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como razón para eludir las reglas estándares de cobertura.

Su proveedor puede enviarnos por fax un formulario completo de autorización previa de medicamentos al **1 (844) 802-1417**. Las políticas y los formularios clínicos pueden obtenerse en nuestro sitio web MolinaMarketplace.com. Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

Si su receta requiere una autorización previa o una excepción al formulario, su proveedor puede pedir que se revise la solicitud como circunstancia urgente.

- Una solicitud se considera urgente si se destina para tratar una afección médica que puede poner en riesgo grave su vida, su salud o su capacidad para recuperar las funciones máximas. Las situaciones en que sienta dolor intenso no controlado o en que la urgencia de su atención requiera una decisión de cobertura rápida también pueden indicarse como urgentes en la solicitud. Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no se considere como circunstancia urgente representa una solicitud de excepción estándar.

Tomaremos una decisión a más tardar en la siguiente fecha:

- 24 horas después de recibir la solicitud para circunstancias urgentes.
- 72 horas después de recibir la solicitud con circunstancias estándares.

Si se aprueba la solicitud, le enviaremos una carta al profesional autorizado para emitir recetas. Incluiremos por cuánto tiempo se aprueba la solicitud antes de que se requiera una renovación de la autorización. Si no se aprueba la solicitud, le enviaremos una carta con los motivos y le informaremos sobre sus derechos para que haga un seguimiento.

Cómo solicitar una excepción

¿Puedo tener cobertura para un medicamento si no está incluido en el formulario o no cumple con los requisitos del plan, como el tratamiento escalonado?

Contamos con un proceso que le permite solicitar medicamentos clínicamente adecuados que no están en el formulario o que tienen requisitos o límites en virtud de su plan. Se necesitaría una excepción al formulario en los siguientes casos:

- Es posible que el profesional con autorización para emitir recetas le indique un medicamento que no está en el formulario, pero que cree que es mejor para usted.
- Es posible que esté tomando un medicamento que ya no está en la lista de medicamentos del nuevo año del plan y que no puede cambiar.
- El medicamento del formulario requiere un tratamiento escalonado y usted probó los medicamentos del tratamiento en el pasado o tiene factores clínicos que hacen que esos medicamentos no sean adecuados para usted.

El profesional con autorización para emitir recetas puede enviarnos una solicitud de excepción al formulario utilizando el proceso y el formulario de autorización previa descritos en la sección anterior.

Se pueden considerar excepciones cuando no se puedan usar las opciones del formulario o se cumplan otros requisitos. El medicamento debe ser seguro y eficaz para su afección médica. Su médico debe hacerle una receta para la cantidad habitual del medicamento. Podemos considerar una excepción según las siguientes condiciones:

- Existe documentación sobre una necesidad específica en su historia clínica.
- Su médico certificó que usted probó medicamentos del formulario y que no le ayudaron en el pasado.
- Su médico certificó que las opciones le causaron daño o el profesional con autorización para emitir recetas espera razonablemente que le causen daño o que sean ineficaces debido a las características clínicas de su afección.
- La información de la solicitud indica que usted cumplió con el requisito de tratamiento escalonado anterior o que el medicamento para el que requerimos tratamiento escalonado fue cubierto por una aseguradora anterior durante los últimos 90 días.

Si se aprueba la solicitud, le enviaremos una carta al profesional autorizado para emitir recetas. Si no se aprueba la solicitud, le enviaremos una carta con los motivos y le informaremos sobre sus derechos para que haga un seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su médico puede solicitar una revisión externa de excepción.

Los plazos y condiciones de la revisión se encuentran en la sección “Autorización previa” de esta guía.

¿Hay algún medicamento u otro producto que no esté cubierto?

Los medicamentos no cubiertos u otros productos, como las exclusiones de beneficios, no cuentan con cobertura. No se puede aprobar su cobertura mediante excepción al formulario. Su plan no cubre determinados tipos de medicamentos que figuran como exclusiones de beneficios en la póliza del plan. Para obtener más información, consulte las secciones de su acuerdo (“Evidencia de Cobertura”) tituladas “Medicamentos sin cobertura” y “Exclusiones”.

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente al **1 (888) 560-2043**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derecho a apelar la decisión en el aviso sobre medidas adoptadas. Para obtener más información, consulte la sección de su acuerdo (política) que aborda los “Reclamos y apelaciones”. Puede encontrar una copia del acuerdo, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

La información contenida en este documento es de propiedad privada. La información no podrá copiarse total ni parcialmente sin permiso por escrito. Todos los derechos reservados. Este documento contiene referencias

a medicamentos de marca registrada que son marcas comerciales o marcas registradas de fabricantes farmacéuticos. Los nombres y servicios de socios como CVS Caremark®, CVS Specialty® y Caremark.com están operados por CVS Health® Corporation y son su propiedad. CoverMyMeds® y Surescripts® son marcas comerciales registradas de terceros que pertenecen a sus respectivas compañías.

Leyenda

¿Cuáles son los requisitos y límites de la lista de medicamentos?

Es posible que se establezcan límites y requisitos para determinados medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos este medicamento o forma de dosificación para determinados grupos etarios en función de la información sobre la seguridad, eficacia y costo del medicamento.
MAIL	El medicamento es elegible para pedidos por correo y otros programas de surtido para 90 días en las farmacias minoristas participantes. Es su elección si desea utilizar los programas de pedido por correo. No hay descuento en el costo compartido por usar los programas de surtido para 90 días.
MED	Se aplican límites de dosis equivalentes de morfina. Las cantidades de este medicamento se limitan al equivalente ("EQ") de 90 miligramos de morfina por día de suministro surtido.
OTC	Las formas de dosificación de venta libre están cubiertas en la lista de medicamentos mediante una receta válida de un proveedor.
PA	Se requiere autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen.
QL	Se aplican límites de cantidad. Pagaremos un monto máximo diario basado en la información sobre el uso médicamente aceptado del medicamento y su costo.
ST	Se requiere tratamiento escalonado. Si hemos pagado para que usted tenga los medicamentos para el tratamiento escalonado que solicitó en el pasado, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de autorización previa o tratamiento escalonado. La lista de medicamentos le mostrará qué medicamentos se necesitan primero y por cuánto tiempo.

Los medicamentos especializados pueden tener un comentario en la columna "Requisitos/Límites" que dice "PA por necesidad médica". Esto significa que hay otros medicamentos especializados que son preferidos. Existen otros medicamentos especializados que tienen un comentario de "de marca preferidos" que pueden tratar la misma afección. Solicitamos que se considere primero el medicamento marcado como "de marca preferido" o en lugar del medicamento especializado no preferido, si corresponde.

La lista de medicamentos también indicará si un medicamento es elegible para los programas de pedidos por correo (**CORREO**) en la columna Requisitos/Límites. Es su elección si desea utilizar los programas de pedido por correo. Es posible que tenga un costo compartido menor mediante el pedido por correo en algunos medicamentos.

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective October 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
Avtozma Autoinjector 162 Mg/0.9 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Avtozma Prefilled Syringe 162 Mg/0.9 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Bildyos Prefilled Syringe 60 Mg/Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Bilprevda Solution 120 Mg/1.7 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Macitentan Tablet 10 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Niacin Extended-Release Tablet 1000 Mg	Updated to Preferred Generic Tier	Quantity Limits Apply
Ospomyv Prefilled Syringe 60 Mg/Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Rifapentine Tablet 150 Mg	Adding to Formulary, Non-Preferred Tier	Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 100-1000 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 50-1000 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Sitagliptin Phos-Metformin HCl Extended-Release Tablet 50-500 Mg	Adding to Formulary, Preferred Generic Tier	Step Therapy and Quantity Limits Apply
Skyrizi Prefilled Syringe 55 Mg/0.37 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity and Age Limits Apply
Tofacitinib Citrate Extended-Release Tablet 11 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	
Tofacitinib Citrate Extended-Release Tablet 22 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	
Tofacitinib Citrate Oral Solution 1 Mg/Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Tofacitinib Citrate Tablet 10 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	
Tofacitinib Citrate Tablet 5 Mg	Adding to Formulary, Specialty Tier with Prior Authorization	

PA = Prior Authorization **QL =** Quantity Limits **ST =** Step Therapy

Drug Name	Description of Formulary Change	Notes/Alternatives
Tyenne Autoinjector 162 Mg/0.9 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Tyenne Prefilled Syringe 162 Mg/0.9 Ml	Adding to Formulary, Specialty Tier with Prior Authorization	
Uptravi Tablet 100 Mcg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity and Age Limits Apply
Uptravi Tablet 150 Mcg	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity and Age Limits Apply

Drug Name	Formulary Status	Requirements/Limits
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Adhd Agent - Selective Alpha Adrenergic Agonists**		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 4	PA; QL (4 EA per 1 day); MAIL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); MAIL
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); MAIL
Amphetamine Mixtures**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 30 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 7.5 mg	Tier 2	QL (5 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Amphetamines**		
amphetamine sulfate oral tablet 10 mg	Tier 4	QL (4 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
amphetamine sulfate oral tablet 5 mg	Tier 4	QL (5 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	Tier 4	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	Tier 4	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 4	PA; QL (1 EA per 1 day)
methamphetamine hcl oral tablet 5 mg	Tier 4	PA; AGE (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)

Drug Name	Formulary Status	Requirements/Limits
Dextroamphetamine Sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Analeptics**		
caffeine citrate oral solution 60 mg/3ml	Tier 2	QL (120 ML per 999 days); AGE (Max 1 Years)
Stimulants - Misc.**		
modafinil oral tablet 100 mg	Tier 4	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 4	PA; QL (2 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	PA; QL (1 EA per 1 Day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 10 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 20 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)

Drug Name	Formulary Status	Requirements/Limits
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 10 mg/5ml	Tier 2	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	Tier 2	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Alternative Medicines		
Alternative Medicine - Me's**		
melatonin er oral tablet extended release 10 mg	Tier 2	OTC
melatonin oral capsule 3 mg, 5 mg	Tier 2	OTC
melatonin oral liquid 1 mg/4ml	Tier 2	OTC
melatonin oral tablet 1 mg, 3 mg, 5 mg	Tier 2	OTC
melatonin oral tablet dispersible 5 mg	Tier 2	OTC
Alternative Medicine Combinations - Two Ingredients**		
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 2	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 2	OTC
Aminoglycosides		
Aminoglycosides**		
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 5	PA
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 4	
neomycin sulfate oral tablet 500 mg	Tier 2	
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	Tier 5	PA
tofacitinib citrate oral solution 1 mg/ml	Tier 5	PA
tofacitinib citrate oral tablet 10 mg, 5 mg	Tier 5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (Upadacitinib)	Tier 5	PA; AGE (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 5	PA; QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand

Drug Name	Formulary Status	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand
Anti-Tnf-Alpha - Monoclonal Antibodies**		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	Tier 5	PA; QL (0.072 ML per 1 day); Preferred Brand
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	Tier 5	PA; QL (3 ML per 365 days); Preferred Brand
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	Tier 5	PA; QL (0.072 ML per 1 day); Preferred Brand
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	Tier 5	PA; QL (0.072 EA per 1 day); Preferred Brand
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	Tier 5	PA; QL (0.072 EA per 1 day); Preferred Brand
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	PA; QL (0.072 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	PA; QL (0.072 ML per 1 day)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 Day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 5	PA; QL (2 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 5	PA; QL (4 EA per 365 days)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 Day)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 day)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (Adalimumab-ryvk)	Tier 5	PA; QL (0.072 EA per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 2	QL (2 EA per 1 day); MAIL
celecoxib oral capsule 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 4	PA; MAIL
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 5	PA
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab-anoh)	Tier 5	PA
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab-anoh)	Tier 5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab-aazg)	Tier 5	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab-aazg)	Tier 5	PA
Nonsteroidal Anti-Inflammatory Agent Combinations**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 4	QL (2 EA per 1 day); MAIL
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
ketoprofen oral capsule 50 mg	Tier 4	PA; QL (4 EA per 1 day); MAIL
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 4	PA; MAIL
mefenamic acid oral capsule 250 mg	Tier 4	PA; MAIL
naproxen oral suspension 125 mg/5ml	Tier 4	AGE (Max 12 Years); MAIL
oxaprozin oral tablet 600 mg	Tier 4	PA; QL (3 EA per 1 day); MAIL
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 4	PA; QL (4 EA per 1 day); MAIL
all day pain relief oral tablet 220 mg	Tier 2	QL (3 EA per 1 day); OTC
diclofenac potassium oral tablet 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 2	QL (2 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 75 mg	Tier 2	QL (2 EA per 1 day); MAIL
etodolac oral capsule 200 mg, 300 mg	Tier 2	QL (5 EA per 1 day); MAIL
etodolac oral tablet 400 mg	Tier 2	QL (3 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
etodolac oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
flurbiprofen oral tablet 100 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 2	AGE (Max 12 Years); OTC
ibuprofen junior strength oral tablet chewable 100 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
ibuprofen oral capsule 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral suspension 100 mg/5ml	Tier 2	AGE (Max 12 Years)
ibuprofen oral tablet 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	QL (4 EA per 1 day); MAIL
indomethacin oral capsule 25 mg, 50 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
ketorolac tromethamine oral tablet 10 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
meloxicam oral tablet 15 mg	Tier 2	QL (1 EA per 1 day); MAIL
meloxicam oral tablet 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
nabumetone oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
naproxen dr oral tablet delayed release 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet delayed release 375 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen sodium oral tablet 220 mg	Tier 2	QL (3 EA per 1 day); OTC
piroxicam oral capsule 10 mg	Tier 2	PA; QL (4 EA per 1 day); MAIL
piroxicam oral capsule 20 mg	Tier 2	PA; QL (2 EA per 1 day); MAIL
sulindac oral tablet 150 mg, 200 mg	Tier 2	QL (3 EA per 1 day); MAIL
ADDAPRIN ORAL TABLET 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (Ibuprofen)	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
MOTRIN IB ORAL CAPSULE 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
MOTRIN IB ORAL TABLET 200 MG (Ibuprofen)	Tier 2	QL (4 EA per 1 day); OTC
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 5	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (Apremilast)	Tier 5	PA; Preferred Brand
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (Apremilast)	Tier 5	PA; Preferred Brand
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days)
Analgesics - Nonnarcotic		
Analgesics Other**		
acetaminophen childrens oral suspension 160 mg/5ml	Tier 2	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 2	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 2	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 2	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 2	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 2	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 2	OTC
acetaminophen oral solution 160 mg/5ml	Tier 2	OTC
acetaminophen oral tablet 325 mg	Tier 2	OTC
acetaminophen oral tablet chewable 80 mg	Tier 2	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 2	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 2	OTC
apra oral elixir 160 mg/5ml	Tier 2	OTC
arthritis pain relief oral tablet extended release 650 mg	Tier 2	OTC
childrens aspirin free oral elixir 80 mg/2.5ml	Tier 2	OTC
mapap oral capsule 500 mg	Tier 2	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (Acetaminophen)	Tier 2	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 2	OTC

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (Acetaminophen)	Tier 2	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (Acetaminophen)	Tier 2	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG (Acetaminophen)	Tier 2	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (Acetaminophen)	Tier 2	OTC
PHARBETOL ORAL TABLET 325 MG (Acetaminophen)	Tier 2	OTC
Analgesics-Sedatives**		
butalbital-acetaminophen oral tablet 50-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 2	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
TENCON ORAL TABLET 50-325 MG (Butalbital-Acetaminophen)	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
Salicylates**		
aspirin adult low dose oral tablet delayed release 81 mg	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
aspirin oral tablet delayed release 325 mg	Tier 2	OTC
cvs aspirin oral tablet 325 mg	Tier 2	OTC
diflunisal oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
eq aspirin oral tablet 325 mg	Tier 2	OTC
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
salsalate oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
BAYER ASPIRIN ORAL TABLET 325 MG (Aspirin)	Tier 2	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59

Drug Name	Formulary Status	Requirements/Limits
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 2	QL (100 EA per 30 days); MAIL; OTC; PREV for ages 50-59
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral solution 300-30 mg/12.5ml	Tier 2	AGE (Min 12 Years); MED
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 2	QL (8 EA per 1 day); MED
Hydrocodone Combinations**		
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 4	PA; QL (6 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 2	MED
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (6 EA per 1 day); MED
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 2	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 2	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED
Opioid Agonists**		
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; MED
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 4	PA; MED
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Tier 4	PA; MED
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 4	PA; QL (120 EA per 25 days); MED
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 4	PA; MED
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	PA; MED
tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 4	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl)	Tier 4	PA; MED
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl)	Tier 4	PA; MED
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (OxyCODONE HCl)	Tier 4	PA; MED
codeine sulfate oral tablet 30 mg	Tier 2	QL (12 EA per 1 day); AGE (Min 12 Years); MED

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Drug Name	Formulary Status	Requirements/Limits
codeine sulfate oral tablet 60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 2	PA; QL (10 EA per 25 days); MED
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 2	QL (12 EA per 1 day); MED
meperidine hcl oral solution 50 mg/5ml	Tier 2	AGE (Max 64 Years); MED
meperidine hcl oral tablet 50 mg	Tier 2	AGE (Max 64 Years); MED
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 2	QL (15 ML per 1 day); MED
methadone hcl oral tablet 10 mg, 5 mg	Tier 2	QL (360 EA per 25 days); MED
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 2	QL (15 EA per 1 day); MED
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 2	QL (15 ML per 1 day); MED
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 2	QL (3 EA per 1 day); MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 2	QL (15 ML per 1 day); MED
morphine sulfate oral tablet 15 mg, 30 mg	Tier 2	QL (6 EA per 1 day); MED
oxycodone hcl oral solution 5 mg/5ml	Tier 2	MED
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (6 EA per 1 day); MED
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day); MED
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day); MED
tramadol hcl oral tablet 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 12 Years); MED
Opioid Combinations**		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (6 EA per 1 day); MED
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 2	QL (8 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 2	QL (8 EA per 1 day); MED
Opioid Partial Agonists**		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 4	PA; MED
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 2	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 2	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 2	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 2	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 2	QL (3 EA per 1 day)
butorphanol tartrate nasal solution 10 mg/ml	Tier 2	PA; QL (15 ML per 25 days); MED
Tramadol Combinations**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Min 12 Years); MED
Androgens-Anabolic		
Anabolic Steroids**		
oxandrolone oral tablet 10 mg	Tier 2	PA
OXANDRIN ORAL TABLET 2.5 MG (Oxandrolone)	Tier 2	PA
Androgens**		
danazol oral capsule 100 mg, 200 mg	Tier 4	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 4	QL (2 EA per 1 day)
methitest oral tablet 10 mg	Tier 4	PA; AGE (Min 18 Years)
methyltestosterone oral capsule 10 mg	Tier 4	PA; AGE (Min 18 Years)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 2	QL (10 ML per 25 days); AGE (Min 18 Years)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 2	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
Intrarectal Steroids**		
hydrocortisone rectal enema 100 mg/60ml	Tier 4	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)	Tier 4	QL (1680 ML per 25 days)
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 4	
Rectal Anesthetic Combinations**		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 2	OTC
Rectal Local Anesthetics**		
dibucaine rectal ointment 1 %	Tier 2	OTC
Rectal Steroids**		
hydrocortisone (perianal) external cream 2.5 %	Tier 2	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 2	QL (60 GM per 25 days); OTC
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Antacids		
Antacid & Simethicone**		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	Tier 2	OTC
antacid plus oral tablet chewable 200-200-25 mg	Tier 2	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Tier 2	OTC
mintox maximum strength oral suspension 400-400-40 mg/5ml	Tier 2	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 2	OTC
Antacid Combinations**		
antacid extra strength oral tablet chewable 160-105 mg	Tier 2	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 2	OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (Alum Hydroxide-Mag Carbonate)	Tier 2	OTC
Antacids - Bicarbonate**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 2	OTC
Antacids - Calcium Salts**		
antacid maximum oral tablet chewable 1000 mg	Tier 2	OTC
calcium antacid extra strength oral tablet chewable 750 mg	Tier 2	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 2	OTC
childrens pepto oral tablet chewable 400 mg	Tier 2	OTC
ra antacid ultra strength oral tablet chewable 1000 mg	Tier 2	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 2	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (Calcium Carbonate Antacid)	Tier 2	OTC
TUM-EASE ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 2	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (Calcium Carbonate Antacid)	Tier 2	OTC
Antacids - Magnesium Salts**		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)
mebendazole oral tablet chewable 100 mg	Tier 4	
praziquantel oral tablet 600 mg	Tier 4	PA
benznidazole oral tablet 100 mg, 12.5 mg	Tier 3	
ivermectin oral tablet 3 mg	Tier 2	QL (16 EA per 2 days)
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 2	OTC
Antianginal Agents		
Antianginals-Other**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
Nitrates**		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Tier 2	QL (4 EA per 1 day); MAIL
isosorbide dinitrate oral tablet 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 2	QL (2 EA per 1 day); MAIL
isosorbide mononitrate oral tablet 10 mg	Tier 2	QL (3 EA per 1 day); MAIL
isosorbide mononitrate oral tablet 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	MAIL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	QL (1 EA per 1 day); MAIL
Antianxiety Agents		
Antianxiety Agents - Misc.**		
meprobamate oral tablet 200 mg, 400 mg	Tier 4	QL (3 EA per 1 day)
buspirone hcl oral tablet 10 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 6 Years); MAIL
buspirone hcl oral tablet 15 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years); MAIL
buspirone hcl oral tablet 30 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
buspirone hcl oral tablet 5 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 6 Years); MAIL
buspirone hcl oral tablet 7.5 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 2	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
hydroxyzine pamoate oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL

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Drug Name	Formulary Status	Requirements/Limits
hydroxyzine pamoate oral capsule 25 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
hydroxyzine pamoate oral capsule 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years)
Benzodiazepines**		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 7.5 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
diazepam oral concentrate 5 mg/ml	Tier 2	QL (30 ML per 25 days); AGE (Max 64 Years)
diazepam oral solution 5 mg/5ml	Tier 2	QL (120 ML per 25 days); AGE (Max 64 Years)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years)
lorazepam oral concentrate 1 mg/0.5ml	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
lorazepam oral concentrate 2 mg/ml	Tier 2	QL (3 ML per 1 day); AGE (Min 12 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
oxazepam oral capsule 10 mg, 15 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 30 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 2	MAIL
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	MAIL
Antiarrhythmics Type I-B**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 2	MAIL
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 2	MAIL
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 2	MAIL
Antiarrhythmics Type Iii**		
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 5	MAIL
MULTAQ ORAL TABLET 400 MG (Dronedarone HCl)	Tier 4	PA; MAIL
amiodarone hcl oral tablet 200 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 2	MAIL
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 4	PA; MAIL
Adrenergic Combinations**		
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act	Tier 4	QL (20.6 GM per 25 days)
budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act	Tier 4	QL (20.6 GM per 25 days); MAIL
Budesonide-Formoterol Fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Tier 4	QL (20.6 GM per 25 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 3	QL (2 EA per 1 day); MAIL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 3	QL (10.7 GM per 25 days); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (60 EA per 25 days); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (60 EA per 25 days); MAIL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 3	QL (10.7 GM per 25 days); MAIL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 3	QL (4 GM per 25 days); MAIL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 3	QL (4 GM per 25 days); MAIL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (Fluticasone-Umeclidin-Vilant)	Tier 3	QL (2 EA per 1 day); MAIL
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 2	QL (60 GM per 30 days); MAIL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 2	QL (60 EA per 30 days); MAIL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 2	QL (360 ML per 25 days); MAIL
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 2	QL (60 EA per 30 days); MAIL
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 5	PA; QL (2 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 days)

Drug Name	Formulary Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 5	PA; QL (5 EA per 24 days)
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 4	MAIL
Beta Adrenergics**		
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 4	MAIL
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 4	QL (120 ML per 25 days); MAIL
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 4	QL (30 GM per 25 days); MAIL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 3	QL (0.14 GM per 1 day); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (13.4 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (17 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (13.4 GM per 25 days); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (17 GM per 25 days); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (36 GM per 25 days); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (6.7 GM per 24 days); MAIL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Tier 2	QL (225 ML per 25 days); MAIL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	Tier 2	MAIL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml	Tier 2	QL (300 ML per 25 days); MAIL
albuterol sulfate inhalation nebulization solution 1.25 mg/3ml	Tier 2	QL (150 ML per 25 days); MAIL
albuterol sulfate oral syrup 2 mg/5ml	Tier 2	MAIL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Tier 2	ST; QL (150 ML per 25 days); MAIL
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Tier 2	ST; QL (150 EA per 25 days); MAIL
terbutaline sulfate oral tablet 2.5 mg	Tier 2	QL (8 EA per 1 day); MAIL
terbutaline sulfate oral tablet 5 mg	Tier 2	QL (6 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Bronchodilators - Anticholinergics**		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (Umeclidinium Bromide)	Tier 3	QL (1 EA per 1 day); MAIL
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (Tiotropium Bromide)	Tier 3	QL (4 EA per 25 days); MAIL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (Tiotropium Bromide)	Tier 3	QL (4 GM per 25 days); MAIL
ipratropium bromide inhalation solution 0.02 %	Tier 2	QL (10 ML per 1 day); MAIL
tiotropium bromide inhalation capsule 18 mcg	Tier 2	QL (30 EA per 25 days); MAIL
Interleukin-5 Antagonists (Igg1 Kappa)**		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 5	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 5	PA; QL (3 EA per 23 days)
Leukotriene Receptor Antagonists**		
zafirlukast oral tablet 10 mg, 20 mg	Tier 4	QL (2 EA per 1 day); MAIL
montelukast sodium oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); MAIL
montelukast sodium oral tablet chewable 4 mg	Tier 2	QL (1 EA per 1 day); AGE (Max 9 Years); MAIL
montelukast sodium oral tablet chewable 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Max 14 Years); MAIL
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 4	PA; MAIL
Steroid Inhalants**		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 4	QL (120 ML per 25 days); AGE (Max 9 Years); MAIL
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 4	QL (12 GM per 25 days); AGE (Max 11 Years); MAIL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 4	QL (10.6 GM per 25 days); AGE (Max 11 Years); MAIL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 3	QL (13 GM per 25 days); MAIL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 3	QL (1 EA per 25 days); MAIL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 3	QL (10.6 GM per 25 days); MAIL
Xanthines**		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 2	MAIL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 2	MAIL
theophylline oral elixir 80 mg/15ml	Tier 2	MAIL
theophylline oral solution 80 mg/15ml	Tier 2	MAIL
Anticoagulants		
Coumarin Anticoagulants**		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 2	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 2	MAIL
Direct Factor Xa Inhibitors**		
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 3	QL (310 ML per 30 days); AGE (Max 11 Years); MAIL
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (Apixaban)	Tier 3	QL (84 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (Apixaban)	Tier 3	QL (112 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 3	QL (74 EA per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (Apixaban)	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 3	QL (2 EA per 1 day); MAIL
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (Apixaban)	Tier 3	QL (16 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 3	QL (1 EA per 1 day); MAIL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 3	QL (51 EA per 365 days)
rivaroxaban oral tablet 2.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
Heparins And Heparinoid-Like Agents**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 2	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 2	PA

Drug Name	Formulary Status	Requirements/Limits
Low Molecular Weight Heparins**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 4	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 4	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 4	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 4	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 4	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 4	QL (1.2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 4	PA
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 4	PA
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 4	QL (2 EA per 1 day); MAIL
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 4	
Anticonvulsants - Benzodiazepines**		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 2 Years)
clobazam oral tablet 10 mg, 20 mg	Tier 2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (10 EA per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 2	QL (2 EA per 25 days)
Anticonvulsants - Misc.**		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 5	PA
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 4	MAIL

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Drug Name	Formulary Status	Requirements/Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 4	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 4	QL (2 EA per 1 day)
rufinamide oral suspension 40 mg/ml	Tier 4	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 4	MAIL
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 4	MAIL
BRIVIACT ORAL SOLUTION 10 MG/ML (Brivaracetam)	Tier 4	AGE (Max 16 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (Brivaracetam)	Tier 4	
brivaracetam oral solution 10 mg/ml	Tier 2	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 2	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 2	MAIL
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 2	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 2	MAIL
carbamazepine oral tablet 200 mg	Tier 2	MAIL
carbamazepine oral tablet chewable 100 mg, 200 mg	Tier 2	MAIL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 2	MAIL
gabapentin oral solution 250 mg/5ml	Tier 2	MAIL
gabapentin oral tablet 600 mg, 800 mg	Tier 2	MAIL
lacosamide oral solution 10 mg/ml	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 2	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 2	MAIL
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	MAIL
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	MAIL
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 2	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 2	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 2	MAIL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	MAIL
pregabalin oral solution 20 mg/ml	Tier 2	
primidone oral tablet 250 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 2	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 2	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 2	MAIL
LamoTRIgine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	MAIL
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 4	MAIL
felbamate oral tablet 400 mg, 600 mg	Tier 4	MAIL
Gaba Modulators**		
vigabatrin oral packet 500 mg	Tier 5	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 5	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 5	QL (6 EA per 1 day)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	MAIL
Hydantoins**		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 3	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	MAIL
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Tier 2	MAIL
phenytoin oral tablet chewable 50 mg	Tier 2	MAIL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	MAIL
Succinimides**		
methsuximide oral capsule 300 mg	Tier 4	MAIL
ethosuximide oral capsule 250 mg	Tier 2	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 2	MAIL
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	MAIL
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 2	MAIL
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	MAIL
valproic acid oral capsule 250 mg	Tier 2	MAIL
valproic acid oral solution 250 mg/5ml	Tier 2	MAIL
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg	Tier 2	QL (2 EA per 1 day); MAIL
mirtazapine oral tablet 30 mg, 45 mg	Tier 2	QL (1 EA per 1 day); MAIL
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Tier 2	QL (3 EA per 1 day); MAIL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	QL (4 EA per 1 day); MAIL
Monoamine Oxidase Inhibitors (Maois)**		
tranylcypromine sulfate oral tablet 10 mg	Tier 4	QL (8 EA per 1 day); MAIL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 4	PA; MAIL
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 4	PA; MAIL
phenelzine sulfate oral tablet 15 mg	Tier 2	QL (6 EA per 1 day); MAIL
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml	Tier 2	QL (20 ML per 1 day); AGE (Max 12 Years); MAIL
citalopram hydrobromide oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
citalopram hydrobromide oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
escitalopram oxalate oral solution 5 mg/5ml	Tier 2	AGE (Max 12 Years); MAIL
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
escitalopram oxalate oral tablet 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
fluoxetine hcl oral capsule 10 mg	Tier 2	QL (3 EA per 1 day); MAIL
fluoxetine hcl oral capsule 20 mg	Tier 2	QL (4 EA per 1 day); MAIL
fluoxetine hcl oral capsule 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
fluoxetine hcl oral solution 20 mg/5ml	Tier 2	AGE (Max 12 Years); MAIL
fluvoxamine maleate oral tablet 100 mg	Tier 2	QL (3 EA per 1 day); MAIL
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
sertraline hcl oral concentrate 20 mg/ml	Tier 2	QL (10 ML per 1 day); AGE (Max 11 Years); MAIL
sertraline hcl oral tablet 100 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
sertraline hcl oral tablet 25 mg	Tier 2	QL (1 EA per 1 day); MAIL
Serotonin Modulators**		
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 4	PA; MAIL
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; MAIL
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 4	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 2	QL (1 EA per 1 day); MAIL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	QL (2 EA per 1 day); MAIL
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
Tricyclic Agents**		
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 4	QL (6 EA per 1 day); MAIL
protriptyline hcl oral tablet 10 mg	Tier 4	QL (6 EA per 1 day); MAIL
protriptyline hcl oral tablet 5 mg	Tier 4	QL (4 EA per 1 day); MAIL
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 4	MAIL
amitriptyline hcl oral tablet 10 mg, 25 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
amitriptyline hcl oral tablet 100 mg, 150 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
amitriptyline hcl oral tablet 50 mg, 75 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 2	MAIL
desipramine hcl oral tablet 10 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
desipramine hcl oral tablet 100 mg, 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
desipramine hcl oral tablet 150 mg	Tier 2	QL (2 EA per 1 day); MAIL
desipramine hcl oral tablet 25 mg	Tier 2	QL (4 EA per 1 day); MAIL
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
doxepin hcl oral capsule 150 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years); MAIL
doxepin hcl oral concentrate 10 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
nortriptyline hcl oral capsule 10 mg, 25 mg	Tier 2	QL (6 EA per 1 day); MAIL
nortriptyline hcl oral capsule 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
nortriptyline hcl oral capsule 75 mg	Tier 2	QL (2 EA per 1 day); MAIL
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
miglitol oral tablet 100 mg	Tier 4	QL (3 EA per 1 day); MAIL
miglitol oral tablet 25 mg	Tier 4	QL (12 EA per 1 day); MAIL
miglitol oral tablet 50 mg	Tier 4	QL (6 EA per 1 day); MAIL
acarbose oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
acarbose oral tablet 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 4	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 4	PA; MAIL
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
metformin hcl oral tablet 1000 mg	Tier 2	QL (2 EA per 1 day); MAIL
metformin hcl oral tablet 500 mg	Tier 2	QL (5 EA per 1 day); MAIL
metformin hcl oral tablet 850 mg	Tier 2	QL (3 EA per 1 day); MAIL
Diabetic Other - Combinations**		
gnp glucose oral tablet chewable 4-6 gm-mg	Tier 2	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (Glucose-Vitamin C)	Tier 2	OTC
Diabetic Other**		
diazoxide oral suspension 50 mg/ml	Tier 4	MAIL
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION (Glucagon HCl)	Tier 3	QL (2 EA per 25 days)
glucagon emergency injection solution reconstituted 1 mg	Tier 2	QL (2 EA per 25 days)
gnp glucose oral tablet chewable 4 gm	Tier 2	OTC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPtin Phosphate)	Tier 3	ST; QL (1 EA per 1 day); MAIL
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 2	ST; QL (1 EA per 1 day); MAIL
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	ST; QL (1 EA per 1 Day)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	Tier 2	ST; QL (1 EA per 1 Day)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	Tier 2	ST; QL (2 EA per 1 Day)

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Drug Name	Formulary Status	Requirements/Limits
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Tier 2	ST; QL (2 EA per 1 Day)
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 3	QL (6 EA per 1 day); MAIL
Human Insulin**		
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Tier 3	QL (30 ML per 25 days); MAIL
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 3	QL (30 ML per 25 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 3	QL (30 ML per 25 days); MAIL
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (30 ML per 25 days); MAIL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (20 ML per 25 days); MAIL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (18 ML per 25 days); MAIL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 25 days); MAIL; OTC
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 25 days); MAIL; OTC

Drug Name	Formulary Status	Requirements/Limits
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 3	ST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 3	ST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 3	ST; QL (2 ML per 24 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 2	ST; QL (9 ML per 25 days); MAIL
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 3	ST; QL (15 ML per 30 days); MAIL

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Drug Name	Formulary Status	Requirements/Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 3	ST; QL (15 ML per 30 days); MAIL
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 2	QL (3 EA per 1 day); MAIL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (6 EA per 1 day); MAIL
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 3	ST; QL (1 EA per 1 day); MAIL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 3	ST; QL (2 EA per 1 day); MAIL
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
dapagliflozin oral tablet 10 mg, 5 mg	Tier 2	ST; QL (1 EA per 1 Day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Base-metFORMIN)	Tier 3	ST; QL (1 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Base-metFORMIN)	Tier 3	ST; QL (2 EA per 1 day); MAIL
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	Tier 2	ST; QL (1 EA per 1 Day)
dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 2	ST; QL (2 EA per 1 Day)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	QL (4 EA per 1 day); MAIL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 2	QL (2 EA per 1 day); MAIL
glyburide-metformin oral tablet 5-500 mg	Tier 2	QL (4 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 2	MAIL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
glipizide oral tablet 10 mg, 5 mg	Tier 2	MAIL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 2	MAIL
glycron oral tablet 1.5 mg, 3 mg, 6 mg	Tier 2	MAIL
Thiazolidinediones**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 2	QL (1 EA per 1 day); MAIL
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.**		
gnp pink bismuth oral tablet 262 mg	Tier 2	OTC
sb bismuth oral tablet 262 mg	Tier 2	OTC
stomach relief oral suspension 525 mg/15ml	Tier 2	OTC
stomach relief oral tablet chewable 262 mg	Tier 2	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (Bismuth Subsalicylate)	Tier 2	OTC
Antiperistaltic Agents**		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 4	PA; QL (100 EA per 30 days)
anti-diarrheal oral tablet 2 mg	Tier 2	OTC
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 2	
goodsense anti-diarrheal oral solution 1 mg/7.5ml	Tier 2	OTC
loperamide hcl oral capsule 2 mg	Tier 2	
loperamide hcl oral tablet 2 mg	Tier 2	OTC
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 5	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 5	PA
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 4	PA
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml	Tier 2	QL (4 ML per 25 days)
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 2	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 2	
naltrexone hcl oral tablet 50 mg	Tier 2	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 2	QL (0.8 EA per 28 days)
Antiemetics		
5-Ht3 Receptor Antagonists**		
granisetron hcl oral tablet 1 mg	Tier 4	QL (2 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 4	PA
ondansetron hcl oral solution 4 mg/5ml	Tier 2	QL (50 ML per 25 days); AGE (Max 12 Years)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	QL (90 EA per 25 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 2	QL (90 EA per 25 days)
Antiemetic Combinations**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 4	PA
anti-nausea oral solution 1.87-1.87-21.5	Tier 2	OTC
Antiemetics - Anticholinergic**		
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 4	QL (4 EA per 25 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 2	QL (4 EA per 1 day)
meclizine hcl oral tablet chewable 25 mg	Tier 2	QL (4 EA per 1 day)
motion sickness relief oral tablet 50 mg	Tier 2	OTC
travel-ease oral tablet 25 mg	Tier 2	QL (4 EA per 1 day); OTC
trimethobenzamide hcl oral capsule 300 mg	Tier 2	
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 2	QL (4 EA per 1 day); OTC
DRIMINATE ORAL TABLET 50 MG (DimenhyDRINATE)	Tier 2	OTC
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 4	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral 80 & 125 mg	Tier 4	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 4	PA
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 4	PA
Antifungals		
Antifungals**		
flucytosine oral capsule 250 mg, 500 mg	Tier 4	PA
griseofulvin microsize oral suspension 125 mg/5ml	Tier 2	
nystatin oral tablet 500000 unit	Tier 2	
terbinafine hcl oral tablet 250 mg	Tier 2	QL (1 EA per 1 day)
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
Triazoles**		
voriconazole oral tablet 200 mg, 50 mg	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 2	QL (105 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier 2	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	Tier 2	QL (2 EA per 25 days)
itraconazole oral capsule 100 mg	Tier 2	QL (4 EA per 1 day)
Antihistamines		
Antihistamines - Alkylamines*		
aller-chlor oral tablet 4 mg	Tier 2	OTC
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 2	QL (2 EA per 1 day); OTC
chlorpheniramine maleate oral tablet 4 mg	Tier 2	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 2	OTC
WAL-FINATE ORAL TABLET 4 MG (Chlorpheniramine Maleate)	Tier 2	OTC
Antihistamines - Ethanolamines*		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 2	OTC
carbinoxamine maleate oral tablet 4 mg	Tier 2	
clemastine fumarate oral tablet 2.68 mg	Tier 2	
diphenhist oral capsule 25 mg	Tier 2	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 2	
diphenhydramine hcl oral capsule 25 mg	Tier 2	
diphenhydramine hcl oral capsule 50 mg	Tier 2	OTC
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 2	AGE (Max 12 Years)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 2	AGE (Max 12 Years); OTC
diphenhydramine hcl oral tablet 25 mg, 50 mg	Tier 2	OTC
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 2	AGE (Max 12 Years); OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5Ml)	Tier 2	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 2	AGE (Max 12 Years); OTC
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 2	AGE (Max 12 Years); OTC
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (DiphenhydrAMINE HCl)	Tier 2	OTC
Antihistamines - Non-Sedating*		
desloratadine oral tablet 5 mg	Tier 4	QL (1 EA per 1 day)
cetirizine hcl oral solution 1 mg/ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
fexofenadine hcl oral tablet 180 mg	Tier 2	QL (1 EA per 1 day); OTC
fexofenadine hcl oral tablet 60 mg	Tier 2	QL (2 EA per 1 day); OTC
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
levocetirizine dihydrochloride oral tablet 5 mg	Tier 2	QL (1 EA per 1 day)
loradamed oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); OTC
loratadine oral solution 5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
loratadine oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); OTC
loratadine oral tablet dispersible 10 mg	Tier 2	QL (1 EA per 1 day); OTC
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-FEX ALLERGY ORAL TABLET 180 MG (Fexofenadine HCl)	Tier 2	QL (1 EA per 1 day); OTC
WAL-FEX ALLERGY ORAL TABLET 60 MG (Fexofenadine HCl)	Tier 2	QL (2 EA per 1 day); OTC
WAL-ITIN ORAL SOLUTION 5 MG/5ML (Loratadine)	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
WAL-ITIN ORAL TABLET 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (Cetirizine HCl)	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
WAL-ZYR ORAL TABLET 10 MG (Cetirizine HCl)	Tier 2	QL (1 EA per 1 day); OTC
Antihistamines - Phenothiazines**		
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	AGE (Min 2 Years and Max 64 Years)
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 2	AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg	Tier 2	AGE (Max 64 Years)
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 4	PA; MAIL
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 4	PA; MAIL
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 4	QL (4 EA per 1 day); MAIL
Bile Acid Sequestrants**		
colesevelam hcl oral packet 3.75 gm	Tier 4	QL (1 EA per 1 day); MAIL
colesevelam hcl oral tablet 625 mg	Tier 4	QL (6 EA per 1 day); MAIL
cholestyramine light oral packet 4 gm	Tier 2	QL (240 EA per 25 days); MAIL

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Drug Name	Formulary Status	Requirements/Limits
cholestyramine light oral powder 4 gm/dose	Tier 2	QL (240 GM per 25 days); MAIL
cholestyramine oral packet 4 gm	Tier 2	QL (240 EA per 25 days); MAIL
cholestyramine oral powder 4 gm/dose	Tier 2	QL (378 GM per 25 days); MAIL
colestipol hcl oral tablet 1 gm	Tier 2	QL (16 EA per 1 day); MAIL
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 2	QL (240 GM per 25 days); MAIL
Fibric Acid Derivatives**		
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	QL (1 EA per 1 day); MAIL
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 2	QL (1 EA per 1 day); MAIL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	QL (1 EA per 1 day); MAIL
gemfibrozil oral tablet 600 mg	Tier 2	QL (4 EA per 1 day); MAIL
Hmg Coa Reductase Inhibitors**		
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL; PREV for ages 40-75
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL; PREV for ages 40-75
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 4	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
rosuvastatin calcium oral tablet 20 mg	Tier 4	QL (1.5 EA per 1 day); MAIL
rosuvastatin calcium oral tablet 40 mg	Tier 4	QL (1 EA per 1 day); MAIL
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
atorvastatin calcium oral tablet 40 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
atorvastatin calcium oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL
lovastatin oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
lovastatin oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL; PREV for ages 40-75
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
pravastatin sodium oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 40-75
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (1.5 EA per 1 day); MAIL; PREV for ages 40-75
simvastatin oral tablet 40 mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 40-75
simvastatin oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 4	PA; MAIL
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 4	MAIL
Nicotinic Acid Derivatives**		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 4	QL (4 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 4	QL (4 EA per 1 day); MAIL
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	Tier 4	QL (4 EA per 1 day)
Pcsk9 Inhibitors**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 4	PA
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 2	QL (1 EA per 1 day); MAIL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	Tier 2	QL (2 EA per 1 day); MAIL
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	QL (3 EA per 1 day); MAIL
benazepril-hydrochlorothiazide oral tablet 20-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 2	QL (1 EA per 1 day); MAIL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
benazepril hcl oral tablet 40 mg, 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
captopril oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
enalapril maleate oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day); MAIL
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
perindopril erbumine oral tablet 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
quinapril hcl oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
Agents For Pheochromocytoma**		
phenoxybenzamine hcl oral capsule 10 mg	Tier 4	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 2	QL (1 EA per 1 day); MAIL
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Angiotensin Ii Receptor Antagonists**		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
candesartan cilexetil oral tablet 32 mg	Tier 2	QL (1 EA per 1 day); MAIL
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 2	QL (1 EA per 1 day); MAIL
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (1 EA per 1 day); MAIL
olmesartan medoxomil oral tablet 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day); MAIL
olmesartan medoxomil oral tablet 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
telmisartan oral tablet 20 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
telmisartan oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 2	QL (2 EA per 1 day); MAIL
valsartan oral tablet 320 mg	Tier 2	QL (1 EA per 1 day); MAIL
Antiadrenergics - Centrally Acting**		
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 4	ST; QL (4 EA per 25 days); MAIL
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 2	QL (6 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
clonidine hcl oral tablet 0.3 mg	Tier 2	QL (4 EA per 1 day); MAIL
guanfacine hcl oral tablet 1 mg	Tier 2	QL (4 EA per 1 day); MAIL
guanfacine hcl oral tablet 2 mg	Tier 2	QL (2 EA per 1 day); MAIL
methyldopa oral tablet 250 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
methyldopa oral tablet 500 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
doxazosin mesylate oral tablet 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 2	QL (6 EA per 1 day); MAIL
terazosin hcl oral capsule 1 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
terazosin hcl oral capsule 10 mg, 2 mg	Tier 2	QL (2 EA per 1 day); MAIL
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	MAIL
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
atenolol-chlorthalidone oral tablet 50-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 2	QL (4 EA per 1 day); MAIL
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 2	QL (3 EA per 1 day); MAIL
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg	Tier 2	QL (4 EA per 1 day); MAIL
eplerenone oral tablet 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
Vasodilators**		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	MAIL
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	MAIL
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 4	
tinidazole oral tablet 250 mg	Tier 4	QL (8 EA per 1 day)
tinidazole oral tablet 500 mg	Tier 4	QL (4 EA per 1 day)
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 4	PA
metronidazole oral tablet 250 mg, 500 mg	Tier 2	
trimethoprim oral tablet 100 mg	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 2	AGE (Max 12 Years)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 2	
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	Tier 2	AGE (Max 12 Years)
Antiprotozoal Agents**		
atovaquone oral suspension 750 mg/5ml	Tier 4	PA
nitazoxanide oral tablet 500 mg	Tier 4	PA
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 4	PA
Glycopeptides**		
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	Tier 2	
Leprostatics**		
dapsone oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
dapsone oral tablet 25 mg	Tier 2	QL (4 EA per 1 day)
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg	Tier 2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 2	AGE (Max 12 Years)
Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 5	PA
Oxazolidinones**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 4	PA
linezolid oral tablet 600 mg	Tier 4	PA
Urinary Anti-Infectives**		
fosfomycin tromethamine oral packet 3 gm	Tier 4	
nitrofurantoin oral suspension 25 mg/5ml	Tier 4	AGE (Max 12 Years)
methenamine hippurate oral tablet 1 gm	Tier 2	
nitrofurantoin macrocrystal oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin macrocrystal oral capsule 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
Antimalarials		
Antimalarial Combinations**		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 4	

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Drug Name	Formulary Status	Requirements/Limits
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 2	QL (1 EA per 1 day)
Antimalarials**		
hydroxychloroquine sulfate oral tablet 200 mg	Tier 4	QL (4 EA per 1 day)
quinine sulfate oral capsule 324 mg	Tier 4	QL (30 EA per 25 days)
chloroquine phosphate oral tablet 250 mg	Tier 2	QL (20 EA per 25 days)
chloroquine phosphate oral tablet 500 mg	Tier 2	QL (10 EA per 25 days)
mefloquine hcl oral tablet 250 mg	Tier 2	QL (6 EA per 25 days)
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 2	PA; QL (21 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
pyridostigmine bromide oral tablet 60 mg	Tier 2	QL (6 EA per 1 day)
Antimycobacterial Agents		
Antimycobacterial Agents**		
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 5	
pyrazinamide oral tablet 500 mg	Tier 4	
rifabutin oral capsule 150 mg	Tier 4	
rifapentine oral tablet 150 mg	Tier 4	QL (32 EA per 25 Days)
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 4	
TRECATOR ORAL TABLET 250 MG (Ethionamide)	Tier 4	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 3	QL (32 EA per 25 days)
cycloserine oral capsule 250 mg	Tier 2	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 2	
isoniazid oral syrup 50 mg/5ml	Tier 2	
isoniazid oral tablet 100 mg, 300 mg	Tier 2	
rifampin oral capsule 150 mg, 300 mg	Tier 2	
Antineoplastics And Adjunctive Therapies		
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg	Tier 5	PA; QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 5	PA; QL (2 EA per 1 day)
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 5	PA
Antiandrogens**		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 5	PA; QL (2 EA per 1 day)
bicalutamide oral tablet 50 mg	Tier 2	QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 2	PA; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antiestrogens**		
toremifene citrate oral tablet 60 mg	Tier 4	PA; QL (1 EA per 1 day)
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 2	MAIL; PREV for ages 35 and over
Antimetabolites**		
capecitabine oral tablet 150 mg, 500 mg	Tier 5	PA; QL (4 EA per 1 day)
methotrexate sodium (pf) injection solution 250 mg/10ml	Tier 5	QL (10 ML per 25 days)
methotrexate sodium (pf) injection solution 50 mg/2ml	Tier 5	QL (10 ML per 25 days); MAIL
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 5	QL (10 ML per 25 days)
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 4	PA
mercaptopurine oral tablet 50 mg	Tier 2	QL (3 EA per 1 day)
methotrexate sodium oral tablet 2.5 mg	Tier 2	MAIL
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 5	PA; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 5	PA; QL (2 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG (Ceritinib)	Tier 5	PA; QL (3 EA per 1 day)
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (Venetoclax)	Tier 5	PA; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (Venetoclax)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 5	PA; QL (1 EA per 1 day)
dasatinib oral tablet 20 mg	Tier 5	PA; QL (3 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 5	PA; QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 5	PA; QL (2 EA per 1 day)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 5	PA; QL (4 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Braf Kinase Inhibitors**		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors**		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 5	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (Ibrutinib)	Tier 5	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (Ibrutinib)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 5	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
erlotinib hcl oral tablet 25 mg	Tier 5	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 5	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitors**		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 5	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Histone Deacetylase Inhibitors**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 5	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastic - Immunomodulators**		
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 5	PA; QL (1 EA per 1 Day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Mek Inhibitors**		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 5 mg	Tier 5	PA; QL (2 EA per 1 day)
everolimus oral tablet soluble 3 mg	Tier 5	PA; QL (3 EA per 1 day)
Antineoplastic - Multikinase Inhibitors**		
lapatinib ditosylate oral tablet 250 mg	Tier 5	PA; QL (6 EA per 1 day)
pazopanib hcl oral tablet 200 mg	Tier 5	PA; QL (4 EA per 1 day)
pazopanib hcl oral tablet 400 mg	Tier 5	PA; QL (2 EA per 1 Day)
sorafenib tosylate oral tablet 200 mg	Tier 5	PA; QL (4 EA per 1 day)
sunitinib malate oral capsule 12.5 mg	Tier 5	PA; QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	Tier 5	PA; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	Tier 5	PA; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 5	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 5	PA; QL (1 EA per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (2 EA per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (4 EA per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (Cabozantinib S-Malate)	Tier 5	PA; QL (3 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 5	PA; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 5	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 5	PA
hydroxyurea oral capsule 500 mg	Tier 2	
Aromatase Inhibitors**		
exemestane oral tablet 25 mg	Tier 4	MAIL; PREV for ages 35 and over
anastrozole oral tablet 1 mg	Tier 2	MAIL; PREV for ages 35 and over
letrozole oral tablet 2.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 5	PA; QL (2 EA per 1 day)
Estrogens-Antineoplastic**		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 4	PA; QL (1 EA per 1 day)
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	Tier 2	
leucovorin calcium oral tablet 5 mg	Tier 2	MAIL
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (Leucovorin Calcium)	Tier 2	MAIL
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (Degarelix Acetate)	Tier 5	PA
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 5	PA
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 5	PA; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (Ruxolitinib Phosphate)	Tier 5	PA; QL (1 EA per 1 Day)
Lhrh Analogs**		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 5	PA; AGE (Min 18 Years)
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	Tier 4	PA; QL (2 EA per 1 day)
Nitrogen Mustards And Related Analogues**		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	PA
melphalan oral tablet 2 mg	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 4	PA
Nitrosoureas**		
lomustine oral capsule 10 mg	Tier 5	PA; QL (3 EA per 1 Day)
lomustine oral capsule 100 mg, 40 mg	Tier 5	PA; QL (2 EA per 1 Day)
GLEOSTINE ORAL CAPSULE 10 MG (Lomustine)	Tier 5	PA; QL (3 EA per 1 day)
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Lomustine)	Tier 5	PA; QL (2 EA per 1 day)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 5	PA; QL (2 EA per 1 day)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 5	PA; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 5	PA; QL (4 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (Niraparib Tosylate)	Tier 5	PA; QL (1 EA per 1 day)
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 2	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 2	
Retinoids**		
tretinoin oral capsule 10 mg	Tier 4	PA; QL (9 EA per 1 day)
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	Tier 5	PA; QL (6 EA per 1 day)
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 5	PA; QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	AGE (Max 64 Years); MAIL
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 2	AGE (Max 64 Years); MAIL
Antiparkinson Dopaminergics**		
bromocriptine mesylate oral capsule 5 mg	Tier 4	QL (6 EA per 1 day); MAIL
bromocriptine mesylate oral tablet 2.5 mg	Tier 4	QL (6 EA per 1 day); MAIL
amantadine hcl oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
amantadine hcl oral solution 50 mg/5ml	Tier 2	MAIL
amantadine hcl oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
Antiparkinson Monoamine Oxidase Inhibitors**		
rasagiline mesylate oral tablet 0.5 mg	Tier 4	QL (2 EA per 1 day); MAIL
rasagiline mesylate oral tablet 1 mg	Tier 4	QL (1 EA per 1 day); MAIL
selegiline hcl oral capsule 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
selegiline hcl oral tablet 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
Central/Peripheral Comt Inhibitors**		
tolcapone oral tablet 100 mg	Tier 4	PA; MAIL
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 4	MAIL
Levodopa Combinations**		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg	Tier 4	MAIL
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	Tier 4	QL (8 EA per 1 day); MAIL
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 4	QL (6 EA per 1 day); MAIL
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	MAIL
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	MAIL
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	MAIL
Nonergoline Dopamine Receptor Agonists**		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (Rotigotine)	Tier 4	PA; MAIL
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	MAIL
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	Tier 4	QL (8 EA per 1 day); MAIL
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 2	AGE (Min 6 Years); MAIL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 2	AGE (Min 6 Years); MAIL
lithium carbonate oral tablet 300 mg	Tier 2	AGE (Min 6 Years); MAIL
Antipsychotics - Misc.**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; MAIL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (Cariprazine HCl)	Tier 4	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (Cariprazine HCl)	Tier 4	PA
Benzisoxazoles**		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 4	PA; MAIL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet dispersible 4 mg	Tier 4	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral solution 1 mg/ml	Tier 2	QL (16 ML per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet 4 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
Butyrophenones**		
haloperidol lactate injection solution 5 mg/ml	Tier 2	AGE (Min 6 Years)
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	AGE (Min 6 Years); MAIL
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
clozapine oral tablet 200 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Tier 4	QL (1 EA per 1 day); AGE (Min 6 Years); MAIL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	AGE (Min 6 Years); MAIL
Phenothiazines**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	AGE (Min 6 Years); MAIL
prochlorperazine rectal suppository 25 mg	Tier 4	AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 4	AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	AGE (Min 6 Years and Max 64 Years); MAIL
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	AGE (Min 6 Years and Max 64 Years); MAIL
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
Quinolinone Derivatives**		
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 16 Years); MAIL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Brexpiprazole)	Tier 4	PA
aripiprazole oral solution 1 mg/ml	Tier 2	AGE (Max 11 Years); MAIL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Thienbenzodiazepines**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years); MAIL
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
Antiseptics & Disinfectants		
Chlorine Antiseptics**		
chlorhexidine gluconate external solution 4 %	Tier 2	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
Antivirals		
Antiretroviral Combinations**		
triumeq pd oral tablet soluble 60-5-30 mg	Tier 3	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF)	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 3	QL (1 EA per 1 day); PREV when used for prevention
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 3	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 3	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 3	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (Darunavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 3	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 3	QL (1 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 2	QL (1 EA per 1 day); PREV when used for prevention
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 2	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 2	QL (1 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 2	QL (6 EA per 1 day)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 4	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 3	QL (900 ML per 30 days)
maraviroc oral tablet 150 mg, 300 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 3	QL (2 EA per 1 day)
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 3	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 3	QL (180 EA per 30 days)
Antiretrovirals - Protease Inhibitors**		
NORVIR ORAL PACKET 100 MG (Ritonavir)	Tier 4	QL (4 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 3	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 3	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 3	QL (16 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 3	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 3	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 2	QL (1 EA per 1 day)
darunavir oral tablet 600 mg	Tier 2	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 2	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 2	QL (4 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 2	QL (12 EA per 1 day)
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 3	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 3	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 3	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg	Tier 2	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Tier 2	QL (12 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
efavirenz oral tablet 600 mg	Tier 2	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Tier 2	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 2	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 2	QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 2	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
rilpivirine hcl oral tablet 25 mg	Tier 2	QL (1 EA per 1 Day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 2	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 3	QL (24 ML per 1 day)
emtricitabine oral capsule 200 mg	Tier 2	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	Tier 2	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Tier 2	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 2	QL (1 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 2	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 2	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleotide Analogues**		
VIREAD ORAL POWDER 40 MG/GM (Tenofovir Disoproxil Fumarate)	Tier 4	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (Tenofovir Disoproxil Fumarate)	Tier 4	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 2	QL (1 EA per 1 day)
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 3	QL (1 EA per 1 day)
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	QL (30 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	QL (30 EA per 5 days)

Drug Name	Formulary Status	Requirements/Limits
Cmv Agents**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 4	PA
valganciclovir hcl oral tablet 450 mg	Tier 4	PA
Hepatitis B Agents**		
adefovir dipivoxil oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 4	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 4	PA
lamivudine oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
Hepatitis C Agent - Combinations**		
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 5	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 5	PA; QL (1 EA per 1 day)
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
Hepatitis C Agents**		
ribavirin oral capsule 200 mg	Tier 5	
ribavirin oral tablet 200 mg	Tier 5	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 5	PA
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 5	PA; QL (1 EA per 1 day)
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 2	QL (5 EA per 1 day)
acyclovir oral suspension 200 mg/5ml	Tier 2	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Tier 2	QL (5 EA per 1 day)
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 2	QL (8 EA per 1 day)
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	QL (3 EA per 1 day)
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	Tier 2	QL (2 EA per 1 day)
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG (Molnupiravir)	Tier 3	QL (40 EA per 5 days)
Neuraminidase Inhibitors**		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (Zanamivir)	Tier 3	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (Oseltamivir Phosphate)	Tier 3	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (Oseltamivir Phosphate)	Tier 3	QL (25 ML per 1 day); AGE (Max 12 Years)
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 2	QL (2 EA per 1 day)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (Baloxavir Marboxil)	Tier 3	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 3	QL (1 EA per 25 days)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 2	QL (2 EA per 1 day); MAIL
labetalol hcl oral tablet 100 mg, 200 mg	Tier 2	QL (4 EA per 1 day); MAIL
labetalol hcl oral tablet 300 mg	Tier 2	QL (8 EA per 1 day); MAIL
Beta Blockers Cardio-Selective**		
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 4	MAIL
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 2	MAIL
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
betaxolol hcl oral tablet 10 mg	Tier 2	QL (2 EA per 1 day); MAIL
betaxolol hcl oral tablet 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	Tier 2	QL (3 EA per 1 day); MAIL
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Tier 2	QL (2 EA per 1 day); MAIL
metoprolol succinate er oral tablet extended release 24 hour 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
Beta Blockers Non-Selective**		
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	Tier 4	QL (3 EA per 1 day); MAIL
propranolol hcl er oral capsule extended release 24 hour 160 mg	Tier 4	QL (2 EA per 1 day); MAIL
propranolol hcl er oral capsule extended release 24 hour 80 mg	Tier 4	QL (4 EA per 1 day); MAIL
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MAIL
pindolol oral tablet 10 mg, 5 mg	Tier 2	MAIL
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 2	MAIL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	MAIL
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	MAIL
sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg	Tier 2	MAIL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2	MAIL
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 2	MAIL
Calcium Channel Blockers		
Calcium Channel Blockers**		
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 4	PA; MAIL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	Tier 4	QL (1 EA per 1 day); MAIL
verapamil hcl er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 4	QL (2 EA per 1 day); MAIL
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	Tier 2	QL (6 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Tier 2	QL (4 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg	Tier 2	QL (4 EA per 1 day); MAIL
diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral tablet extended release 24 hour 420 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	QL (4 EA per 1 day); MAIL
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltzac oral capsule extended release 24 hour 120 mg	Tier 2	QL (2 EA per 1 day); MAIL
felodipine er oral tablet extended release 24 hour 10 mg	Tier 2	QL (2 EA per 1 day); MAIL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
isradipine oral capsule 2.5 mg	Tier 2	QL (6 EA per 1 day); MAIL
isradipine oral capsule 5 mg	Tier 2	QL (4 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
nicardipine hcl oral capsule 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
nicardipine hcl oral capsule 30 mg	Tier 2	QL (3 EA per 1 day); MAIL
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Tier 2	QL (1 EA per 1 day); MAIL
nifedipine er oral tablet extended release 24 hour 90 mg	Tier 2	QL (2 EA per 1 day); MAIL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 2	QL (1 EA per 1 day); MAIL
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 2	QL (2 EA per 1 day); MAIL
nifedipine oral capsule 10 mg, 20 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
nimodipine oral capsule 30 mg	Tier 2	
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Tier 2	QL (3 EA per 1 day); MAIL
verapamil hcl er oral tablet extended release 180 mg	Tier 2	QL (2 EA per 1 day); MAIL
verapamil hcl oral tablet 120 mg	Tier 2	QL (3 EA per 1 day); MAIL
verapamil hcl oral tablet 40 mg, 80 mg	Tier 2	QL (4 EA per 1 day); MAIL
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 360 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Cardiotonics		
Cardiac Glycosides**		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 3	QL (1 EA per 1 day); MAIL
digoxin oral solution 0.05 mg/ml	Tier 2	AGE (Max 12 Years); MAIL
digoxin oral tablet 125 mcg, 250 mcg	Tier 2	QL (1 EA per 1 day); MAIL
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Cardiovascular Agents - Misc.		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (Sacubitril-Valsartan)	Tier 3	PA; QL (8 EA per 1 day); MAIL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 3	PA; MAIL
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 2	PA; MAIL
Peripheral Vasodilators**		
niacin flush free oral capsule 500 mg	Tier 2	MAIL; OTC

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Drug Name	Formulary Status	Requirements/Limits
Prostaglandin Vasodilators**		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 5	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 5	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 5	PA; QL (3 EA per 1 day)
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 5	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	Tier 5	PA; QL (2 EA per 1 day)
macitentan oral tablet 10 mg	Tier 5	PA; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 5	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 5	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
sildenafil citrate oral tablet 20 mg	Tier 5	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 5	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 5	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL TABLET 100 MCG, 150 MCG (Selexipag)	Tier 5	PA; QL (2 EA per 1 Day); AGE (Min 2 Years and Max 17 Years)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 5	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 5	PA; QL (200 EA per 25 days)
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 3	PA; MAIL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 2	PA; MAIL
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 2	AGE (Max 12 Years)
cefadroxil oral tablet 1 gm	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 2	AGE (Max 12 Years)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	QL (20 EA per 10 days)
Cephalosporins - 3Rd Generation**		
cefixime oral capsule 400 mg	Tier 4	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 4	AGE (Max 12 Years)
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 2	AGE (Max 12 Years)
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 2	
ceftriaxone sodium injection solution reconstituted 1 gm	Tier 2	
Contraceptives		
Biphasic Contraceptives - Oral**		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	QL (1 EA per 1 day); MAIL
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Combination Contraceptives - Oral**		
alyacen 1/35 oral tablet 1-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
briellyn oral tablet 0.4-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PREV	QL (1 EA per 1 day); MAIL
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PREV	QL (1 EA per 1 day); MAIL
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PREV	QL (1 EA per 1 day); MAIL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
marlissa oral tablet 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	QL (1 EA per 1 day); MAIL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	QL (1 EA per 1 day); MAIL
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Ethynodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Ethynodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Syeda Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospiren-Eth Estrad-Levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Vestura Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estradiol-Fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
Ethynodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PREV	QL (0.15 EA per 1 day); MAIL
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (0.15 EA per 1 day); MAIL
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (0.15 EA per 1 day); MAIL
Combination Contraceptives - Vaginal**		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	QL (0.05 EA per 1 day); MAIL
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	QL (0.05 EA per 1 day); MAIL
Continuous Contraceptives - Oral**		
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
Emergency Contraceptives**		
levonorgestrel oral tablet 1.5 mg	PREV	QL (1 EA per 25 days); OTC
AFTERA ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
MY CHOICE ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
MY WAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
NEW DAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
OPTION 2 ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
REACT ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
TAKE ACTION ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	QL (1 EA per 25 days); OTC
Extended-Cycle Contraceptives - Oral**		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	QL (1 EA per 1 day); MAIL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	MAIL
Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	QL (1 EA per 1 day); MAIL
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)

Drug Name	Formulary Status	Requirements/Limits
Progestin Contraceptives - Oral**		
norethindrone oral tablet 0.35 mg	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PREV	QL (1 EA per 1 day); MAIL
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PREV	QL (1 EA per 1 day); MAIL
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (Norethin-Eth Estrad Triphasic)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	QL (1 EA per 1 day); MAIL
Corticosteroids		
Glucocorticosteroids**		
budesonide oral capsule delayed release particles 3 mg	Tier 4	PA
dexamethasone oral elixir 0.5 mg/5ml	Tier 2	
dexamethasone oral solution 0.5 mg/5ml	Tier 2	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
dexamethasone sod phosphate pf injection solution 10 mg/ml	Tier 2	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
methylprednisolone oral tablet therapy pack 4 mg	Tier 2	
prednisolone oral solution 15 mg/5ml	Tier 2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 2	
prednisone oral solution 5 mg/5ml	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 2	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 2	
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 2	MAIL
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 200 mg	Tier 2	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 2	OTC
Antitussive - Opioid**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 2	
hydromet oral solution 5-1.5 mg/5ml	Tier 2	
Antitussive-Expectorant**		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Tier 2	OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
g tussin ac oral solution 100-10 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 2	OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 2	QL (240 ML per 25 days); OTC
Decongestant & Antihistamine**		
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 3	OTC
allergy relief d oral tablet extended release 24 hour 10-240 mg	Tier 2	QL (1 EA per 1 day); OTC
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 2	QL (2 EA per 1 day); OTC
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 2	QL (2 EA per 1 day); OTC
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 2	QL (240 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 2	QL (2 EA per 1 day); OTC
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 2	OTC
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 2	QL (240 ML per 25 days); OTC
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (Loratadine-Pseudoephedrine)	Tier 2	QL (1 EA per 1 day); OTC
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 2	QL (2 EA per 1 day); OTC
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Cetirizine-Pseudoephedrine)	Tier 2	QL (2 EA per 1 day); OTC
Decongestant W/ Expectorant**		
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Tier 2	OTC
Expectorants**		
guaifenesin er oral tablet extended release 12 hour 600 mg	Tier 2	QL (2 EA per 1 day); OTC
guaifenesin oral tablet 200 mg, 400 mg	Tier 2	OTC
mucus & chest congestion oral liquid 200 mg/10ml	Tier 2	OTC
refenesen 400 oral tablet 400 mg	Tier 2	OTC
scot-tussin expectorant oral liquid 100 mg/5ml	Tier 2	OTC
siltussin sa oral liquid 100 mg/5ml	Tier 2	OTC
tussin mucus & chest congest oral liquid 100 mg/5ml	Tier 2	OTC
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 2	OTC
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 2	OTC
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (GuaiFENesin)	Tier 2	OTC
XPECT ORAL TABLET 400 MG (GuaiFENesin)	Tier 2	OTC
Misc. Respiratory Inhalants**		
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	Tier 2	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 2	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 2	QL (240 ML per 25 days)
Non-Narc Antitussive-Decongestant-Antihistamine**		
bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 2	QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
Opioid Antitussive-Antihistamine**		
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
Dermatologicals		
Acne Antibiotics**		
clindamycin phos (once-daily) external gel 1 %	Tier 4	QL (75 ML per 25 days)
clindamycin phos (twice-daily) external gel 1 %	Tier 4	QL (60 GM per 25 days)
clindamycin phosphate external gel 1 %	Tier 4	QL (60 GM per 25 days)
clindamycin phosphate external lotion 1 %	Tier 2	QL (60 ML per 25 days)
clindamycin phosphate external solution 1 %	Tier 2	QL (60 ML per 25 days)
erythromycin external solution 2 %	Tier 2	QL (60 ML per 25 days)
sulfacetamide sodium (acne) external lotion 10 %	Tier 2	
Acne Combinations**		
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 4	PA
clindamycin phos-benzoyl perox external gel 1-5 %	Tier 4	PA
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 4	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier 2	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 2	PA
Acne Products**		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
ISOtretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
acne foaming wash external liquid 10 %	Tier 2	QL (240 GM per 25 days); OTC
acne treatment external gel 10 %	Tier 2	OTC
acne-clear external gel 10 %	Tier 2	OTC
adapalene treatment external gel 0.1 %	Tier 2	OTC
benzoyl peroxide external gel 10 %	Tier 2	
benzoyl peroxide external gel 5 %	Tier 2	OTC
benzoyl peroxide external lotion 10 %, 5 %	Tier 2	OTC
benzoyl peroxide wash external liquid 5 %	Tier 2	QL (240 GM per 25 days); OTC
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 2	QL (45 GM per 25 days); AGE (Max 35 Years)

Drug Name	Formulary Status	Requirements/Limits
tretinoin external gel 0.01 %, 0.025 %	Tier 2	QL (45 GM per 25 days); AGE (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 2	OTC
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (Benzoyl Peroxide)	Tier 2	QL (240 GM per 25 days); OTC
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 4	PA
Antibiotic Mixtures Topical**		
cvs antibiotic pain/scar external ointment 1 %	Tier 2	OTC
first aid antibiotic external ointment 3.5-500-10000	Tier 2	OTC
poly bacitracin external ointment 500-10000 unit/gm	Tier 2	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (Neomycin-Bacitracin-Polymyxin)	Tier 2	OTC
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (Neomy-Bacit-Polymyx-Pramoxine)	Tier 2	OTC
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 4	PA
antibiotic external ointment 500 unit/gm	Tier 2	OTC
bacitracin external ointment 500 unit/gm	Tier 2	OTC
bacitracin zinc external ointment 500 unit/gm	Tier 2	OTC
gentamicin sulfate external cream 0.1 %	Tier 2	QL (60 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	Tier 2	QL (60 GM per 25 days)
mupirocin external ointment 2 %	Tier 2	QL (44 GM per 25 days)
Antifungals - Topical Combinations**		
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 4	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 4	QL (60 GM per 25 days)
clotrimazole-betamethasone external cream 1-0.05 %	Tier 2	QL (45 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 2	QL (60 ML per 25 days)
Antifungals - Topical**		
naftifine hcl external cream 1 %	Tier 4	PA
naftifine hcl external gel 2 %	Tier 4	PA
antifungal (tolnaftate) external cream 1 %	Tier 2	OTC
butenafine hcl external cream 1 %	Tier 2	OTC
ciclopirox external solution 8 %	Tier 2	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	Tier 2	QL (90 GM per 25 days)
ciclopirox olamine external suspension 0.77 %	Tier 2	QL (60 ML per 25 days)
fungi-guard external cream 1 %	Tier 2	OTC
nystatin external cream 100000 unit/gm	Tier 2	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	Tier 2	QL (90 GM per 25 days)
nystatin external powder 100000 unit/gm	Tier 2	QL (30 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
terbinafine hcl external cream 1 %	Tier 2	QL (30 GM per 25 days); OTC
tinaspore external solution 1 %	Tier 2	OTC
tolnaftate external aerosol powder 1 %	Tier 2	OTC
tolnaftate external cream 1 %	Tier 2	OTC
tolnaftate external powder 1 %	Tier 2	OTC
Ciclopirox (Ciclodan External Solution 8 %)	Tier 2	QL (6.6 ML per 25 days)
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 2	OTC
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Antihistamine-Topical Combinations**		
diphenhydramine-zinc acetate external cream 2-0.1 %	Tier 2	OTC
Anti-Inflammatory Agents - Topical**		
diclofenac sodium external gel 1 %	Tier 2	QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 2	QL (200 GM per 25 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	Tier 4	
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 4	PA
Antipsoriatics - Systemic**		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 5	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days); Preferred Brand
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-ttwe)	Tier 5	PA; QL (1 ML per 56 days)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 5	PA; QL (1 ML per 56 Days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 5	PA; QL (1 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 5	PA; QL (1.7 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days); Preferred Brand

Drug Name	Formulary Status	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (Risankizumab-rzaa)	Tier 5	PA; QL (0.37 ML per 84 Days); AGE (Min 6 Years)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 5	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 5	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 5	PA; QL (0.5 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 5	PA; QL (1 ML per 56 days)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	PA
Antipsoriatics**		
calcitriol external ointment 3 mcg/gm	Tier 4	PA; QL (100 GM per 25 days)
calcipotriene external cream 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external ointment 0.005 %	Tier 2	QL (120 GM per 25 days)
calcipotriene external solution 0.005 %	Tier 2	QL (60 ML per 25 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %, 0.1 %	Tier 2	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	QL (120 GM per 25 days)
Antiseborrheic Products**		
anti-dandruff external shampoo 1 %	Tier 2	OTC
selenium sulfide external lotion 2.5 %	Tier 2	
Antivirals - Topical**		
acyclovir external ointment 5 %	Tier 4	PA
docosanol external cream 10 %	Tier 2	QL (2 GM per 25 days); OTC
penciclovir external cream 1 %	Tier 2	PA
Burn Products**		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 4	QL (454 GM per 25 days)
silver sulfadiazine external cream 1 %	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
Corticosteroids - Topical**		
amcinonide external lotion 0.1 %	Tier 4	QL (60 ML per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 4	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
clobetasol propionate external ointment 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 4	QL (50 ML per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 4	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 4	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	Tier 4	QL (120 ML per 25 days)
halcinonide external cream 0.1 %	Tier 4	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 4	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 4	QL (50 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 4	PA
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 4	QL (120 ML per 25 days)
ala-cort external cream 1 %, 2.5 %	Tier 2	QL (60 GM per 25 days)
alclometasone dipropionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
alclometasone dipropionate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
alphatrex external gel 0.05 %	Tier 2	QL (50 GM per 25 days)
amcinonide external ointment 0.1 %	Tier 2	QL (60 GM per 25 days)
anti-itch maximum strength external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
beta hc external lotion 1 %	Tier 2	QL (120 ML per 25 days); OTC
betamethasone dipropionate aug external cream 0.05 %	Tier 2	QL (50 GM per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	Tier 2	QL (60 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	Tier 2	QL (50 GM per 25 days)
betamethasone dipropionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
betamethasone dipropionate external lotion 0.05 %	Tier 2	QL (60 ML per 25 days)
betamethasone dipropionate external ointment 0.05 %	Tier 2	QL (45 GM per 25 days)
betamethasone valerate external cream 0.1 %	Tier 2	QL (454 GM per 25 days)
betamethasone valerate external ointment 0.1 %	Tier 2	QL (45 GM per 25 days)
desonide external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
desonide external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide external cream 0.025 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide external ointment 0.025 %	Tier 2	QL (60 GM per 25 days)
fluocinonide emulsified base external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external cream 0.05 %	Tier 2	QL (150 GM per 25 days)
fluocinonide external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external solution 0.05 %	Tier 2	QL (60 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
fluticasone propionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
fluticasone propionate external ointment 0.005 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone external cream 0.5 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone external cream 1 %	Tier 2	
hydrocortisone external cream 2.5 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone external lotion 1 %	Tier 2	QL (120 GM per 25 days); OTC
hydrocortisone external lotion 2.5 %	Tier 2	QL (60 ML per 25 days)
hydrocortisone external ointment 0.5 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone external ointment 1 %, 2.5 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone valerate external cream 0.2 %	Tier 2	QL (60 GM per 25 days)
mometasone furoate external cream 0.1 %	Tier 2	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 2	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 2	QL (60 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 2	QL (60 GM per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 2	QL (454 GM per 25 days)
triamcinolone acetonide external cream 0.5 %	Tier 2	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 2	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 2	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 2	QL (15 GM per 25 days)
AQUANIL HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 GM per 25 days); OTC
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 2	QL (56 GM per 25 days); OTC
DERMAREST ECZEMA EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
SARNOL-HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 2	QL (120 ML per 25 days); OTC
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 2	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 2	QL (15 GM per 25 days)
Emollients**		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 3	QL (226 GM per 25 days); OTC
ammonium lactate external cream 12 %	Tier 2	QL (280 GM per 25 days)
hydrophor external ointment	Tier 2	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 % (Ammonium Lactate)	Tier 2	QL (225 GM per 25 days); OTC

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Drug Name	Formulary Status	Requirements/Limits
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT (Emollient)	Tier 2	OTC
Enzymes - Topical**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 4	PA; QL (60 GM per 25 days)
Imidazole-Related Antifungals - Topical**		
econazole nitrate external cream 1 %	Tier 4	PA
luliconazole external cream 1 %	Tier 4	PA
oxiconazole nitrate external cream 1 %	Tier 4	PA; QL (90 GM per 25 days)
sulconazole nitrate external cream 1 %	Tier 4	PA
sulconazole nitrate solution 1 % external	Tier 4	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 4	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 4	PA
antifungal external powder 2 %	Tier 2	OTC
athletes foot powder spray external aerosol powder 2 %	Tier 2	OTC
clotrimazole athletes foot external cream 1 %	Tier 2	OTC
clotrimazole external cream 1 %	Tier 2	
clotrimazole external solution 1 %	Tier 2	
ketoconazole external cream 2 %	Tier 2	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 2	QL (120 ML per 25 days)
micaderm external cream 2 %	Tier 2	OTC
miconazole nitrate external cream 2 %	Tier 2	
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
DESENEX EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 2	OTC
ZEASORB-AF EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 2	OTC
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	Tier 2	PA; QL (24 EA per 25 days)
Keratolytic/Antimitotic/Vesicant Agents**		
podofilox external solution 0.5 %	Tier 2	QL (7 ML per 180 days)
Local Anesthetics - Topical**		
lidocaine external patch 5 %	Tier 4	PA; QL (90 EA per 25 days)
capsaicin external cream 0.1 %	Tier 2	OTC
lidocaine external cream 4 %	Tier 2	QL (90 GM per 25 days); OTC
lidocaine hcl external solution 4 %	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 2	
lidocaine pain relief external patch 4 %	Tier 2	QL (90 EA per 25 days); OTC
ANECREAM EXTERNAL CREAM 4 % (Lidocaine)	Tier 2	QL (90 GM per 25 days); OTC
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 2	
REGENECARE HA EXTERNAL GEL 2 % (Lidocaine HCl)	Tier 2	OTC
Macrolide Immunosuppressants - Topical**		
pimecrolimus external cream 1 %	Tier 4	QL (100 GM per 25 days)
tacrolimus external ointment 0.03 %, 0.1 %	Tier 4	QL (100 GM per 25 days)
Misc. Topical**		
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 2	QL (60 ML per 25 days)
Oxaborole-Related Antifungals - Topical**		
tavaborole external solution 5 %	Tier 4	PA; QL (10 ML per 30 days)
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 4	PA; QL (100 GM per 30 days)
Rosacea Agents**		
brimonidine tartrate external gel 0.33 %	Tier 4	PA
azelaic acid external gel 15 %	Tier 2	QL (50 GM per 25 days)
metronidazole external cream 0.75 %	Tier 2	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 2	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 2	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 2	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 2	QL (45 GM per 25 days)
Scabicide Combinations**		
lice killing shampoo max str external shampoo 0.33-4 %	Tier 2	OTC
sb lice treatment external liquid 0.3-3 %	Tier 2	OTC
stop lice complete treatment combination kit 0.33-4-0.5 %	Tier 2	OTC
stop lice maximum strength external liquid 0.33-4 %	Tier 2	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (Pyrethrins-Piperonyl Butoxide)	Tier 2	OTC
Scabicides & Pediculicides**		
ivermectin external lotion 0.5 %	Tier 4	PA; QL (117 GM per 25 days)
spinosad external suspension 0.9 %	Tier 4	QL (120 ML per 25 days)
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 4	PA; ST
lice control aerosol† 0.5 %	Tier 2	OTC
lice treatment external liquid 1 %	Tier 2	OTC
lindane external shampoo 1 %	Tier 2	QL (60 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
malathion external lotion 0.5 %	Tier 2	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 2	QL (120 GM per 25 days)
permethrin lice treatment external lotion 1 %	Tier 2	OTC
Seborrheic Keratosis Products*		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 4	PA
Skin Protectants**		
hydrocerin external cream	Tier 2	OTC
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 2	QL (60 GM per 25 days)
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 5	PA
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 4	PA; QL (100 GM per 25 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 4	PA; QL (120 GM per 25 days)
Wound Care - Growth Factor Agents**		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 4	PA; QL (15 GM per 25 days)
Diagnostic Products		
Diagnostic Tests**		
ACCU-CHEK AVIVA PLUS STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 Days); OTC
ACCU-CHEK GUIDE TEST STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 Days); OTC
ACCU-CHEK SMARTVIEW STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 Days); OTC
CHEMSTRIP K IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 days); OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 25 days); OTC
Infection Tests**		
covid-19 at home antigen test in vitro kit	DME	QL (2 EA per 30 days); OTC
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 3	QL (6 EA per 1 day); MAIL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 3	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 4	QL (4 EA per 1 day); MAIL
methazolamide oral tablet 25 mg, 50 mg	Tier 4	QL (6 EA per 1 day); MAIL
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	QL (4 EA per 1 day); MAIL
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	MAIL
spironolactone-hctz oral tablet 25-25 mg	Tier 2	MAIL
triamterene-hctz oral capsule 37.5-25 mg	Tier 2	MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 2	MAIL
Loop Diuretics**		
ethacrynic acid oral tablet 25 mg	Tier 4	MAIL
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MAIL
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 2	AGE (Max 12 Years); MAIL
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MAIL
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2	MAIL
Potassium Sparing Diuretics**		
triamterene oral capsule 100 mg, 50 mg	Tier 4	MAIL
amiloride hcl oral tablet 5 mg	Tier 2	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 2	MAIL
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	MAIL
hydrochlorothiazide oral capsule 12.5 mg	Tier 2	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 2	MAIL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
Endocrine And Metabolic Agents - Misc.		
Bisphosphonates**		
risedronate sodium oral tablet 150 mg	Tier 4	QL (0.036 EA per 1 day); MAIL
risedronate sodium oral tablet 30 mg	Tier 4	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 4	QL (0.143 EA per 1 day); MAIL
risedronate sodium oral tablet 5 mg	Tier 4	QL (1 EA per 1 day); MAIL
alendronate sodium oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
alendronate sodium oral tablet 35 mg, 70 mg	Tier 2	QL (0.143 EA per 1 day); MAIL
ibandronate sodium oral tablet 150 mg	Tier 2	QL (0.036 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 5	PA
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	Tier 2	QL (1 ML per 1 day); MAIL
Carnitine Replenisher - Agents**		
levocarnitine oral solution 1 gm/10ml	Tier 2	MAIL
levocarnitine oral tablet 330 mg	Tier 2	MAIL
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 2	MAIL
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (Pegvisomant)	Tier 5	PA
Growth Hormones**		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 5	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA
Homocystinuria Treatment - Agents**		
betaine oral powder	Tier 4	PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 4	PA; MAIL
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 4	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	MAIL
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 5	PA
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 4	PA; AGE (Min 18 Years)
Parathyroid Hormone And Derivatives**		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Tier 5	PA
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (Teriparatide)	Tier 5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 5	PA
Phenylketonuria Treatment - Agents**		
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
sapropterin dihydrochloride oral tablet 100 mg	Tier 5	PA
Rank Ligand (Rankl) Inhibitors**		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (Denosumab-nxxp)	Tier 5	PA
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (Denosumab-nxxp)	Tier 5	PA
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (Denosumab-dssb)	Tier 5	PA
Selective Estrogen Receptor Modulators (Serms)**		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 4	PA; QL (1 EA per 1 day)
raloxifene hcl oral tablet 60 mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for ages 35 and over
Selective Vasopressin V2-Receptor Antagonists**		
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	Tier 5	PA
tolvaptan oral tablet 15 mg, 30 mg	Tier 5	PA
Somatostatic Agents**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 5	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 5	PA
Urea Cycle Disorder - Agents**		
sodium phenylbutyrate oral tablet 500 mg	Tier 5	PA
Vasopressin**		
desmopressin acetate nasal solution 1.5 mg/ml	Tier 5	PA
desmopressin ace spray refrig nasal solution 0.01 %	Tier 4	PA
desmopressin acetate spray nasal solution 0.01 %	Tier 4	PA
desmopressin acetate oral tablet 0.1 mg	Tier 2	QL (4 EA per 1 day); MAIL
desmopressin acetate oral tablet 0.2 mg	Tier 2	QL (5 EA per 1 day); MAIL
Estrogens		
Estrogen & Progestin**		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 3	QL (1 EA per 1 day); MAIL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 3	QL (1 EA per 1 day); MAIL
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	QL (1 EA per 1 day); MAIL
ACTIVELLA ORAL TABLET 1-0.5 MG (Estradiol-Norethindrone Acet)	Tier 2	QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Estrogens**		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (Esterified Estrogens)	Tier 3	QL (1 EA per 1 day); MAIL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 3	QL (1 EA per 1 day); MAIL
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	AGE (Min 18 Years); MAIL
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 2	QL (8 EA per 23 days); AGE (Min 18 Years); MAIL
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 2	QL (4 EA per 23 days); AGE (Min 18 Years); MAIL
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 2	QL (1 EA per 1 day)
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 4	QL (1 EA per 1 day); MAIL
Fluoroquinolones		
Fluoroquinolones**		
ofloxacin oral tablet 300 mg, 400 mg	Tier 4	
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 4	PA
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
levofloxacin oral solution 25 mg/ml	Tier 2	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin hcl oral tablet 400 mg	Tier 2	
Gastrointestinal Agents - Misc.		
Antiflatulents**		
simethicone oral capsule 125 mg, 180 mg	Tier 2	OTC
simethicone oral suspension 40 mg/0.6ml	Tier 2	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 2	OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (Simethicone)	Tier 2	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (Simethicone)	Tier 2	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (Simethicone)	Tier 2	OTC
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	Tier 2	QL (2 EA per 1 day); MAIL
ursodiol oral tablet 250 mg	Tier 2	QL (4 EA per 1 day); MAIL
ursodiol oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
Gastrointestinal Chloride Channel Activators**		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 4	PA; MAIL

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Drug Name	Formulary Status	Requirements/Limits
Gastrointestinal Stimulants**		
metoclopramide hcl +rfid injection solution 5 mg/ml	Tier 2	
metoclopramide hcl injection solution 5 mg/ml	Tier 2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 3	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 4	PA; MAIL
Inflammatory Bowel Agents**		
mesalamine oral tablet delayed release 1.2 gm	Tier 4	MAIL
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 4	MAIL
balsalazide disodium oral capsule 750 mg	Tier 2	QL (9 EA per 1 day)
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 2	QL (4 EA per 1 day); MAIL
mesalamine rectal enema 4 gm	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 2	QL (8 EA per 1 day); MAIL
sulfasalazine oral tablet delayed release 500 mg	Tier 2	QL (8 EA per 1 day); MAIL
Interleukin Antagonists**		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 5	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 5	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 5	PA; QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 5	PA; QL (2.4 ML per 56 days); Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 5	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 5	PA; MAIL
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 5	PA
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 2	MAIL
generlac oral solution 10 gm/15ml	Tier 2	MAIL
lactulose encephalopathy oral solution 10 gm/15ml	Tier 2	MAIL
Peripheral Opioid Receptor Antagonists**		
alvimopan oral capsule 12 mg	Tier 4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 4	PA
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (Methylnaltrexone Bromide)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 4	PA
Phosphate Binder Agents**		
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 4	ST; MAIL
sevelamer carbonate oral tablet 800 mg	Tier 4	ST; MAIL
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 4	PA; MAIL
calcium acetate (phos binder) oral capsule 667 mg	Tier 2	QL (12 EA per 1 day); MAIL
Tumor Necrosis Factor Alpha Blockers**		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
finasteride oral tablet 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Alpha 1-Adrenoceptor Antagonists**		
silodosin oral capsule 4 mg, 8 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 2	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 2	QL (2 EA per 1 day); MAIL
Citrates**		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	QL (3 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 2	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 2	
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	Tier 2	
sodium chloride irrigation solution 0.9 %	Tier 2	
Interstitial Cystitis Agents**		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 4	PA
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 2	QL (3 EA per 1 day)
Urinary Stone Agents**		
tiopronin oral tablet 100 mg	Tier 5	PA
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 2	QL (3 EA per 1 day); MAIL
Gout Agents**		
febuxostat oral tablet 40 mg, 80 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
allopurinol oral tablet 100 mg, 300 mg	Tier 2	MAIL
colchicine oral tablet 0.6 mg	Tier 2	QL (30 EA per 90 days)
Uricosurics**		
probenecid oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
Hematological Agents - Misc.		
Antihemophilic Products**		
rixubis intravenous solution reconstituted 1000 unit, 3000 unit, 500 unit	Tier 5	PA
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 5	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 5	PA

Drug Name	Formulary Status	Requirements/Limits
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 5	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihemophil Fact BD Truncated)	Tier 5	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 5	PA
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 5	PA
Direct-Acting P2y12 Inhibitors**		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 4	PA; QL (2 EA per 1 day); MAIL
ticagrelor oral tablet 60 mg, 90 mg	Tier 2	PA; QL (2 EA per 1 day); MAIL
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 2	QL (4 EA per 1 day); MAIL
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 2	MAIL
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 4	PA; MAIL
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 2	MAIL
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 4	PA; QL (1 EA per 1 day); MAIL
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 2	MAIL
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 5	PA; QL (2 EA per 1 day)
Thienopyridine Derivatives**		
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 4	QL (1 EA per 1 day); MAIL
clopidogrel bisulfate oral tablet 75 mg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Hematopoietic Agents		
Agents For Gaucher Disease**		
miglustat oral capsule 100 mg	Tier 5	PA
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 5	PA
Cobalamins**		
b-12 quick dissolve sublingual tablet sublingual 1000 mcg	Tier 2	OTC
cyanocobalamin injection solution 1000 mcg/ml	Tier 2	QL (10 ML per 25 days)
vitamin b-12 er oral tablet extended release 1000 mcg	Tier 2	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Tier 2	OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	Tier 2	OTC
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 4	PA
Folic Acid/Folates**		
folic acid oral tablet 1 mg	Tier 2	MAIL
folic acid oral tablet 400 mcg, 800 mcg	Tier 2	QL (1 EA per 1 day); MAIL; OTC; PREV for ages under 55
FA-8 ORAL CAPSULE 0.8 MG (Folic Acid)	Tier 2	QL (1 EA per 1 day); MAIL; OTC; PREV for ages under 55
Granulocyte Colony-Stimulating Factors (G-Csf)**		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 5	PA; QL (7 ML per 12 Days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 5	PA; QL (11.2 ML per 12 Days)
Iron Combinations**		
ferotrinsic oral capsule	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
foltrin oral capsule	Tier 2	QL (2 EA per 1 day)
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 2	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 2	QL (2 EA per 1 day)
TRICON ORAL CAPSULE (Fe Fumarate-B12-Vit C-FA-IFC)	Tier 2	QL (2 EA per 1 day)
Iron**		
ferrous fumarate oral tablet 324 mg	Tier 2	MAIL; OTC
ferrous fumarate oral tablet 325 (106 fe) mg	Tier 2	OTC
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg	Tier 2	OTC
ferrous gluconate oral tablet 324 (38 fe) mg	Tier 2	MAIL; OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 2	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 2	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 2	MAIL; OTC
ferrous sulfate oral tablet delayed release 324 mg	Tier 2	OTC
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Tier 2	MAIL; OTC
gnp iron oral tablet 200 (65 fe) mg	Tier 2	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 2	OTC
iron high-potency oral tablet extended release 45 mg	Tier 2	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 2	OTC
slow iron oral tablet extended release 160 (50 fe) mg	Tier 2	OTC
slow release iron oral tablet extended release 45 mg	Tier 2	OTC
wee care oral suspension 15 mg/1.25ml	Tier 2	OTC
FERGON ORAL TABLET 240 (27 FE) MG (Ferrous Gluconate)	Tier 2	OTC
FERREX 150 ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 2	OTC
FERROCITE ORAL TABLET 324 MG (Ferrous Fumarate)	Tier 2	MAIL; OTC
NU-IRON ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 2	OTC
Thrombopoietin (Tpo) Receptor Agonists**		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 5	PA; QL (3 EA per 1 day)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (Avatrombopag Maleate)	Tier 5	PA; QL (2 EA per 1 day)
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 2	QL (236.5 ML per 25 days); AGE (Max 12 Years)
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 2	PA
tranexamic acid oral tablet 650 mg	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
diphenhydramine hcl (sleep) oral tablet 50 mg	Tier 2	OTC
sleep aid (doxylamine) oral tablet 25 mg	Tier 2	MAIL; OTC
SIMPLY SLEEP ORAL TABLET 25 MG (DiphenhydrAMINE HCl (Sleep))	Tier 2	OTC
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	Tier 2	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	Tier 2	QL (2 EA per 1 day)
phenobarbital oral tablet 64.8 mg	Tier 2	QL (3 EA per 1 day)
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
temazepam oral capsule 15 mg, 30 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 18 Years)
Hypnotics - Tricyclic Agents**		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 4	PA
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 4	QL (1 EA per 1 day); AGE (Min 18 Years)
zaleplon oral capsule 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 4	PA
Selective Melatonin Receptor Agonists**		
tasimelteon oral capsule 20 mg	Tier 5	PA
ramelteon oral tablet 8 mg	Tier 4	PA
Laxatives		
Bowel Evacuant Combinations**		
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 4	PREV for ages 40-74

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Drug Name	Formulary Status	Requirements/Limits
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 4	PREV for ages 40-74
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 4	PREV for ages 40-74
peg 3350/electrolytes oral solution reconstituted 240 gm	Tier 2	PREV for ages 40-74
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 2	PREV for ages 40-74
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 2	PREV for ages 40-74
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 2	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 2	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 2	PREV for ages 40-74
Bulk Laxatives**		
clear fiber powder oral powder	Tier 2	OTC
cvs daily fiber oral packet 58.6 %	Tier 2	OTC
cvs fiber oral capsule 0.52 gm	Tier 2	OTC
daily fiber oral capsule 400 mg	Tier 2	OTC
daily fiber oral powder 43 %	Tier 2	OTC
eq fiber powder oral powder	Tier 2	OTC
fiber oral powder 28.3 %	Tier 2	OTC
fiber oral tablet 625 mg	Tier 2	OTC
fiber therapy oral tablet 500 mg	Tier 2	OTC
gnp best fiber oral powder	Tier 2	OTC
konsyl original daily fiber oral packet 100 %	Tier 2	OTC
natural fiber oral powder 58.6 %	Tier 2	OTC
psyllium oral powder 33 %	Tier 2	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 2	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 2	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 2	OTC
REGULOID ORAL CAPSULE 400 MG (Psyllium)	Tier 2	OTC
REGULOID ORAL POWDER 28.3 % (Psyllium)	Tier 2	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 2	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (Psyllium)	Tier 2	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 58.6 % (Psyllium)	Tier 2	OTC
Electrolyte-Based Osmotic Laxative Mixtures**		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
enema ready-to-use rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Tier 2	OTC
Electrolyte-Based Osmotic Laxatives**		
magnesium citrate oral solution 1.745 gm/30ml	Tier 2	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 2	OTC
milk of magnesia oral suspension 7.75 %	Tier 2	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML (Magnesium Citrate)	Tier 2	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (Magnesium Hydroxide)	Tier 2	OTC
Laxatives - Miscellaneous**		
constulose oral solution 10 gm/15ml	Tier 2	MAIL
gavilax oral powder 17 gm/scoop	Tier 2	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 2	OTC
glycerin adult rectal suppository 2 gm	Tier 2	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 2	MAIL
polyethylene glycol 3350 oral packet 17 gm	Tier 2	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 2	OTC
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 2	OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 2	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 2	OTC
HEALTHYLAX ORAL PACKET 17 GM (Polyethylene Glycol 3350)	Tier 2	OTC
Laxatives & Dss**		
senna plus oral capsule 50-8.6 mg	Tier 2	OTC
senna plus oral tablet 8.6-50 mg	Tier 2	MAIL; OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 2	MAIL; OTC
Lubricant Laxatives**		
gnp mineral oil oral oil	Tier 2	OTC
mineral oil heavy oil	Tier 2	
mineral oil heavy oral oil	Tier 2	
mineral oil rectal enema	Tier 2	OTC
Stimulant Laxatives**		
bisacodyl ec oral tablet delayed release 5 mg	Tier 2	OTC
bisacodyl rectal suppository 10 mg	Tier 2	OTC
chocolated laxative oral tablet chewable 15 mg	Tier 2	OTC
gentle laxative rectal suppository 10 mg	Tier 2	OTC
senna laxative oral tablet 8.6 mg	Tier 2	MAIL; OTC
senna maximum strength oral tablet 25 mg	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
senna oral liquid 8.8 mg/5ml	Tier 2	OTC
senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml	Tier 2	OTC
womans laxative oral tablet delayed release 5 mg	Tier 2	OTC
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 2	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 2	OTC
Surfactant Laxatives**		
cvs stool softener oral capsule 50 mg	Tier 2	OTC
docusate calcium oral capsule 240 mg	Tier 2	OTC
docusate sodium oral capsule 100 mg, 250 mg	Tier 2	OTC
docusate sodium oral liquid 100 mg/10ml	Tier 2	OTC
stool softener oral capsule 100 mg	Tier 2	OTC
stool softener oral tablet 100 mg	Tier 2	OTC
DOK ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 2	OTC
DOK ORAL TABLET 100 MG (Docusate Sodium)	Tier 2	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 2	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 2	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 2	OTC
PROMOLAXIN ORAL TABLET 100 MG (Docusate Sodium)	Tier 2	OTC
SURFAK ORAL CAPSULE 240 MG (Docusate Calcium)	Tier 2	OTC
Macrolides		
Azithromycin**		
azithromycin oral packet 1 gm	Tier 2	QL (2 EA per 25 days)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	AGE (Max 12 Years)
azithromycin oral tablet 250 mg	Tier 2	QL (12 EA per 25 days)
azithromycin oral tablet 500 mg	Tier 2	QL (6 EA per 25 days)
azithromycin oral tablet 600 mg	Tier 2	QL (2 EA per 1 day)
Clarithromycin**		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
Erythromycins**		
erythromycin base oral tablet 250 mg, 500 mg	Tier 4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 4	AGE (Max 12 Years)
erythromycin ethylsuccinate oral tablet 400 mg	Tier 4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 4	
erythromycin stearate oral tablet 250 mg	Tier 4	

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 4	
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 4	
Fidaxomicin**		
fidaxomicin oral tablet 200 mg	Tier 4	PA
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 4	PA
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
alcohol pads pad 70 %	Tier 2	QL (200 EA per 25 days); OTC
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
Condoms - Female**		
FC FEMALE CONDOM (Condoms - Female)	PREV	QL (12 EA per 45 days); OTC
Condoms - Male**		
condoms	PREV	QL (12 EA per 45 days); OTC
kimono micro thin	PREV	QL (12 EA per 45 days); OTC
premium condoms lubricated	PREV	QL (12 EA per 45 days); OTC
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	QL (12 EA per 45 days); OTC
Diaphragms**		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	

Drug Name	Formulary Status	Requirements/Limits
Glucose Monitoring Test Supplies**		
lancets	DME	OTC
ACCU-CHEK GUIDE KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 Days); OTC
ACCU-CHEK GUIDE ME KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 Days); OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 30 Days)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 days)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
Nebulizers**		
nebulizer	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	QL (1 EA per 25 days)
Needles & Syringes**		
aum mini insulin pen needle 32g x 8 mm	DME	QL (200 EA per 25 Days); OTC
hypodermic needle 18g x 1-1/2"	DME	OTC
techlite insulin syringe 29g x 1/2" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 29g x 1/2" 0.5 ml	DME	QL (5 EA per 1 day); OTC

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Drug Name	Formulary Status	Requirements/Limits
techlite insulin syringe 29g x 1/2" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 5/16" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 5/16" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 1 ml	DME	QL (5 EA per 1 day); OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 25 days); OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC

Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
Peak Flow Meters**		
MINI WRIGHT PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days); OTC
Respiratory Therapy Supplies**		
nebulizer mask adult	DME	QL (1 EA per 365 days)
nebulizer mask child	DME	QL (1 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies**		
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 4	PA; QL (16 EA per 25 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)

Drug Name	Formulary Status	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)
Ergot Combinations**		
ergotamine-caffeine oral tablet 1-100 mg	Tier 4	PA
Migraine Products**		
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 4	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 4	
Selective Serotonin Agonists 5-Ht(1)**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 4	ST; QL (9 EA per 25 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 4	ST; QL (9 EA per 25 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 4	ST; QL (9 EA per 25 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 4	QL (2 ML per 25 days)
zolmitriptan nasal solution 2.5 mg, 5 mg	Tier 4	ST; QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 4	ST; QL (6 EA per 25 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 2	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (9 EA per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
Minerals & Electrolytes		
Calcium Combinations**		
calcium + d3 oral tablet 250-3 mg-mcg	Tier 2	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 2	MAIL; OTC
calcium 500 + d oral tablet 500-125 mg-unit	Tier 2	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	Tier 2	OTC
calcium 500+d oral tablet 500-10 mg-mcg	Tier 2	MAIL; OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Tier 2	OTC
calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit	Tier 2	OTC
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg	Tier 2	MAIL; OTC
calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg	Tier 2	OTC
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 2	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 2	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 2	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	Tier 2	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 2	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 2	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 2	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 2	OTC
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	Tier 2	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 2	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 2	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 2	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	MAIL; OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	MAIL; OTC
Calcium**		
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	Tier 2	OTC
calcium carbonate oral tablet 1500 (600 ca) mg	Tier 2	MAIL; OTC
calcium carbonate oral tablet 500 mg	Tier 2	OTC
calcium citrate oral tablet 950 (200 ca) mg	Tier 2	MAIL; OTC
oyster shell calcium oral tablet 500 mg	Tier 2	MAIL; OTC
Electrolytes Oral**		
pediatric electrolyte oral solution	Tier 2	OTC
Fluoride**		
fluoritab oral tablet chewable 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
fluoritab oral tablet chewable 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 2	QL (50 ML per 25 days); MAIL; PREV for less than 6 years old

Drug Name	Formulary Status	Requirements/Limits
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
sodium fluoride oral tablet chewable 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL; PREV for less than 6 years old
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Magnesium**		
cvs magnesium oxide oral tablet 500 mg	Tier 2	OTC
magnesium gluconate oral tablet 27.5 mg	Tier 2	OTC
magnesium oral tablet 250 mg	Tier 2	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Tier 2	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 2	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 2	OTC
Phosphate**		
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (K Phos Mono-Sod Phos Di & Mono)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium**		
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	Tier 4	MAIL
k-effervescent oral tablet effervescent 25 meq	Tier 2	QL (4 EA per 1 Day)
k-vescent oral tablet effervescent 25 meq	Tier 2	QL (4 EA per 1 Day)
potassium bicarbonate oral tablet effervescent 25 meq	Tier 2	QL (4 EA per 1 Day)
potassium chloride crys er oral tablet extended release 10 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride crys er oral tablet extended release 20 meq	Tier 2	QL (5 EA per 1 day); MAIL
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride er oral tablet extended release 20 meq	Tier 2	QL (5 EA per 1 day); MAIL
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (Potassium Bicarbonate)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 2	QL (5 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 2	QL (4 EA per 1 Day)
Sodium**		
sodium chloride oral tablet 1 gm	Tier 2	OTC
Zinc**		
zinc sulfate oral capsule 220 (50 zn) mg	Tier 2	OTC
Miscellaneous Therapeutic Classes		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 5	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 5	PA; QL (2 EA per 1 day)
Chelating Agents**		
penicillamine oral tablet 250 mg	Tier 2	
Cyclosporine Analogs**		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 3	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 3	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 2	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 2	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 2	MAIL
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 5	PA; QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 4	MAIL
mycophenolate mofetil oral capsule 250 mg	Tier 2	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 2	MAIL
Irrigation Solutions**		
sterile water for irrigation irrigation solution	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
PHYSIOLYTE IRRIGATION SOLUTION (Irrigation Solns Physiological)	Tier 2	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 2	
Macrolide Immunosuppressants**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 4	PA
sirolimus oral solution 1 mg/ml	Tier 4	MAIL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 4	MAIL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 2	MAIL
Potassium Removing Agents**		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 4	QL (3 EA per 1 day)
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	Tier 4	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 4	QL (1 EA per 1 day)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
sodium polystyrene sulfonate rectal suspension 50 gm/200ml	Tier 2	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60Ml)	Tier 2	
Purine Analogs**		
azathioprine oral tablet 50 mg	Tier 2	QL (8 EA per 1 day); MAIL
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 2	
Anti-Infectives - Throat**		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 4	PA
clotrimazole mouth/throat troche 10 mg	Tier 2	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 2	
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 2	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 2	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 2	
Fluoride Dental Products**		
dentagel dental gel 1.1 %	Tier 2	MAIL
sf dental gel 1.1 %	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
sodium fluoride 5000 plus dental cream 1.1 %	Tier 2	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 2	MAIL
sodium fluoride dental gel 1.1 %	Tier 2	MAIL
DENTA 5000 PLUS DENTAL CREAM 1.1 % (Sodium Fluoride)	Tier 2	MAIL
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 4	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 2	MAIL
Steroids - Mouth/Throat/Dental**		
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 2	
Triamcinolone Acetonide (Oralone Mouth/Throat Paste 0.1 %)	Tier 2	
Multivitamins		
B-Complex W/ C & Folic Acid**		
folbee plus oral tablet	Tier 2	OTC
kp b complex-c oral tablet	Tier 2	OTC
rena-vite oral tablet	Tier 2	OTC
reno caps oral capsule 1 mg	Tier 2	OTC
Multiple Vitamins W/ Iron**		
daily vitamin/iron oral tablet	Tier 2	OTC
Multiple Vitamins W/ Minerals**		
gnp one daily maximum oral tablet	Tier 2	OTC
multipro oral capsule	Tier 2	
multivit/multimineral adult oral liquid	Tier 2	OTC
MACUVITE/LUTEIN ORAL TABLET (Multiple Vitamins-Minerals)	Tier 2	OTC
OCUVITE EXTRA ORAL TABLET (Multiple Vitamins-Minerals)	Tier 2	OTC
Multivitamins**		
antioxidant formula oral capsule 250-10000-200	Tier 2	OTC
daily vitamins oral tablet	Tier 2	OTC
quintabs oral tablet	Tier 2	OTC
Ped Multi Vitamins W/Fl & Fe**		
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)
Ped Multiple Vitamins W/ Minerals**		
complete multi-vitamin oral tablet chewable	Tier 2	OTC
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.25 mg/ml	Tier 2	QL (50 ML per 25 days)
multivitamin w/fluoride oral tablet chewable 0.25 mg	Tier 2	QL (1 EA per 1 day)
phluorivit oral solution 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.5 MG (Pediatric Multivitamins-Fl)	Tier 2	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG (Pediatric Multivitamins-Fl)	Tier 2	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (Pediatric Multivitamins-Fl)	Tier 2	QL (50 ML per 25 days)
Ped Mv W/ Iron**		
multivitamin infant & toddler oral solution 11 mg/ml	Tier 3	OTC
baby vitamin/iron oral solution	Tier 2	OTC
childrens animal shapes oral tablet chewable 18 mg	Tier 2	OTC
childrens multivitamin/iron oral tablet chewable 15 mg	Tier 2	OTC
multivitamins plus iron child oral tablet chewable 18 mg	Tier 2	OTC
Ped Vitamins Acd W/ Fluoride**		
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
Pediatric Multiple Vitamins W/ C**		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 3	OTC
Pediatric Multiple Vitamins**		
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 3	QL (50 EA per 25 days); OTC
poly-vite pediatric oral solution	Tier 2	QL (50 ML per 25 days); OTC
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 2	OTC
Pediatric Vitamins A & D W/ C**		
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	Tier 3	QL (50 ML per 25 days); OTC
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (Pediatric Vitamins ADC)	Tier 3	OTC
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Tier 2	QL (50 ML per 25 days); OTC
Prenatal Mv & Min W/Fe-Fa**		
kpn prenatal oral tablet 0.1 mg	Tier 2	QL (1 EA per 1 day); OTC
pnv prenatal plus multivitamin oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal 19 oral tablet	Tier 2	QL (1 EA per 1 day); OTC
prenatal 19 oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal complete oral tablet 14-0.4 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal formula a-free oral tablet 9-0.267 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal formula oral capsule 28-0.8-235 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal forte oral tablet	Tier 2	QL (1 EA per 1 day); OTC
prenatal multi +dha oral capsule 27-0.8-228 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal oral tablet 27-0.8 mg	Tier 2	QL (1 EA per 1 day)
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Tier 2	QL (1 EA per 1 day); OTC

Drug Name	Formulary Status	Requirements/Limits
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 2	QL (1 EA per 1 day); OTC
thrivite rx oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	Tier 2	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 2	OTC
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 2	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 2	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 2	QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 2	QL (1 EA per 1 day); OTC
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Mv & Min W/Fe-Fa-Dha**		
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal+dha oral 28-0.975 & 200 mg	Tier 2	QL (1 EA per 1 day); OTC
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (2 EA per 1 day); OTC
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron**		
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Tier 2	QL (1 EA per 1 day); OTC
Prenatal Mv & Minerals W/Fa Without Iron**		
prenatal + complete multi oral therapy pack 0.267 & 373 mg	Tier 2	OTC
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
metaxalone oral tablet 800 mg	Tier 4	PA
baclofen oral tablet 10 mg	Tier 2	QL (3 EA per 1 day); MAIL
baclofen oral tablet 20 mg, 5 mg	Tier 2	QL (4 EA per 1 day)
carisoprodol oral tablet 350 mg	Tier 2	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 2	QL (6 EA per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
methocarbamol oral tablet 500 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 2	QL (2 EA per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years); MAIL
tizanidine hcl oral tablet 4 mg	Tier 2	QL (9 EA per 1 day); AGE (Max 64 Years); MAIL
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
Muscle Relaxant Combinations**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 4	PA; QL (8 EA per 1 day)
Viscosupplements**		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.**		
deep sea nasal spray nasal solution 0.65 %	Tier 2	OTC
saline nasal spray nasal solution 0.65 %	Tier 2	OTC
AYR NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (Saline)	Tier 2	OTC
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %	Tier 2	QL (30 ML per 25 days); MAIL
ipratropium bromide nasal solution 0.06 %	Tier 2	QL (15 ML per 25 days); MAIL
Nasal Antihistamines**		
olopatadine hcl nasal solution 0.6 %	Tier 4	ST; QL (30.5 GM per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 2	ST; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Nasal Mast Cell Stabilizers**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 2	QL (52 ML per 25 days); OTC
Nasal Steroids**		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 4	PA
allergy relief nasal suspension 50 mcg/act	Tier 2	QL (16 ML per 25 days); AGE (Min 4 Years); MAIL; OTC
budesonide nasal suspension 32 mcg/act	Tier 2	QL (8.43 ML per 25 days); OTC
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 2	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 2	QL (16 GM per 25 days); AGE (Min 4 Years); MAIL
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 2	QL (16.9 ML per 25 days); OTC
Systemic Decongestants**		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 3	OTC
phenylephrine hcl oral tablet 10 mg	Tier 2	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Tier 2	OTC
pseudoephedrine hcl oral tablet 30 mg, 60 mg	Tier 2	OTC
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 2	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (Pseudoephedrine HCl)	Tier 2	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 2	OTC
SUDOGEST PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 2	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (Pseudoephedrine HCl)	Tier 2	OTC
WAL-PHED PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 2	OTC
Topical Decongestants**		
gnp nasal spray nasal solution 0.05 %	Tier 2	OTC
oxymetazoline hcl nasal solution 0.05 %	Tier 2	OTC
ra 12 hour nasal spray nasal solution 0.05 %	Tier 2	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (Oxymetazoline HCl)	Tier 2	OTC
Neuromuscular Agents		
Benzathiazoles**		
riluzole oral tablet 50 mg	Tier 4	PA; QL (2 EA per 1 day); MAIL
Nutrients		
Misc. Nutritional Substances**		
fish oil extra strength oral capsule 1200 mg	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
fish oil oral capsule 1000 mg, 300 mg, 500 mg	Tier 2	OTC
fish oil oral capsule delayed release 1200 mg	Tier 2	OTC
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 2	OTC
prenatal dha oral capsule 200 mg	Tier 2	QL (1 EA per 1 day); OTC
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 4	QL (8 ML per 25 days); MAIL
Artificial Tear And Lubricant Combinations**		
artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %, 1-0.3 %	Tier 2	OTC
artificial tears ophthalmic solution 0.2-0.2-1 %	Tier 2	MAIL; OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 2	OTC
for sty relief ophthalmic ointment 31.9-57.7 %	Tier 2	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 2	OTC
lubricant eye nighttime ophthalmic ointment	Tier 2	OTC
lubrifresh p.m. ophthalmic ointment	Tier 2	OTC
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (White Petrolatum-Mineral Oil)	Tier 2	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (White Petrolatum-Mineral Oil)	Tier 2	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 2	OTC
Artificial Tear Inserts**		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 4	PA
Artificial Tear Solutions**		
artificial tears ophthalmic solution	Tier 2	MAIL; OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (Artificial Tear Solution)	Tier 2	MAIL; OTC
SOOTHE XP OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 2	MAIL; OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 2	MAIL; OTC
Artificial Tears And Lubricants**		
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 2	MAIL; OTC
polyvinyl alcohol ophthalmic solution 1.4 %	Tier 2	MAIL; OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 2	OTC
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 2	QL (60 EA per 30 days); MAIL
Beta-Blockers - Ophthalmic**		
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 4	QL (5 ML per 25 days); MAIL
betaxolol hcl ophthalmic solution 0.5 %	Tier 2	MAIL
carteolol hcl ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
levobunolol hcl ophthalmic solution 0.5 %	Tier 2	QL (15 ML per 25 days); MAIL
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
Cycloplegic Mydriatics**		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 3	QL (15 ML per 25 days); MAIL
atropine sulfate ophthalmic solution 1 %	Tier 2	MAIL
cyclopentolate hcl ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 2	MAIL
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 3	MAIL
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 2	MAIL
Ophthalmic Antiallergic**		
bepotastine besilate ophthalmic solution 1.5 %	Tier 4	PA
epinastine hcl ophthalmic solution 0.05 %	Tier 4	QL (5 ML per 25 days)
ALOCRIL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 4	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 4	PA; OTC
azelastine hcl ophthalmic solution 0.05 %	Tier 2	QL (6 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %	Tier 2	QL (10 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
ketotifen fumarate ophthalmic solution 0.035 %	Tier 2	QL (5 ML per 30 days); MAIL; OTC
olopatadine hcl solution 0.1 % ophthalmic (otc)	Tier 2	QL (5 ML per 25 days)
olopatadine hcl solution 0.2 % ophthalmic (rx)	Tier 2	QL (2.5 ML per 25 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 % (Ketotifen Fumarate)	Tier 2	QL (5 ML per 25 days); MAIL; OTC
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 4	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 2	
erythromycin ophthalmic ointment 5 mg/gm	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 2	PA
gentamicin sulfate ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
levofloxacin ophthalmic solution 0.5 %	Tier 2	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 2	QL (3 ML per 25 days)
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 2	QL (3 ML per 25 days)
ofloxacin ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
tobramycin ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 4	PA
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 2	QL (10 ML per 25 days)
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 2	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 2	
Ophthalmic Antivirals**		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 4	PA
trifluridine ophthalmic solution 1 %	Tier 2	QL (7.5 ML per 25 days)
Ophthalmic Carbonic Anhydrase Inhibitors**		
brinzolamide ophthalmic suspension 1 %	Tier 2	QL (10 ML per 25 days); MAIL

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dorzolamide hcl ophthalmic solution 2 %	Tier 2	QL (10 ML per 25 days); MAIL
Ophthalmic Hyperosmolar Products**		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 2	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 2	OTC
Ophthalmic Immunomodulators**		
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 4	PA
cyclosporine ophthalmic emulsion 0.05 %	Tier 4	PA
Ophthalmic Local Anesthetics**		
proparacaine hcl ophthalmic solution 0.5 %	Tier 2	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 4	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 4	PA
diclofenac sodium ophthalmic solution 0.1 %	Tier 2	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 2	QL (10 ML per 25 days)
Ophthalmic Selective Alpha Adrenergic Agonists**		
brimonidine tartrate ophthalmic solution 0.15 %	Tier 4	QL (15 ML per 25 days); MAIL
apraclonidine hcl ophthalmic solution 0.5 %	Tier 2	
brimonidine tartrate ophthalmic solution 0.2 %	Tier 2	QL (15 ML per 25 days); MAIL
Ophthalmic Steroid Combinations**		
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 4	QL (10 ML per 30 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 4	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 3	QL (3.5 GM per 25 days)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 2	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 2	QL (10 ML per 25 days)
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Ophthalmic Steroids**		
difluprednate ophthalmic emulsion 0.05 %	Tier 4	PA
loteprednol etabonate ophthalmic gel 0.5 %	Tier 4	PA
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Tier 4	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 4	PA
dexasol ophthalmic solution 0.1 %	Tier 2	QL (5 ML per 25 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 2	QL (15 ML per 25 days)
prednisolone acetate ophthalmic suspension 1 %	Tier 2	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 2	QL (15 ML per 25 days)
Ophthalmics - Cystinosis Agents*		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 5	PA
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic solution 0.01 %	Tier 4	ST; QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 4	ST; QL (5 ML per 25 days); MAIL
bimatoprost ophthalmic solution 0.03 %	Tier 2	ST; QL (5 ML per 25 days); MAIL
latanoprost ophthalmic solution 0.005 %	Tier 2	QL (5 ML per 25 days); MAIL
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 2	ST; QL (30 EA per 25 days); MAIL
travoprost (bak free) ophthalmic solution 0.004 %	Tier 2	ST; QL (5 ML per 25 days); MAIL
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 2	
ear drops for swimmers otic liquid 95-5 %	Tier 2	OTC
ear wax removal drops otic solution 6.5 %	Tier 2	OTC
instant ear-dry otic liquid 95-5 %	Tier 2	OTC
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 2	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 2	OTC
MURINE EAR OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 2	OTC
Otic Anti-Infectives**		
ciprofloxacin hcl otic solution 0.2 %	Tier 2	QL (14 EA per 25 days)
ofloxacin otic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 4	PA

Drug Name	Formulary Status	Requirements/Limits
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 4	QL (14 EA per 7 days); AGE (Max 18 Years)
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	Tier 4	PA
neomycin-polymyxin-hc otic solution 1 %	Tier 2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 2	
Otic Steroids**		
fluocinolone acetonide otic oil 0.01 %	Tier 2	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 2	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 2	
Oxytocics		
Oxytocics**		
methylergonovine maleate oral tablet 0.2 mg	Tier 4	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 4	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Nirsevimab-alip)	PREV	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (Clesrovimab-cfor)	PREV	
Immune Serums**		
CUVITRU SUBCUTANEOUS SOLUTION 2 GM/10ML (Immune Globulin (Human))	Tier 5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
GAMASTAN INTRAMUSCULAR SOLUTION (Immune Globulin (Human))	Tier 5	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 5	PA
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 5	

Drug Name	Formulary Status	Requirements/Limits
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 5	
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 5	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 5	
Passive Immunizing Agents - Combinations**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 5	PA
Penicillins		
Aminopenicillins**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 2	AGE (Max 12 Years)
amoxicillin oral tablet 500 mg, 875 mg	Tier 2	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 2	AGE (Max 12 Years)
ampicillin oral capsule 500 mg	Tier 2	
Natural Penicillins**		
penicillin v potassium oral solution reconstituted 250 mg/5ml	Tier 2	AGE (Max 12 Years)
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 2	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5Ml)	Tier 2	AGE (Max 12 Years)
Penicillin Combinations**		
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	Tier 4	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 4	AGE (Max 12 Years)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 4	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 2	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	QL (20 EA per 10 days)
Penicillinase-Resistant Penicillins**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 2	
Pharmaceutical Adjuvants		
Semi Solid Vehicles**		
sm petroleum jelly external gel	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
Progestins		
Progestins**		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
norethindrone acetate oral tablet 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
progesterone oral capsule 100 mg	Tier 2	QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Tier 2	QL (2 EA per 1 day)
Psychotherapeutic And Neurological Agents - Misc.		
Alcohol Deterrents**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 2	MAIL
disulfiram oral tablet 250 mg, 500 mg	Tier 2	QL (1 EA per 1 day); MAIL
Anti-Cataplectic Agents**		
sodium oxybate solution 500 mg/ml oral	Tier 5	PA; QL (540 ML per 25 Days)
sodium oxybate solution 500 mg/ml oral	Tier 5	PA; QL (540 ML per 30 days)
Benzodiazepines & Tricyclic Agents**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Tier 4	AGE (Max 64 Years)
Cholinomimetics - Ache Inhibitors**		
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 4	MAIL
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 4	PA; MAIL
donepezil hcl oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
donepezil hcl oral tablet dispersible 10 mg	Tier 2	QL (1 EA per 1 day); MAIL
donepezil hcl oral tablet dispersible 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 2	MAIL
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 2	MAIL
Fibromyalgia Agent - Snris**		
milnacipran hcl oral 12.5 & 25 & 50 mg	Tier 4	PA
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 4	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 4	PA; MAIL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 4	PA
Movement Disorder Drug Therapy**		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 5	PA
Ms Agents - Pyrimidine Synthesis Inhibitors**		
teriflunomide oral tablet 14 mg, 7 mg	Tier 5	PA

Drug Name	Formulary Status	Requirements/Limits
Multiple Sclerosis Agents - Interferons**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 5	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 2	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 2	PA
Multiple Sclerosis Agents - Potassium Channel Blockers**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 5	PA
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 5	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	Tier 5	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 4	PA; MAIL
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 2	MAIL
memantine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 2	QL (49 EA per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 4	PA; AGE (Max 64 Years); MAIL
Psychotherapeutic And Neurological Agents - Misc.**		
ergoloid mesylates oral tablet 1 mg	Tier 4	PA
pimozide oral tablet 1 mg	Tier 2	QL (10 EA per 1 day); MAIL
pimozide oral tablet 2 mg	Tier 2	QL (5 EA per 1 day); MAIL
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day)
gnp nicotine transdermal patch 24 hour 21 mg/24hr	PREV	QL (1 EA per 1 day); OTC
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine transdermal kit 21-14-7 mg/24hr	PREV	QL (56 EA per 25 days); OTC
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	QL (1 EA per 1 day); OTC
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg	PREV	QL (2 EA per 1 day); MAIL
varenicline tartrate oral tablet 1 mg	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
THRIVE MOUTH/THROAT GUM 2 MG (Nicotine Polacrilex)	PREV	QL (8 EA per 1 day); OTC
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl oral capsule 0.5 mg	Tier 5	PA
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 5	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 5	PA
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (Dornase Alfa)	Tier 5	QL (150 ML per 25 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 5	PA
Pulmonary Fibrosis Agents**		
pirfenidone oral capsule 267 mg	Tier 5	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 5	PA

Drug Name	Formulary Status	Requirements/Limits
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 4	
Tetracyclines		
Tetracyclines**		
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 4	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 4	
avidoxy oral tablet 100 mg	Tier 2	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline hyclate oral tablet 100 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 2	
Doxycycline Monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 2	
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 2	MAIL
propylthiouracil oral tablet 50 mg	Tier 2	MAIL
Thyroid Hormones**		
ADTHYZA ORAL TABLET 130 MG (Thyroid)	Tier 3	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 3	MAIL
EVEXITHROID ORAL TABLET 45 MG, 75 MG (Thyroid)	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 3	MAIL
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 (Levothyroxine Sodium)	Tier 3	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 2	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	MAIL

Drug Name	Formulary Status	Requirements/Limits
Levothyroxine Sodium (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)	Tier 2	MAIL
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (Diphth-Acell Pertussis-Tetanus)	PREV	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (Diphth-Acell Pertussis-Tetanus)	PREV	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-Hepatitis B Recomb-IPV)	PREV	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (DTaP-IPV-Hib Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION (DTaP-IPV Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	Tier 2	AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 2	AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 2	AGE (Max 64 Years)
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral tablet 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL

Drug Name	Formulary Status	Requirements/Limits
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyosyne oral solution 0.125 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
oscimin oral tablet 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
oscimin sublingual tablet sublingual 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (Hyoscyamine Sulfate)	Tier 2	AGE (Max 64 Years); MAIL
H-2 Antagonists**		
cimetidine 200 oral tablet 200 mg	Tier 2	OTC
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 2	MAIL
famotidine oral suspension reconstituted 40 mg/5ml	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years); MAIL
famotidine oral tablet 10 mg	Tier 2	OTC
famotidine oral tablet 20 mg, 40 mg	Tier 2	MAIL
nizatidine oral capsule 150 mg, 300 mg	Tier 2	MAIL
Misc. Anti-Ulcer**		
sucralfate oral tablet 1 gm	Tier 2	QL (4 EA per 1 day); MAIL
Proton Pump Inhibitors**		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
rabeprazole sodium oral tablet delayed release 20 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
lansoprazole oral capsule delayed release 15 mg	Tier 2	QL (2 EA per 1 day); MAIL
lansoprazole oral capsule delayed release 30 mg	Tier 2	QL (1 EA per 1 day); MAIL
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 2	QL (2 EA per 1 day); OTC
omeprazole magnesium oral tablet delayed release 20 mg	Tier 2	QL (2 EA per 1 day); OTC
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
pantoprazole sodium oral tablet delayed release 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
pantoprazole sodium oral tablet delayed release 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 2	QL (150 ML per 25 days); AGE (Max 12 Years); MAIL
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 2	QL (2 EA per 1 day); MAIL; OTC
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (Omeprazole Magnesium)	Tier 2	QL (2 EA per 1 day); OTC
Quaternary Anticholinergics**		
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 4	

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Drug Name	Formulary Status	Requirements/Limits
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 2	
Ulcer Anti-Infective W/ Bismuth Combinations**		
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 4	QL (120 EA per 10 days)
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 2	QL (4 EA per 1 day); MAIL
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
solifenacin succinate oral tablet 10 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
solifenacin succinate oral tablet 5 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	QL (8 EA per 25 days); MAIL; OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	QL (8 EA per 25 days); MAIL
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
oxybutynin chloride oral solution 5 mg/5ml	Tier 2	QL (20 ML per 1 day); MAIL
oxybutynin chloride oral tablet 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
trospium chloride oral tablet 20 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 4	PA; QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Vaccines		
Bacterial Vaccines**		
penmenvy intramuscular suspension reconstituted	PREV	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (Haemophilus B Polysac Conj Vac)	PREV	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Recomb OMV Adj)	PREV	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Pneumococcal 21-Valent Conjuga)	PREV	AGE (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (Haemophilus B Polysac Conj Vac)	PREV	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (Mening ACY&W-135 Tetanus Conj)	PREV	
MENVEO INTRAMUSCULAR SOLUTION (Meningococcal A C Y&W-135 Olig)	PREV	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (Meningococcal A C Y&W-135 Olig)	PREV	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (Mening ACYW(Tet Conj)-B(Rcmb))	PREV	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Vac (Recomb))	PREV	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
Viral Vaccine Combinations**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles-Mumps-Rubella-Varicell)	PREV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
Viral Vaccines**		
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	

Drug Name	Formulary Status	Requirements/Limits
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	PREV	AGE (Min 12 Years)
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb)	PREV	
AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 injection per 1 lifetime); AGE (Min 50 Years)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 5 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 injections per 1 lifetime)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj)	PREV	QL (1 ML per 365 days); AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA)	PREV	QL (1 ML per 365 days); AGE (Min 9 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live)	PREV	QL (1 EA per 365 days); AGE (Min 2 Years and Max 49 Years)

Drug Name	Formulary Status	Requirements/Limits
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose)	PREV	QL (0.5 ML per 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (Rabies Virus Vaccine, HDC)	PREV	QL (4 EA per 365 days)
IPOL INJECTION SUSPENSION (Poliovirus Vaccine Inactivated)	PREV	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (COVID-19 mRNA Virus Vaccine)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (Rabies Vaccine, PCEC)	PREV	QL (4 EA per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ROTARIX ORAL SUSPENSION (Rotavirus Vaccine Live Oral)	PREV	
ROTATEQ ORAL SOLUTION (Rotavirus Vac Live Pentavalent)	PREV	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	

Drug Name	Formulary Status	Requirements/Limits
Vaginal And Related Products		
Imidazole-Related Antifungals**		
terconazole vaginal suppository 80 mg	Tier 4	
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 3	
clotrimazole 3 vaginal cream 2 %	Tier 2	OTC
clotrimazole vaginal cream 1 %	Tier 2	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 vaginal cream 4 %	Tier 2	OTC
miconazole 3 vaginal suppository 200 mg	Tier 2	QL (3 EA per 25 days)
miconazole 7 vaginal cream 2 %	Tier 2	OTC
miconazole 7 vaginal suppository 100 mg	Tier 2	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
tioconazole-1 vaginal ointment 6.5 %	Tier 2	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 2	OTC
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	Tier 2	QL (40 GM per 25 days)
metronidazole vaginal gel 0.75 %	Tier 2	QL (70 GM per 25 days)
Vaginal Estrogens**		
estradiol vaginal tablet 10 mcg	Tier 4	QL (2 EA per 1 day); MAIL
Estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 4	QL (2 EA per 1 day); MAIL
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 3	QL (30 GM per 25 days); MAIL
estradiol vaginal cream 0.01 %, 0.1 mg/gm	Tier 2	QL (42.5 GM per 25 days); MAIL
Vaginal Progestins**		
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 4	PA

Drug Name	Formulary Status	Requirements/Limits
Vasopressors		
Anaphylaxis Therapy Agents**		
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 3	QL (2 EA per 25 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 2	QL (2 EA per 25 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 5	PA
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
Vitamins		
Vitamin B-1**		
b1 oral tablet 100 mg	Tier 2	OTC
b-1 oral tablet 100 mg	Tier 2	OTC
vitamin b-1 oral tablet 250 mg	Tier 2	OTC
vitamin b1 oral tablet 50 mg	Tier 2	OTC
Vitamin B-2**		
b-2 oral tablet 100 mg	Tier 2	OTC
Vitamin B-3**		
niacin er oral capsule extended release 250 mg	Tier 2	OTC
niacin er oral tablet extended release 1000 mg	Tier 2	QL (2 EA per 1 day); OTC
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 2	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Tier 2	OTC
niacinamide oral tablet 500 mg	Tier 2	OTC
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 2	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 2	OTC
Vitamin B-6**		
b-6 oral tablet 100 mg, 50 mg	Tier 2	OTC
pyridoxine hcl oral tablet 25 mg	Tier 2	OTC
vitamin b-6 oral tablet 25 mg	Tier 2	OTC
Vitamin C**		
ascorbic acid oral tablet 500 mg	Tier 2	OTC
vitamin c oral tablet 500 mg	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
Vitamin D**		
d 1000 oral capsule 25 mcg (1000 ut)	Tier 2	OTC
d 10000 oral capsule 250 mcg (10000 ut)	Tier 2	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 2	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 2	OTC
d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	Tier 2	OTC
delta d3 oral tablet 10 mcg (400 unit)	Tier 2	OTC
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	Tier 2	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 2	
vitamin d oral tablet 50 mcg (2000 ut)	Tier 2	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier 2	OTC
vitamin d3 oral liquid 10 mcg/ml	Tier 2	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut)	Tier 2	OTC
vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)	Tier 2	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (Cholecalciferol)	Tier 2	OTC
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (Cholecalciferol)	Tier 2	OTC
Vitamin K**		
phytonadione oral tablet 5 mg	Tier 2	QL (5 EA per 1 day)

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