The presence of a medication on this formulary list does not guarantee coverage.

Any medication approved to enter the market will not be covered until reviewed by the Elixir P&T committee and TakeCare Insurance.

To determine the most up-to-date formulary status of your medication, please call Elixir Solutions, the TakeCare pharmacy benefit manager at 1-800-361-4542.

To request an exception (Prior authorization,Step therapy, Quantity limit, Non-formulary) please call Elixir Solutions, the TakeCare pharmacy benefit manager at 1-800-361-4542.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Tier
1 = Generic
2 = Preferred
3 = Non Preferred
Non-Formulary = Non-Formulary

Notes
Formulary Exclusion = Formulary Exclusion
Insufficient Evidence = Insufficient Evidence
Medical Only Exclusion = Medical Only Exclusion
Mony Code = Mony Code
New to Market Exclusion = New to Market Exclusion
Non Essential Drug Exclusion = Non Essential Drug Exclusion
Non FDA Exclusion = Non FDA Exclusion
PA = Prior Authorization
QL Criteria Applies = QL Criteria Applies
Specialty = Specialty
ST = Step Therapy

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
****Adhd Agent - Selective Alpha Adrenergic Agonists******		
clonidine hcl er tablet extended release 12 hour 0.1 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 1 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 2 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 3 mg oral	1	
guanfacine hcl er tablet extended release 24 hour 4 mg oral	1	
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
KAPVAY TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*		
atomoxetine hcl capsule 10 mg oral	1	QL
atomoxetine hcl capsule 100 mg oral	1	QL
atomoxetine hcl capsule 18 mg oral	1	QL
atomoxetine hcl capsule 25 mg oral	1	QL
atomoxetine hcl capsule 40 mg oral	1	QL
atomoxetine hcl capsule 60 mg oral	1	QL
atomoxetine hcl capsule 80 mg oral	1	QL
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STRATTERA CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Amphetamine Mixtures*		
ADDERALL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral	1	QL
amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral	1	QL
amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral	1	QL
amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral	1	QL
amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral	1	QL
amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral	1	QL
amphetamine-dextroamphetamine tablet 10 mg oral	1	QL
amphetamine-dextroamphetamine tablet 12.5 mg oral	1	QL
amphetamine-dextroamphetamine tablet 15 mg oral	1	QL
amphetamine-dextroamphetamine tablet 20 mg oral	1	QL
amphetamine-dextroamphetamine tablet 30 mg oral	1	QL
amphetamine-dextroamphetamine tablet 5 mg oral	1	QL
amphetamine-dextroamphetamine tablet 7.5 mg oral	1	QL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 12.5 mg oral	1	QL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 25 mg oral	1	QL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 37.5 mg oral	1	QL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral	1	QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Amphetamines*		
ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
amphetamine er suspension extended release 1.25 mg/ml oral	Non-Formulary	Formulary Exclusion; QL
amphetamine sulfate tablet 10 mg oral	Non-Formulary	Formulary Exclusion; QL
amphetamine sulfate tablet 5 mg oral	Non-Formulary	Formulary Exclusion; QL
DESOXYN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral	1	QL
dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral	1	QL
dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral	1	QL
dextroamphetamine sulfate solution 5 mg/5ml oral	1	QL
dextroamphetamine sulfate tablet 10 mg oral	1	QL

Drug Name	Tier	Notes
dextroamphetamine sulfate tablet 15 mg oral	1	QL
dextroamphetamine sulfate tablet 2.5 mg oral	1	QL
dextroamphetamine sulfate tablet 20 mg oral	1	QL
dextroamphetamine sulfate tablet 30 mg oral	1	QL
dextroamphetamine sulfate tablet 5 mg oral	1	QL
dextroamphetamine sulfate tablet 7.5 mg oral	1	QL
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO ODT TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVEKEO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lisdexamfetamine dimesylate capsule 10 mg oral	1	QL
lisdexamfetamine dimesylate capsule 20 mg oral	1	QL
lisdexamfetamine dimesylate capsule 30 mg oral	1	QL
lisdexamfetamine dimesylate capsule 40 mg oral	1	QL
lisdexamfetamine dimesylate capsule 50 mg oral	1	QL
lisdexamfetamine dimesylate capsule 60 mg oral	1	QL
lisdexamfetamine dimesylate capsule 70 mg oral	1	QL
lisdexamfetamine dimesylate tablet chewable 10 mg oral	1	QL
lisdexamfetamine dimesylate tablet chewable 20 mg oral	1	QL
lisdexamfetamine dimesylate tablet chewable 30 mg oral	1	QL

Drug Name	Tier	Notes
lisdexamfetamine dimesylate tablet chewable 40 mg oral	1	QL
lisdexamfetamine dimesylate tablet chewable 50 mg oral	1	QL
lisdexamfetamine dimesylate tablet chewable 60 mg oral	1	QL
methamphetamine hcl tablet 5 mg oral	1	QL
PROCENTRA SOLUTION 5 MG/5ML ORAL	1	QL
VYVANSE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE CAPSULE 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VYVANSE TABLET CHEWABLE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 18 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
XELSTRYM PATCH 9 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 10 MG ORAL	1	QL
ZENZEDI TABLET 15 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
ZENZEDI TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ZENZEDI TABLET 2.5 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
ZENZEDI TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
ZENZEDI TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZENZEDI TABLET 5 MG ORAL	1	QL
ZENZEDI TABLET 7.5 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
Analeptics		
CAFCIT SOLUTION 60 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
caffeine citrate solution 20 mg/ml oral	1	
caffeine citrate solution 60 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
caffeine citrate solution 60 mg/3ml oral	1	
caffeine-sodium benzoate solution 125-125 mg/ml injection	Non-Formulary	Non FDA Exclusion
DOPRAM SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Anorexiant Combinations		
PLENITY CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
PLENITY WELCOME KIT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	3	PA; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	3	PA; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	3	PA; QL
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	3	PA; QL
Anorexiants Non-Amphetamine		
ADIPEX-P CAPSULE 37.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
ADIPEX-P TABLET 37.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
benzphetamine hcl tablet 25 mg oral	Non-Formulary	PA; MONY Code; Formulary Exclusion; QL
benzphetamine hcl tablet 50 mg oral	Non-Formulary	PA; Formulary Exclusion; QL

Drug Name	Tier	Notes
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Non-Formulary	PA; MONY Code; Formulary Exclusion; QL
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	Non-Formulary	PA; MONY code issue; Formulary Exclusion; QL
diethylpropion hcl tablet 25 mg oral	Non-Formulary	PA; Formulary Exclusion; QL
LOMAIRA TABLET 8 MG ORAL	3	PA; QL
phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral	Non-Formulary	PA; Formulary Exclusion; QL
phendimetrazine tartrate tablet 35 mg oral	Non-Formulary	PA; Formulary Exclusion; QL
phentermine hcl capsule 15 mg oral	1	PA; QL
phentermine hcl capsule 30 mg oral	1	PA; QL
phentermine hcl capsule 37.5 mg oral	1	PA; QL
phentermine hcl tablet 37.5 mg oral	1	PA; QL
Anti-Obesity - Gip & Glp-1 Receptor Agonists		
ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
Anti-Obesity - Glp-1 Receptor Agonists		
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; QL
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	2	PA; QL
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL

Drug Name	Tier	Notes
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	2	PA; QL
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	2	PA; QL
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	2	PA; QL
Anti-Obesity Agent Combinations		
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*		
SUNOSI TABLET 150 MG ORAL	2	PA; QL
SUNOSI TABLET 75 MG ORAL	2	PA; QL
Histamine H3-Receptor Antagonist|Inverse Agonists*		
WAKIX TABLET 17.8 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
WAKIX TABLET 4.45 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Lipase Inhibitors*		
orlistat capsule 120 mg oral	3	PA; QL
XENICAL CAPSULE 120 MG ORAL	3	PA; QL
Stimulant Combinations*		
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	2	QL
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	2	QL
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	2	QL
Stimulants - Misc.*		
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 55 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ADHANSIA XR CAPSULE EXTENDED RELEASE 24 HOUR 85 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
armodafinil tablet 150 mg oral	1	QL
armodafinil tablet 200 mg oral	1	QL
armodafinil tablet 200 mg oral	1	MONY Code; QL
armodafinil tablet 250 mg oral	1	QL
armodafinil tablet 50 mg oral	1	QL
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral	1	QL
dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral	1	QL
dexmethylphenidate hcl tablet 10 mg oral	1	QL
dexmethylphenidate hcl tablet 2.5 mg oral	1	QL
dexmethylphenidate hcl tablet 5 mg oral	1	QL
FOCALIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	2	QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	2	QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	2	QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	2	QL
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	2	QL
METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
METHYLIN SOLUTION 10 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
METHYLIN SOLUTION 5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (cd) capsule extended release 10 mg oral	1	QL
methylphenidate hcl er (cd) capsule extended release 20 mg oral	1	QL
methylphenidate hcl er (cd) capsule extended release 30 mg oral	1	QL
methylphenidate hcl er (cd) capsule extended release 40 mg oral	1	QL
methylphenidate hcl er (cd) capsule extended release 50 mg oral	1	QL
methylphenidate hcl er (cd) capsule extended release 60 mg oral	1	QL
methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral	1	QL

Drug Name	Tier	Notes
methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral	1	QL
methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral	1	QL
methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 18 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 45 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	1	QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 63 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (osm) tablet extended release 72 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral	Non-Formulary	Formulary Exclusion; QL
methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
methylphenidate hcl er tablet extended release 10 mg oral	1	QL
methylphenidate hcl er tablet extended release 20 mg oral	1	QL
methylphenidate hcl er tablet extended release 24 hour 18 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 27 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 36 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl er tablet extended release 24 hour 54 mg oral	Non-Formulary	MONY Code; Formulary Exclusion; QL
methylphenidate hcl solution 10 mg/5ml oral	1	QL
methylphenidate hcl solution 5 mg/5ml oral	1	QL
methylphenidate hcl tablet 10 mg oral	1	QL
methylphenidate hcl tablet 20 mg oral	1	QL
methylphenidate hcl tablet 5 mg oral	1	QL
methylphenidate hcl tablet chewable 10 mg oral	1	QL
methylphenidate hcl tablet chewable 10 mg oral	1	MONY Code; QL
methylphenidate hcl tablet chewable 2.5 mg oral	1	QL
methylphenidate hcl tablet chewable 2.5 mg oral	1	MONY Code; QL
methylphenidate hcl tablet chewable 5 mg oral	1	QL
methylphenidate hcl tablet chewable 5 mg oral	1	MONY Code; QL
methylphenidate patch 10 mg/9hr transdermal	1	QL
methylphenidate patch 15 mg/9hr transdermal	1	QL
methylphenidate patch 20 mg/9hr transdermal	1	QL
methylphenidate patch 30 mg/9hr transdermal	1	QL
modafinil tablet 100 mg oral	1	QL
modafinil tablet 200 mg oral	1	QL
NUVIGIL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NUVIGIL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROVIGIL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROVIGIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL	2	QL
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL	2	QL

Drug Name	Tier	Notes
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL	2	QL
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	2	QL
RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
****Allergenic Extracts******		
acacia pollen solution 1:40 injection	Non-Formulary	Medical Only Exclusion
acacia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
alder solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
alternaria alternata solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american beech pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american beech solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american cockroach solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
american elm solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american elm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
american sycamore solution 1:20 injection	Non-Formulary	Medical Only Exclusion
arizona cypress solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
aspen pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:10 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aureobasidium pullulans solution 1:20 injection	Non-Formulary	Medical Only Exclusion
australian pine solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bahia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bald cypress solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bayberry (wax myrtle) solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
bermuda grass solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
bermuda grass solution 10000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
bipolaris sorokiniana solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut pollen (1:10) solution 75000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen (1:20) solution 75000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 20000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black walnut pollen solution 40000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
black willow solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black willow solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
black/sweet birch pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea solution 43000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
box elder pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
brome solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
california pepper tree solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
candida albicans extract solution 1:1000 injection	Non-Formulary	Medical Only Exclusion
candida albicans extract solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
cat hair extract solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
cat hair extract solution 10000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
cat hair extract solution 5000 bau/ml injection	Non-Formulary	Medical Only Exclusion
cattle epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
cedar elm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
cladosporium cladosporioides solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cladosporium cladosporioides solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
cladosporium cladosporioides solution 64000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
cladosporium sphaerospermum solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cocklebur solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
corn pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dandelion solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dog epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
dog epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
dog fennel solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
eastern cottonwood solution 1:20 injection	Non-Formulary	Medical Only Exclusion
eastern cottonwood solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
english plantain solution 1:20 injection	Non-Formulary	Medical Only Exclusion
epicoccum nigrum solution 1:10 injection	Non-Formulary	Medical Only Exclusion
fire ant solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
fire ant solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
german cockroach solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
goldenrod solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
grass pollen mixture of 6 solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
grass pollen(k-o-r-t-swt vern) solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	3	
green ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
hackberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 1300 MCG INJECTION	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HONEY BEE VENOM PROTEIN SOLUTION RECONSTITUTED 550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
horse epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
horse epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
johnson grass solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
june grass pollen standardized solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
kochia solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
lenscale solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
meadow fescue grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
melaleuca solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mesquite solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. farinae) solution 5000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mite (d. pteronyssinus) solution 5000 au/ml injection	Non-Formulary	Medical Only Exclusion
mixed ragweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mixed vespid venom protein solution reconstituted 1300-1300-1300 mcg injection	Non-Formulary	Medical Only Exclusion
mixed vespid venom protein solution reconstituted 550-550-550 mcg injection	Non-Formulary	Medical Only Exclusion
mountain cedar pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mountain cedar solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mouse epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
mucor solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mucor solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
mugwort solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
nettle solution 1:40 injection	Non-Formulary	Medical Only Exclusion
olive tree solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
orchard grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
oregon ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL	3	
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL	3	
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL	3	
PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL	3	
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL	3	
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL	3	
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL	3	
PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL	3	QL
PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL	3	
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL	3	
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL	3	
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL	3	
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL	3	
pecan pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum solution 1:10 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum solution 1:20 injection	Non-Formulary	Medical Only Exclusion
perennial rye grass pollen solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
perennial rye grass pollen solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
privet solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
queen palm solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
rabbit epithelium solution 1:10 subcutaneous	Non-Formulary	Medical Only Exclusion
rabbit epithelium solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	3	
red alder pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red cedar solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red maple solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red maple solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
red mulberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
red oak solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red top grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
river birch pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
rough marsh elder solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
rough pigweed solution 1:20 injection	Non-Formulary	Medical Only Exclusion
russian thistle solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
saccharomyces cerevisiae solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sagebrush solution 1:20 injection	Non-Formulary	Medical Only Exclusion
shagbark hickory solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sheep sorrel solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
short ragweed pollen ext solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
spiny pigweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
spring birch pollen solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sweet gum solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
sweet vernal grass pollen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
tall ragweed solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 10000 bau/ml injection	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml injection	Non-Formulary	Medical Only Exclusion
timothy grass pollen allergen solution 100000 bau/ml subcutaneous	Non-Formulary	Medical Only Exclusion
tree mix 9 solution 1:20 injection	Non-Formulary	Medical Only Exclusion
trichophyton mentagrophytes solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
VENOMIL HONEY BEE VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL HONEY BEE VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
VENOMIL MIXED VESPID VENOM SOLUTION RECONSTITUTED 550-550-550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WASP VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WASP VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WHITE FACED HORNET KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL WHITE FACED HORNET KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM KIT 12 MCG INJECTION	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM KIT 120 MCG INJECTION	Non-Formulary	Medical Only Exclusion
wasp venom protein solution reconstituted 1300 mcg injection	Non-Formulary	Medical Only Exclusion
wasp venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
western juniper solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
western juniper solution 1:40 injection	Non-Formulary	Medical Only Exclusion
white alder solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash pollen solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash pollen solution 40000 pnu/ml injection	Non-Formulary	Medical Only Exclusion
white birch solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white birch solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white mulberry solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white oak solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
white pine solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 1300 MCG INJECTION	Non-Formulary	Medical Only Exclusion
WHITE-FACED HORNET VENOM SOLUTION RECONSTITUTED 550 MCG INJECTION	Non-Formulary	Medical Only Exclusion
yellow dock solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
yellow hornet venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
yellow jacket venom protein solution reconstituted 1300 mcg injection	Non-Formulary	Medical Only Exclusion
yellow jacket venom protein solution reconstituted 550 mcg injection	Non-Formulary	Medical Only Exclusion
Mixed Allergenic Extracts*		
cockroach mixed allergen ext solution 1:20 injection	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 10000 au/ml injection	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 10000 au/ml subcutaneous	Non-Formulary	Medical Only Exclusion
dust mite mixed allergen ext solution 30000 au/ml injection	Non-Formulary	Medical Only Exclusion
mixed feathers solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	3	
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	3	
sheep sorrel-yellow dock solution 1:20 injection	Non-Formulary	Medical Only Exclusion
short ragweed-giant ragweed solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sorrel/dock mix solution 1:20 injection	Non-Formulary	Medical Only Exclusion
ALTERNATIVE MEDICINES		
Alternative Medicine - Al's*		
alpha-lipoic acid solution 25 mg/ml injection	Non-Formulary	Non FDA Exclusion
NEOKE RA LIPOIC POWDER 800 MG/GM ORAL	Non-Formulary	Non FDA Exclusion
Alternative Medicine - Pr's*		
EC-RX DHEA CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EC-RX DHEA CREAM 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Alternative Medicine - Ub*		
coenzyme q-10 solution 20 mg/ml injection	Non-Formulary	Non FDA Exclusion
AMEBICIDES		
Amebicides*		
SOLOSEC PACKET 2 GM ORAL	2	

Drug Name	Tier	Notes
AMINOGLYCOSIDES		
****Aminoglycosides******		
amikacin sulfate solution 1 gm/4ml injection	Non-Formulary	Medical Only Exclusion
amikacin sulfate solution 500 mg/2ml injection	Non-Formulary	Medical Only Exclusion
BETHKIS NEBULIZATION SOLUTION 300 MG/4ML INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
gentamicin in saline solution 0.8-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
gentamicin in saline solution 1.2-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
gentamicin in saline solution 1.6-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
gentamicin in saline solution 1-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
gentamicin in saline solution 2-0.9 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
gentamicin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
gentamicin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
gentamicin sulfate solution 40 mg/ml injection	Non-Formulary	Medical Only Exclusion
HUMATIN CAPSULE 250 MG ORAL	2	
KITABIS PAK NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
neomycin sulfate tablet 500 mg oral	1	
paromomycin sulfate capsule 250 mg oral	1	MONY Code
streptomycin sulfate solution reconstituted 1 gm intramuscular	Non-Formulary	Medical Only Exclusion
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TOBI PODHALER CAPSULE 28 MG INHALATION	Tier 4	PA; Specialty; QL
tobramycin nebulization solution 300 mg/4ml inhalation	Tier 4	PA; Specialty; QL
tobramycin nebulization solution 300 mg/5ml inhalation	Tier 4	PA; Specialty; QL
tobramycin nebulization solution 300 mg/5ml inhalation	Tier 4	PA; MONY Code; Specialty; QL
tobramycin sulfate solution 1.2 gm/30ml injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
tobramycin sulfate solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
tobramycin sulfate solution 2 gm/50ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution 80 mg/2ml injection	Non-Formulary	Medical Only Exclusion
tobramycin sulfate solution reconstituted 1.2 gm injection	Non-Formulary	Medical Only Exclusion
ZEMDRI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ANALGESICS - ANTI-INFLAMMATORY		
****Antirheumatic - Janus Kinase (Jak) Inhibitors******		
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	Tier 4	PA; Specialty
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	Tier 4	PA; Specialty
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	Tier 4	PA; Specialty
XELJANZ SOLUTION 1 MG/ML ORAL	Tier 4	PA; Specialty; QL
XELJANZ TABLET 10 MG ORAL	Tier 4	PA; Specialty; QL
XELJANZ TABLET 5 MG ORAL	Tier 4	PA; Specialty; QL
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	Tier 4	PA; Specialty; QL
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	Tier 4	PA; Specialty; QL
****Antirheumatic Antimetabolites******		
OTREXUP SOLUTION AUTO-INJECTOR 10 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 15 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 17.5 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 22.5 MG/0.4ML SUBCUTANEOUS	2	PA
OTREXUP SOLUTION AUTO-INJECTOR 25 MG/0.4ML SUBCUTANEOUS	2	PA

Drug Name	Tier	Notes
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
REDITREX SOLUTION PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 12.5 MG/0.5ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 15 MG/0.6ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 20 MG/0.8ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 25 MG/ML SUBCUTANEOUS	2	PA
REDITREX SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML SUBCUTANEOUS	2	PA

Drug Name	Tier	Notes
Anti-Tnf-Alpha - Monoclonal Antibodies*		
ABRILADA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ABRILADA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ABRILADA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-aacf (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm(cd/uc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA-PED 10KG TO <15KG SOLUTION PREFILLED SYRINGE 10 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO-CD/UC/HS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
CYLTEZO-PSORIASIS/UV STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HULIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HULIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-CD/UC/HS STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-PED<40KG CROHNS STARTER PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-PED>/=40KG CROHNS START PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-PED>/=40KG UC STARTER PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
HUMIRA-PS/UV/ADOL HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
HUMIRA-PSORIASIS/UVEIT STARTER PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED<40KG CROHN STARTER SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ-PED>/=40KG CROHN START SOLUTION PREFILLED SYRINGE 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
IDACIO (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
IDACIO (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
IDACIO-CROHNS/UC STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
IDACIO-PSORIASIS STARTER AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUFLYMA-CD/UC/HS STARTER AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
YUSIMRY SOLUTION PEN-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Cyclooxygenase 2 (Cox-2) Inhibitors*		
CELEBREX CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion
CELEBREX CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
celecoxib capsule 100 mg oral	1	
celecoxib capsule 200 mg oral	1	
celecoxib capsule 400 mg oral	1	

Drug Name	Tier	Notes
celecoxib capsule 50 mg oral	1	
Gold Compounds*		
RIDAURA CAPSULE 3 MG ORAL	3	
Interleukin-1 Receptor Antagonist (Il-1Ra)*		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Interleukin-1Beta Blockers*		
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
Interleukin-6 Receptor Inhibitors*		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	Tier 4	PA; Specialty
ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	Tier 4	PA; Specialty
Nonsteroidal Anti-Inflammatory Agent Combinations*		
active injection ket-l kit 30 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection ketmarc-l kit 30 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
ARTHROTEC TABLET DELAYED RELEASE 50-0.2 MG ORAL	Non-Formulary	Formulary Exclusion
ARTHROTEC TABLET DELAYED RELEASE 75-0.2 MG ORAL	Non-Formulary	Formulary Exclusion
COMBOGESIC SOLUTION 1000-300 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
diclofenac-misoprostol tablet delayed release 50-0.2 mg oral	1	
diclofenac-misoprostol tablet delayed release 75-0.2 mg oral	1	
DUEXIS TABLET 800-26.6 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
flexipak therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
ibuprofen-famotidine tablet 800-26.6 mg oral	Non-Formulary	
inavix therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
INFLAMMACIN THERAPY PACK 75 & 0.025 MG-% COMBINATION	Non-Formulary	Non FDA Exclusion
INFLATHERM THERAPY PACK 75 & 3-3 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
KETOROCAINE-L KIT 30 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
KETOROCAINE-LM KIT 30 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
ketorolac-bupiv-ketamine solution prefilled syringe 60-150-60 mg/50ml injection	Non-Formulary	Non FDA Exclusion
ketorolac-ropiv-ketamine solution prefilled syringe 15-100-30 mg/50ml injection	Non-Formulary	Non FDA Exclusion
NAPROTIN KIT 500 & 0.025 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
naproxen-esomeprazole mg tablet delayed release 375-20 mg oral	Non-Formulary	
naproxen-esomeprazole mg tablet delayed release 500-20 mg oral	Non-Formulary	
NUDICLO TABPAK THERAPY PACK 75 & 0.025 MG-% COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK THERAPY PACK 200 MG COMBINATION	Non-Formulary	Non FDA Exclusion
PREVIDOLRX ANALGESIC THERAPY PACK 75-20-0.025 MG-MG-% COMBINATION	Non-Formulary	Non FDA Exclusion
previdolrx plus analgesic therapy pack 75 & 0.025 mg-% combination	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + KETOROLAC KIT 15 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
TORONOVA II SUIK KIT 30 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
TORONOVA SUIK KIT 30 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL	Non-Formulary	Formulary Exclusion
VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ZYNRELEF SOLUTION 200-6 MG/7ML INJECTION	Non-Formulary	Medical Only Exclusion
ZYNRELEF SOLUTION 400-12 MG/14ML INJECTION	Non-Formulary	Medical Only Exclusion
Nonsteroidal Anti-Inflammatory Agents (Nsaids)		
ANJESO INJECTABLE 30 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CALDOLOR SOLUTION 800 MG/200ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CALDOLOR SOLUTION 800 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CATAFLAM TABLET 50 MG ORAL	1	
COXANTO CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
DAYPRO TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
dfs dr/ms/menth/cap pak kit 75 mg combination	Non-Formulary	Non FDA Exclusion
diclofenac capsule 35 mg oral	Non-Formulary	
diclofenac potassium capsule 25 mg oral	Non-Formulary	
diclofenac potassium tablet 25 mg oral	Non-Formulary	
diclofenac potassium tablet 50 mg oral	1	
diclofenac sodium er tablet extended release 24 hour 100 mg oral	1	
diclofenac sodium tablet delayed release 25 mg oral	1	
diclofenac sodium tablet delayed release 50 mg oral	1	
diclofenac sodium tablet delayed release 75 mg oral	1	
EC-NAPROSYN TABLET DELAYED RELEASE 375 MG ORAL	Non-Formulary	Formulary Exclusion
EC-NAPROSYN TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
ec-naproxen tablet delayed release 375 mg oral	1	
ec-naproxen tablet delayed release 500 mg oral	1	
etodolac capsule 200 mg oral	1	
etodolac capsule 300 mg oral	1	
etodolac er tablet extended release 24 hour 400 mg oral	1	
etodolac er tablet extended release 24 hour 500 mg oral	1	

Drug Name	Tier	Notes
etodolac er tablet extended release 24 hour 600 mg oral	1	
etodolac tablet 400 mg oral	1	
etodolac tablet 500 mg oral	1	
FELDENE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
FELDENE CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
fenoprofen calcium capsule 200 mg oral	Non-Formulary	MONY Code Issue
fenoprofen calcium capsule 200 mg oral	Non-Formulary	
fenoprofen calcium capsule 200 mg oral	Non-Formulary	MONY Code
fenoprofen calcium capsule 400 mg oral	Non-Formulary	
fenoprofen calcium capsule 400 mg oral	Non-Formulary	MONY code issue
fenoprofen calcium tablet 600 mg oral	1	
FENORTHO CAPSULE 200 MG ORAL	Non-Formulary	
flurbiprofen tablet 100 mg oral	1	
flurbiprofen tablet 50 mg oral	1	
flurbiprofen tablet 50 mg oral	3	
IBU TABLET 400 MG ORAL	1	
IBU TABLET 600 MG ORAL	1	
IBU TABLET 800 MG ORAL	1	
IBUPAK KIT 600 MG ORAL	Non-Formulary	Non FDA Exclusion
ibuprofen lysine solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ibuprofen suspension 100 mg/5ml oral (rx)	1	
ibuprofen tablet 400 mg oral	1	
ibuprofen tablet 600 mg oral	1	
ibuprofen tablet 800 mg oral	1	
INDOCIN SUPPOSITORY 50 MG RECTAL	Non-Formulary	
INDOCIN SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
indomethacin capsule 20 mg oral	Non-Formulary	
indomethacin capsule 25 mg oral	1	
indomethacin capsule 50 mg oral	1	
indomethacin er capsule extended release 75 mg oral	1	
indomethacin sodium solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion
indomethacin sodium solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
indomethacin suppository 100 mg rectal	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
indomethacin suppository 50 mg rectal	Non-Formulary	
indomethacin suspension 25 mg/5ml oral	Non-Formulary	Formulary Exclusion
ketoprofen capsule 25 mg oral	1	MONY Code
ketoprofen capsule 25 mg oral	1	MONY Code Issue
ketoprofen capsule 50 mg oral	3	
ketoprofen capsule 75 mg oral	3	
ketoprofen er capsule extended release 24 hour 200 mg oral	1	MONY Code
ketorolac tromethamine solution 15 mg/ml injection	1	
ketorolac tromethamine solution 15.75 mg/spray nasal	Non-Formulary	
ketorolac tromethamine solution 30 mg/ml injection	1	
ketorolac tromethamine solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine solution 30 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	MONY Code
ketorolac tromethamine solution 60 mg/2ml intramuscular	1	
ketorolac tromethamine tablet 10 mg oral	1	QL
KIPROFEN CAPSULE 25 MG ORAL	1	MONY CODE ISSUE
LODINE TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
LOFENA TABLET 25 MG ORAL	Non-Formulary	
meclofenamate sodium capsule 100 mg oral	3	
meclofenamate sodium capsule 50 mg oral	3	
mefenamic acid capsule 250 mg oral	1	
meloxicam capsule 10 mg oral	Non-Formulary	
meloxicam capsule 5 mg oral	Non-Formulary	
meloxicam suspension 7.5 mg/5ml oral	Non-Formulary	
meloxicam tablet 15 mg oral	1	
meloxicam tablet 7.5 mg oral	1	
MOBIC TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
MOBIC TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
nabumetone tablet 500 mg oral	1	
nabumetone tablet 750 mg oral	1	
NALFON CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
NALFON TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL	Non-Formulary	Formulary Exclusion
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	Non-Formulary	Formulary Exclusion
NAPROSYN SUSPENSION 125 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
NAPROSYN TABLET 500 MG ORAL	3	
naproxen dr tablet delayed release 500 mg oral	1	
naproxen sodium er tablet extended release 24 hour 375 mg oral	Non-Formulary	
naproxen sodium er tablet extended release 24 hour 500 mg oral	Non-Formulary	
naproxen sodium er tablet extended release 24 hour 750 mg oral	Non-Formulary	
naproxen sodium tablet 275 mg oral	1	
naproxen sodium tablet 550 mg oral	1	
naproxen suspension 125 mg/5ml oral	1	
naproxen tablet 250 mg oral	1	
naproxen tablet 375 mg oral	1	
naproxen tablet 500 mg oral	1	
naproxen tablet delayed release 375 mg oral	1	
naproxen tablet delayed release 500 mg oral	1	
NEOPROFEN SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NUDROXIPAK DSDR-50 KIT 50 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK DSDR-75 KIT 75 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK E-400 KIT 400 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK I-800 KIT 800 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK M-15 KIT 15 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUDROXIPAK N-500 KIT 500 MG COMBINATION	Non-Formulary	Non FDA Exclusion
oxaprozin capsule 300 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
oxaprozin tablet 600 mg oral	1	
piroxicam capsule 10 mg oral	1	
piroxicam capsule 20 mg oral	1	
QMIIZ ODT TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
QMIIZ ODT TABLET DISPERSIBLE 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
RELAFEN DS TABLET 1000 MG ORAL	Non-Formulary	
RELAFEN TABLET 500 MG ORAL	Non-Formulary	
RELAFEN TABLET 750 MG ORAL	Non-Formulary	
SPRIX SOLUTION 15.75 MG/SPRAY NASAL	Non-Formulary	
sulindac tablet 150 mg oral	1	
sulindac tablet 200 mg oral	1	
TIVORBEX CAPSULE 20 MG ORAL	Non-Formulary	
tolmetin sodium capsule 400 mg oral	3	
tolmetin sodium tablet 600 mg oral	3	
VIVLODEX CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
VIVLODEX CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
ZIPSOR CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZORVOLEX CAPSULE 18 MG ORAL	Non-Formulary	
ZORVOLEX CAPSULE 35 MG ORAL	Non-Formulary	
Nsaid-Dietary Management Combinations*		
PRASTERA KIT 200 & 400 MG ORAL	Non-Formulary	Non FDA Exclusion
Nsaid-Pyrimidine Synthesis Inhibitors Combinations*		
LEFLUNICLO KIT 20 & 1 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors*		
OTEZLA TABLET 30 MG ORAL	Tier 4	PA; Specialty; QL
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	Tier 4	PA; Specialty; QL
Pyrimidine Synthesis Inhibitors*		
ARAVA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ARAVA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
leflunomide tablet 10 mg oral	1	

Drug Name	Tier	Notes
leflunomide tablet 20 mg oral	1	
Selective Costimulation Modulators*		
ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Soluble Tumor Necrosis Factor Receptor Agents*		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	Tier 4	PA; Specialty
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
ANALGESICS - NONNARCOTIC		
Analgesics Other*		
acetaminophen solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
acetaminophen solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
clonidine hcl (analgesia) solution 100 mcg/ml epidural	Non-Formulary	Medical Only Exclusion
clonidine hcl (analgesia) solution 500 mcg/ml epidural	Non-Formulary	Medical Only Exclusion
DURACLON SOLUTION 100 MCG/ML EPIDURAL	Non-Formulary	Medical Only Exclusion
LOTREXONE CAPSULE 1.5 MG ORAL	Non-Formulary	Non FDA Exclusion
LOTREXONE CAPSULE 4.5 MG ORAL	Non-Formulary	Non FDA Exclusion
NALTREX CAPSULE 1.5 MG ORAL	Non-Formulary	Non FDA Exclusion
NALTREX CAPSULE 4.5 MG ORAL	Non-Formulary	Non FDA Exclusion
OFIRMEV SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Analgesics-Sedatives*		
ALLZITAL TABLET 25-325 MG ORAL	Non-Formulary	MONY Code Issue
ALLZITAL TABLET 25-325 MG ORAL	Non-Formulary	

Drug Name	Tier	Notes
BAC TABLET 50-325-40 MG ORAL	1	
BUPAP TABLET 50-300 MG ORAL	Non-Formulary	
butalbital-acetaminophen capsule 50-300 mg oral	Non-Formulary	
butalbital-acetaminophen capsule 50-300 mg oral	Non-Formulary	MONY Code
butalbital-acetaminophen capsule 50-300 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
butalbital-acetaminophen tablet 25-325 mg oral	Non-Formulary	MONY Code Issue
butalbital-acetaminophen tablet 50-300 mg oral	Non-Formulary	
butalbital-acetaminophen tablet 50-325 mg oral	1	
butalbital-apap-caffeine capsule 50-300-40 mg oral	1	
butalbital-apap-caffeine capsule 50-325-40 mg oral	1	
butalbital-apap-caffeine tablet 50-325-40 mg oral	1	
butalbital-aspirin-caffeine capsule 50-325-40 mg oral	1	
ESGIC CAPSULE 50-325-40 MG ORAL	1	
ESGIC TABLET 50-325-40 MG ORAL	Non-Formulary	Formulary Exclusion
FIORICET CAPSULE 50-300-40 MG ORAL	Non-Formulary	Formulary Exclusion
FIORINAL CAPSULE 50-325-40 MG ORAL	Non-Formulary	Formulary Exclusion
TENCON TABLET 50-325 MG ORAL	1	MONY Code
VTOL LQ SOLUTION 50-325-40 MG/15ML ORAL	Non-Formulary	MONY Code
ZEBUTAL CAPSULE 50-325-40 MG ORAL	1	
Salicylates		
diflunisal tablet 500 mg oral	1	
salsalate tablet 500 mg oral	Non-Formulary	Formulary Exclusion
salsalate tablet 750 mg oral	Non-Formulary	Formulary Exclusion
Selective N-Type Neuronal Calcium Channel Blockers		
PRIALT SOLUTION 100 MCG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
PRIALT SOLUTION 500 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
PRIALT SOLUTION 500 MCG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ANALGESICS - OPIOID		
****Codeine Combinations******		
acetaminophen-codeine solution 120-12 mg/5ml oral	1	MONY Code Issue
acetaminophen-codeine solution 120-12 mg/5ml oral	1	
acetaminophen-codeine solution 120-12 mg/5ml oral	1	MONY CODE ISSUE
acetaminophen-codeine tablet 300-15 mg oral	1	
acetaminophen-codeine tablet 300-30 mg oral	1	
acetaminophen-codeine tablet 300-60 mg oral	1	
ASCOMP-CODEINE CAPSULE 50-325-40-30 MG ORAL	1	
butalbital-apap-caff-cod capsule 50-300-40-30 mg oral	1	
butalbital-apap-caff-cod capsule 50-325-40-30 mg oral	1	
butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral	1	
FIORICET/CODEINE CAPSULE 50-300-40-30 MG ORAL	Non-Formulary	Formulary Exclusion
FIORINAL/CODEINE #3 CAPSULE 50-325-40-30 MG ORAL	Non-Formulary	Formulary Exclusion
****Dihydrocodeine Combinations******		
apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral	1	MONY Code
apap-caff-dihydrocodeine tablet 325-30-16 mg oral	Non-Formulary	MONY Code
TREZIX CAPSULE 320.5-30-16 MG ORAL	3	
****Fentanyl Combinations******		
fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl cit-ropivacaine-nacl solution prefilled syringe 0.1-0.1-0.9 mg/50ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.04-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.0625-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.075-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.5-0.125-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl-bupivacaine-nacl solution 0.8-0.1667-0.9 mg/200ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 1-0.125-0.9 mg/250ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution 2-0.125-0.9 mcg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
fentanyl-bupivacaine-nacl solution prefilled syringe 0.1-0.125-0.9 mg/50ml-% epidural	Non-Formulary	Non FDA Exclusion
fentanyl-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural	Non-Formulary	Non FDA Exclusion
Hydrocodone Combinations		
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	1	
hydrocodone-acetaminophen solution 10-325 mg/15ml oral	1	MONY Code
hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral	1	
hydrocodone-acetaminophen solution 5-217 mg/10ml oral	1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	1	

Drug Name	Tier	Notes
hydrocodone-acetaminophen tablet 10-300 mg oral	1	
hydrocodone-acetaminophen tablet 10-325 mg oral	1	
hydrocodone-acetaminophen tablet 5-300 mg oral	1	
hydrocodone-acetaminophen tablet 5-325 mg oral	1	
hydrocodone-acetaminophen tablet 7.5-300 mg oral	1	
hydrocodone-acetaminophen tablet 7.5-325 mg oral	1	
hydrocodone-ibuprofen tablet 10-200 mg oral	1	
hydrocodone-ibuprofen tablet 10-200 mg oral	1	MONY code issue
hydrocodone-ibuprofen tablet 5-200 mg oral	1	
hydrocodone-ibuprofen tablet 5-200 mg oral	1	MONY Code
hydrocodone-ibuprofen tablet 7.5-200 mg oral	1	
LORTAB ELIXIR 10-300 MG/15ML ORAL	3	
NORCO TABLET 10-325 MG ORAL	Non-Formulary	Formulary Exclusion
NORCO TABLET 5-325 MG ORAL	Non-Formulary	Formulary Exclusion
NORCO TABLET 7.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
Opioid Agonists*		
ACTIQ LOZENGE ON A HANDLE 1200 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 1600 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 200 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 400 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 600 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
ACTIQ LOZENGE ON A HANDLE 800 MCG BUCCAL	Non-Formulary	PA; Formulary Exclusion; QL
alfentanil hcl solution 1000 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
alfentanil hcl solution 2500 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion
ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG ORAL	Non-Formulary	Formulary Exclusion
codeine sulfate tablet 15 mg oral	1	MONY Code
codeine sulfate tablet 30 mg oral	1	
codeine sulfate tablet 30 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
codeine sulfate tablet 60 mg oral	1	MONY Code
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	
DEMEROL SOLUTION 100 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DEMEROL SOLUTION 25 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DEMEROL SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DEMEROL SOLUTION 75 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID LIQUID 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DILAUDID SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID SOLUTION 1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
DILAUDID TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
DILAUDID TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
DSUVIA TABLET SUBLINGUAL 30 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
DURAGESIC-100 PATCH 72 HOUR 100 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-12 PATCH 72 HOUR 12 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
DURAGESIC-25 PATCH 72 HOUR 25 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-50 PATCH 72 HOUR 50 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DURAGESIC-75 PATCH 72 HOUR 75 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
duramorph solution 0.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
duramorph solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 1000 mcg/20ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 250 mcg/5ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 2500 mcg/50ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
fentanyl citrate (pf) solution 500 mcg/10ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution 500 mcg/10ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate (pf) solution cartridge 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
fentanyl citrate lozenge on a handle 1200 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 1600 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 200 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 400 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 600 mcg buccal	1	PA; QL
fentanyl citrate lozenge on a handle 800 mcg buccal	1	PA; QL
fentanyl citrate pf solution prefilled syringe 25 mcg/0.5ml injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
fentanyl citrate pf solution prefilled syringe 50 mcg/ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 1000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1000 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1500 mcg/30ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 1500 mcg/30ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 1600 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 2000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution 2500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution 5000 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Non-Formulary	Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1250 mcg/25ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 1500 mcg/30ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 20 mcg/2ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 250 mcg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
fentanyl citrate solution prefilled syringe 2500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 2750 mcg/55ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/5ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 50 mcg/ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate solution prefilled syringe 500 mcg/50ml intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate tablet 100 mcg buccal	3	PA; QL
fentanyl citrate tablet 200 mcg buccal	3	PA; QL
fentanyl citrate tablet 400 mcg buccal	3	PA; QL
fentanyl citrate tablet 600 mcg buccal	3	PA; QL
fentanyl citrate tablet 800 mcg buccal	3	PA; QL
fentanyl citrate-nacl solution 1.25-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate-nacl solution 1-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% injection	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution 2.5-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fentanyl citrate-nacl solution 2-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 10-0.9 mcg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
fentanyl citrate-nacl solution prefilled syringe 1000-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
fentanyl citrate-nacl solution prefilled syringe 2500-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 5-0.9 mcg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 500-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl citrate-nacl solution prefilled syringe 550-0.9 mcg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
fentanyl patch 72 hour 100 mcg/hr transdermal	1	
fentanyl patch 72 hour 12 mcg/hr transdermal	1	
fentanyl patch 72 hour 25 mcg/hr transdermal	1	
fentanyl patch 72 hour 37.5 mcg/hr transdermal	1	
fentanyl patch 72 hour 50 mcg/hr transdermal	1	
fentanyl patch 72 hour 62.5 mcg/hr transdermal	1	
fentanyl patch 72 hour 75 mcg/hr transdermal	1	
fentanyl patch 72 hour 87.5 mcg/hr transdermal	1	
FENTORA TABLET 100 MCG BUCCAL	3	PA; QL
FENTORA TABLET 200 MCG BUCCAL	3	PA; QL
FENTORA TABLET 400 MCG BUCCAL	3	PA; QL
FENTORA TABLET 600 MCG BUCCAL	3	PA; QL
FENTORA TABLET 800 MCG BUCCAL	3	PA; QL
hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral	1	MONY Code
hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral	1	MONY Code
hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral	1	MONY Code
hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral	1	MONY Code
hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral	1	MONY Code

Drug Name	Tier	Notes
hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral	1	
hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral	1	MONY Code
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral	1	
hydromorphone hcl er tablet extended release 24 hour 12 mg oral	1	
hydromorphone hcl er tablet extended release 24 hour 16 mg oral	1	
hydromorphone hcl er tablet extended release 24 hour 32 mg oral	1	
hydromorphone hcl er tablet extended release 24 hour 8 mg oral	1	
hydromorphone hcl liquid 1 mg/ml oral	1	
hydromorphone hcl pf solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 50 mg/5ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl pf solution 50 mg/5ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
hydromorphone hcl pf solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 0.2 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
hydromorphone hcl solution 0.2 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 0.25 mg/0.5ml injection	3	
hydromorphone hcl solution 0.5 mg/ml injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydromorphone hcl solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
hydromorphone hcl suppository 3 mg rectal	Non-Formulary	Non FDA Exclusion
hydromorphone hcl tablet 2 mg oral	1	
hydromorphone hcl tablet 4 mg oral	1	
hydromorphone hcl tablet 8 mg oral	1	
hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 100-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 25-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution 6-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 0.2-0.9 mg/0.2ml-% intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
hydromorphone hcl-nacl solution prefilled syringe 0.5-0.9 mg/0.5ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 10-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 15-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/25ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 25-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 5-0.9 mg/25ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% injection	Non-Formulary	Non FDA Exclusion
hydromorphone hcl-nacl solution prefilled syringe 6-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL	Non-Formulary	Formulary Exclusion
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL	Non-Formulary	Formulary Exclusion
INFUMORPH 200 SOLUTION 200 MG/20ML (10 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
INFUMORPH 500 SOLUTION 500 MG/20ML (25 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
LAZANDA SOLUTION 100 MCG/ACT NASAL	3	PA; QL
LAZANDA SOLUTION 400 MCG/ACT NASAL	3	PA; QL
levorphanol tartrate tablet 2 mg oral	1	
levorphanol tartrate tablet 3 mg oral	1	MONY Code
levorphanol tartrate tablet 3 mg oral	1	MONY code issue
meperidine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl solution 25 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl solution 50 mg/5ml oral	Non-Formulary	Formulary Exclusion
meperidine hcl solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
meperidine hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
methadone hcl concentrate 10 mg/ml oral	1	
METHADONE HCL INTENSOL CONCENTRATE 10 MG/ML ORAL	1	
methadone hcl solution 10 mg/5ml oral	1	

Drug Name	Tier	Notes
methadone hcl solution 10 mg/5ml oral	Non-Formulary	Formulary Exclusion
methadone hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
methadone hcl solution 5 mg/5ml oral	1	
methadone hcl solution 5 mg/5ml oral	Non-Formulary	MONY Code; Formulary Exclusion
methadone hcl solution prefilled syringe 10 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl tablet 10 mg oral	1	
methadone hcl tablet 5 mg oral	1	
methadone hcl tablet soluble 40 mg oral	1	
methadone hcl-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl-sodium chloride solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
methadone hcl-sodium chloride solution prefilled syringe 10-0.8 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
METHADOSE CONCENTRATE 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
METHADOSE SUGAR-FREE CONCENTRATE 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
METHADOSE TABLET SOLUBLE 40 MG ORAL	1	
MITIGO SOLUTION 200 MG/20ML (10 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
MITIGO SOLUTION 500 MG/20ML (25 MG/ML) INJECTION	Non-Formulary	Medical Only Exclusion
morphine sulfate (concentrate) solution 10 mg/0.5ml oral	1	
morphine sulfate (concentrate) solution 100 mg/5ml oral	1	
morphine sulfate (concentrate) solution 20 mg/ml oral	1	
morphine sulfate (pf) solution 0.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
morphine sulfate (pf) solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 8 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate (pf) solution 8 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate er beads capsule extended release 24 hour 120 mg oral	1	MONY Code
morphine sulfate er beads capsule extended release 24 hour 30 mg oral	1	MONY Code
morphine sulfate er beads capsule extended release 24 hour 45 mg oral	1	MONY Code
morphine sulfate er beads capsule extended release 24 hour 60 mg oral	1	MONY Code
morphine sulfate er beads capsule extended release 24 hour 75 mg oral	1	MONY Code
morphine sulfate er beads capsule extended release 24 hour 90 mg oral	1	MONY Code
morphine sulfate er capsule extended release 24 hour 10 mg oral	1	
morphine sulfate er capsule extended release 24 hour 10 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 100 mg oral	1	
morphine sulfate er capsule extended release 24 hour 100 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 20 mg oral	1	
morphine sulfate er capsule extended release 24 hour 20 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 30 mg oral	1	
morphine sulfate er capsule extended release 24 hour 30 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 40 mg oral	3	

Drug Name	Tier	Notes
morphine sulfate er capsule extended release 24 hour 50 mg oral	1	
morphine sulfate er capsule extended release 24 hour 50 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	
morphine sulfate er capsule extended release 24 hour 60 mg oral	1	MONY code issue
morphine sulfate er capsule extended release 24 hour 80 mg oral	1	
morphine sulfate er capsule extended release 24 hour 80 mg oral	1	MONY code issue
morphine sulfate er tablet extended release 100 mg oral	1	
morphine sulfate er tablet extended release 15 mg oral	1	
morphine sulfate er tablet extended release 200 mg oral	1	
morphine sulfate er tablet extended release 30 mg oral	1	
morphine sulfate er tablet extended release 60 mg oral	1	
morphine sulfate solution 0.5 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
morphine sulfate solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 1 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; MONY Code
morphine sulfate solution 10 mg/5ml oral	1	
morphine sulfate solution 10 mg/5ml oral	1	MONY code issue
morphine sulfate solution 10 mg/ml intravenous	1	MONY code issue
morphine sulfate solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 20 mg/5ml oral	1	
morphine sulfate solution 20 mg/5ml oral	1	MONY code issue
morphine sulfate solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
morphine sulfate solution 50 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
morphine sulfate solution 8 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
morphine sulfate suppository 10 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 20 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 30 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate suppository 5 mg rectal	Non-Formulary	Non FDA Exclusion
morphine sulfate tablet 15 mg oral	1	
morphine sulfate tablet 15 mg oral	1	MONY Code
morphine sulfate tablet 30 mg oral	1	
morphine sulfate tablet 30 mg oral	1	MONY Code
morphine sulfate tablet 30 mg oral	2	
morphine sulfate-nacl solution 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 250-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution 500-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 1-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 150-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 2-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 4-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 5-0.9 mg/5ml-% injection	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
morphine sulfate-nacl solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion
MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion
MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	2	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	2	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL	2	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL	2	
NUCYNTA TABLET 100 MG ORAL	3	
NUCYNTA TABLET 50 MG ORAL	3	
NUCYNTA TABLET 75 MG ORAL	3	
OLINVYK SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OLINVYK SOLUTION 2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OLINVYK SOLUTION 30 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OXAYDO TABLET 5 MG ORAL	3	
OXAYDO TABLET 7.5 MG ORAL	3	
oxycodone hcl capsule 5 mg oral	Non-Formulary	Formulary Exclusion
oxycodone hcl concentrate 100 mg/5ml oral	1	
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	3	

Drug Name	Tier	Notes
oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral	1	MONY Code
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	3	
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral	1	MONY Code
oxycodone hcl solution 5 mg/5ml oral	1	
oxycodone hcl tablet 10 mg oral	1	
oxycodone hcl tablet 15 mg oral	1	
oxycodone hcl tablet 20 mg oral	1	
oxycodone hcl tablet 30 mg oral	1	
oxycodone hcl tablet 5 mg oral	1	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	2	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	2	
oxymorphone hcl er tablet extended release 12 hour 10 mg oral	3	
oxymorphone hcl er tablet extended release 12 hour 15 mg oral	3	
oxymorphone hcl er tablet extended release 12 hour 20 mg oral	3	
oxymorphone hcl er tablet extended release 12 hour 30 mg oral	1	MONY Code
oxymorphone hcl er tablet extended release 12 hour 40 mg oral	1	MONY Code
oxymorphone hcl er tablet extended release 12 hour 5 mg oral	3	

Drug Name	Tier	Notes
oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral	3	
oxymorphone hcl tablet 10 mg oral	1	
oxymorphone hcl tablet 5 mg oral	1	
QDOLO SOLUTION 5 MG/ML ORAL	Non-Formulary	
remifentanil hcl solution reconstituted 1 mg intravenous	Non-Formulary	Medical Only Exclusion
remifentanil hcl solution reconstituted 2 mg intravenous	Non-Formulary	Medical Only Exclusion
remifentanil hcl solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion
ROXICODONE TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
ROXICODONE TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ROXICODONE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 15 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 30 MG ORAL	Non-Formulary	Formulary Exclusion
ROXYBOND TABLET ABUSE-DETERRENT 5 MG ORAL	Non-Formulary	Formulary Exclusion
SUBSYS LIQUID 100 MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 200 MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 400 MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 600 MCG SUBLINGUAL	3	PA; QL
SUBSYS LIQUID 800 MCG SUBLINGUAL	3	PA; QL
sufentanil citrate solution 100 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
sufentanil citrate solution 100 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
sufentanil citrate solution 250 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
sufentanil citrate solution 250 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
sufentanil citrate solution 50 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
SYNAPRYN FUSEPAQ SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
tramadol hcl (er biphasic) capsule extended release 24 hour 100 mg oral	Non-Formulary	
tramadol hcl (er biphasic) capsule extended release 24 hour 200 mg oral	Non-Formulary	
tramadol hcl (er biphasic) capsule extended release 24 hour 300 mg oral	Non-Formulary	
tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral	1	MONY code issue
tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral	1	MONY code issue
tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral	1	
tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral	1	MONY code issue
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	
tramadol hcl solution 5 mg/ml oral	Non-Formulary	
tramadol hcl tablet 100 mg oral	1	
tramadol hcl tablet 25 mg oral	Non-Formulary	Formulary Exclusion
tramadol hcl tablet 50 mg oral	1	
ULTIVA SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTIVA SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTIVA SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTRAM TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL	2	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL	2	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL	2	

Drug Name	Tier	Notes
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL	2	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL	2	
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
Opioid Combinations*		
APADAZ TABLET 4.08-325 MG ORAL	3	
APADAZ TABLET 6.12-325 MG ORAL	3	
APADAZ TABLET 8.16-325 MG ORAL	3	
benzhydrocodone-acetaminophen tablet 4.08-325 mg oral	3	
benzhydrocodone-acetaminophen tablet 6.12-325 mg oral	3	
benzhydrocodone-acetaminophen tablet 8.16-325 mg oral	3	
ENDOCET TABLET 10-325 MG ORAL	1	
ENDOCET TABLET 2.5-325 MG ORAL	1	
ENDOCET TABLET 5-325 MG ORAL	1	
ENDOCET TABLET 7.5-325 MG ORAL	1	
nalocet tablet 2.5-300 mg oral	Non-Formulary	MONY Code
oxycodone-acetaminophen solution 10-300 mg/5ml oral	Non-Formulary	
oxycodone-acetaminophen solution 5-325 mg/5ml oral	3	
oxycodone-acetaminophen tablet 10-300 mg oral	Non-Formulary	
oxycodone-acetaminophen tablet 10-325 mg oral	1	
oxycodone-acetaminophen tablet 2.5-300 mg oral	Non-Formulary	

Drug Name	Tier	Notes
oxycodone-acetaminophen tablet 2.5-325 mg oral	1	
oxycodone-acetaminophen tablet 5-300 mg oral	Non-Formulary	
oxycodone-acetaminophen tablet 5-325 mg oral	1	
oxycodone-acetaminophen tablet 7.5-300 mg oral	Non-Formulary	
oxycodone-acetaminophen tablet 7.5-325 mg oral	1	
PERCOCET TABLET 10-325 MG ORAL	Non-Formulary	Formulary Exclusion
PERCOCET TABLET 2.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PERCOCET TABLET 5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PERCOCET TABLET 7.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
PROLATE SOLUTION 10-300 MG/5ML ORAL	Non-Formulary	
PROLATE TABLET 10-300 MG ORAL	Non-Formulary	MONY Code
PROLATE TABLET 5-300 MG ORAL	Non-Formulary	MONY Code
PROLATE TABLET 7.5-300 MG ORAL	Non-Formulary	
Opioid Partial Agonists*		
BELBUCA FILM 150 MCG BUCCAL	2	
BELBUCA FILM 300 MCG BUCCAL	2	
BELBUCA FILM 450 MCG BUCCAL	2	
BELBUCA FILM 600 MCG BUCCAL	2	
BELBUCA FILM 75 MCG BUCCAL	2	
BELBUCA FILM 750 MCG BUCCAL	2	
BELBUCA FILM 900 MCG BUCCAL	2	
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS	3	PA; QL
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS	3	PA; QL
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS	3	PA; QL
BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS	3	PA; QL
BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS	3	PA; QL

Drug Name	Tier	Notes
BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS	3	PA; QL
BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS	3	PA; QL
BUNAVAIL FILM 4.2-0.7 MG BUCCAL	Non-Formulary	Formulary Exclusion; QL
BUPRENEX SOLUTION 0.3 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
buprenorphine hcl solution 0.3 mg/ml injection	Non-Formulary	Medical Only Exclusion
buprenorphine hcl tablet sublingual 2 mg sublingual	1	
buprenorphine hcl tablet sublingual 8 mg sublingual	1	
buprenorphine hcl-naloxone hcl film 12-3 mg sublingual	1	QL
buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual	1	QL
buprenorphine hcl-naloxone hcl film 4-1 mg sublingual	1	QL
buprenorphine hcl-naloxone hcl film 8-2 mg sublingual	1	QL
buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual	1	QL
buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual	1	QL
buprenorphine patch weekly 10 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 10 mcg/hr transdermal	Non-Formulary	MONY Code; Formulary Exclusion
buprenorphine patch weekly 15 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 15 mcg/hr transdermal	Non-Formulary	MONY Code; Formulary Exclusion
buprenorphine patch weekly 20 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 20 mcg/hr transdermal	Non-Formulary	MONY Code; Formulary Exclusion
buprenorphine patch weekly 5 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 5 mcg/hr transdermal	Non-Formulary	MONY Code; Formulary Exclusion

Drug Name	Tier	Notes
buprenorphine patch weekly 7.5 mcg/hr transdermal	Non-Formulary	Formulary Exclusion
buprenorphine patch weekly 7.5 mcg/hr transdermal	Non-Formulary	MONY Code; Formulary Exclusion
butorphanol tartrate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
butorphanol tartrate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
butorphanol tartrate solution 10 mg/ml nasal	1	
butorphanol tartrate solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
BUTRANS PATCH WEEKLY 10 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 15 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 20 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 5 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
BUTRANS PATCH WEEKLY 7.5 MCG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
nalbuphine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
nalbuphine hcl solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
pentazocine-naloxone hcl tablet 50-0.5 mg oral	Non-Formulary	Formulary Exclusion
SUBOXONE FILM 12-3 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
SUBOXONE FILM 2-0.5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
SUBOXONE FILM 4-1 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
SUBOXONE FILM 8-2 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	3	QL
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	3	QL
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	3	QL
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	3	QL
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	3	QL
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	3	QL

Drug Name	Tier	Notes
Tramadol Combinations*		
SEGLENTIS TABLET 56-44 MG ORAL	Non-Formulary	Formulary Exclusion
tramadol-acetaminophen tablet 37.5-325 mg oral	1	
ULTRACET TABLET 37.5-325 MG ORAL	Non-Formulary	Formulary Exclusion
ANDROGENS-ANABOLIC		
Anabolic Steroids*		
oxandrolone tablet 10 mg oral	1	
oxandrolone tablet 10 mg oral	1	MONY code issue
oxandrolone tablet 2.5 mg oral	1	
oxandrolone tablet 2.5 mg oral	1	MONY code issue
Androgens*		
ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	PA
ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	3	PA
ANDROGEL GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
ANDROGEL GEL 25 MG/2.5GM (1%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
ANDROGEL GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
ANDROGEL GEL 50 MG/5GM (1%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
danazol capsule 100 mg oral	1	
danazol capsule 200 mg oral	1	
danazol capsule 50 mg oral	1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	Non-Formulary	PA; Formulary Exclusion
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	1	PA
ec-rx testosterone cream 0.2 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 0.4 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx testosterone cream 20 % transdermal	Non-Formulary	Non FDA Exclusion
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion

Drug Name	Tier	Notes
JATENZO CAPSULE 158 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
JATENZO CAPSULE 198 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
JATENZO CAPSULE 237 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KYZATREX CAPSULE 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KYZATREX CAPSULE 150 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KYZATREX CAPSULE 200 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
methitest tablet 10 mg oral	3	
methyltestosterone capsule 10 mg oral	1	
methyltestosterone capsule 10 mg oral	1	MONY Code
NATESTO GEL 5.5 MG/ACT NASAL	3	PA
TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL	Non-Formulary	PA; Formulary Exclusion
TESTONE CIK KIT 200 MG/ML INTRAMUSCULAR	Non-Formulary	Non FDA Exclusion
TESTOPEL PELLET 75 MG IMPLANT	3	PA
testosterone cypionate solution 100 mg/ml intramuscular	1	PA
testosterone cypionate solution 200 mg/ml injection	Non-Formulary	Non FDA Exclusion
testosterone cypionate solution 200 mg/ml intramuscular	1	PA
testosterone enanthate solution 200 mg/ml intramuscular	1	PA; MONY Code
testosterone gel 1.62 % transdermal	1	PA
testosterone gel 10 mg/act (2%) transdermal	1	PA
testosterone gel 10 mg/act (2%) transdermal	1	PA; MONY Code
testosterone gel 12.5 mg/act (1%) transdermal	1	PA
testosterone gel 12.5 mg/act (1%) transdermal	1	PA; MONY Code
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	Non-Formulary	PA; Formulary Exclusion
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA
testosterone gel 25 mg/2.5gm (1%) transdermal	1	PA
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	Non-Formulary	PA; Formulary Exclusion
testosterone gel 50 mg/5gm (1%) transdermal	1	PA
testosterone gel 50 mg/5gm (1%) transdermal	1	PA; MONY Code
testosterone pellet 100 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 200 mg implant	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
testosterone pellet 25 mg implant	Non-Formulary	Non FDA Exclusion
testosterone pellet 50 mg implant	Non-Formulary	Non FDA Exclusion
testosterone solution 30 mg/act transdermal	1	PA
TLANDO CAPSULE 112.5 MG ORAL	3	PA; QL
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL	3	PA
VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL	3	PA
XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS	3	PA
XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	3	PA
XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	3	PA
ANORECTAL AND RELATED PRODUCTS		
****Intrarectal Steroids******		
budesonide foam 2 mg rectal	1	
CORTENEMA ENEMA 100 MG/60ML RECTAL	Non-Formulary	Formulary Exclusion
CORTIFOAM FOAM 10 % EXTERNAL	2	
hydrocortisone enema 100 mg/60ml rectal	1	
UCERIS FOAM 2 MG/ACT RECTAL	3	
****Nitrate Vasodilating Agents******		
nitroglycerin ointment 0.4 % rectal	1	
RECTIV OINTMENT 0.4 % RECTAL	Non-Formulary	Formulary Exclusion
****Rectal Anesthetic/Steroids******		
ANA-LEX KIT 2-2 % RECTAL	Non-Formulary	Non FDA Exclusion
ANALPRAM HC CREAM 2.5-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANALPRAM HC SINGLES CREAM 2.5-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANALPRAM-HC CREAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANALPRAM-HC LOTION 2.5-1 % EXTERNAL	3	
hydrocortisone ace-pramoxine cream 1-1 % external	1	MONY code issue

Drug Name	Tier	Notes
hydrocortisone ace-pramoxine suppository 25-18 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocort-pramoxine (perianal) cream 2.5-1 % external	Non-Formulary	Formulary Exclusion
lidocaine-hydrocort (perianal) cream 3-0.5 % external	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace gel 2.8-0.55 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 2-2 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-0.5 % rectal	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-1 % rectal	Non-Formulary	MONY Code; Formulary Exclusion
lidocaine-hydrocortisone ace kit 3-2.5 % rectal	Non-Formulary	Formulary Exclusion
LIDOCORT CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PROCORT CREAM 1.85-1.15 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROCTOFOAM HC FOAM 1-1 % EXTERNAL	3	
Rectal Local Anesthetics*		
lidocaine (anorectal) suppository 50 mg rectal	Non-Formulary	Non FDA Exclusion
Rectal Products - Misc.*		
BARRIGEL GEL 20 MG/ML RECTAL	Non-Formulary	Non FDA Exclusion
Rectal Steroids*		
anucort-hc suppository 25 mg rectal	1	
ANUSOL-HC CREAM 2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ANUSOL-HC SUPPOSITORY 25 MG RECTAL	1	
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	1	
HEMMOREX-HC SUPPOSITORY 30 MG RECTAL	1	
hydrocortisone (perianal) cream 1 % external	1	
hydrocortisone (perianal) cream 2.5 % external	1	
hydrocortisone acetate suppository 25 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocortisone acetate suppository 25 mg rectal	1	
hydrocortisone acetate suppository 30 mg rectal	1	
hydrocortisone acetate suppository 30 mg rectal	Non-Formulary	Non FDA Exclusion
hydrocortisone acetate suppository 30 mg rectal	Non-Formulary	Formulary Exclusion
PROCTOCORT CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
PROCTOCORT SUPPOSITORY 30 MG RECTAL	Non-Formulary	Formulary Exclusion
PROCTO-MED HC CREAM 2.5 % EXTERNAL	1	
PROCTO-PAK CREAM 1 % EXTERNAL	1	
PROCTOSOL HC CREAM 2.5 % EXTERNAL	1	
PROCTOZONE-HC CREAM 2.5 % EXTERNAL	1	
ANTACIDS		
****Antacids - Bicarbonate******		
sodium bicarbonate powder oral (rx)	Non-Formulary	Formulary Exclusion
ANTHELMINTICS		
****Anthelmintics******		
albendazole tablet 200 mg oral	1	
ALBENZA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
benznidazole tablet 100 mg oral	2	
benznidazole tablet 12.5 mg oral	2	
BILTRICIDE TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
EMVERM TABLET CHEWABLE 100 MG ORAL	3	
ivermectin tablet 3 mg oral	1	QL
praziquantel tablet 600 mg oral	1	
STROMECTOL TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ANTIANGINAL AGENTS		
****Antianginals-Other******		
ASPRUZYO SPRINKLE PACKET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
ASPRUZYO SPRINKLE PACKET 500 MG ORAL	Non-Formulary	Formulary Exclusion
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
ranolazine er tablet extended release 12 hour 1000 mg oral	1	
ranolazine er tablet extended release 12 hour 500 mg oral	1	

Drug Name	Tier	Notes
Nitrates*		
DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL	3	
GONITRO PACKET 400 MCG SUBLINGUAL	3	
ISORDIL TITRADOSE TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ISORDIL TITRADOSE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
isosorbide dinitrate tablet 10 mg oral	1	
isosorbide dinitrate tablet 20 mg oral	1	
isosorbide dinitrate tablet 30 mg oral	1	
isosorbide dinitrate tablet 30 mg oral	1	MONY Code
isosorbide dinitrate tablet 40 mg oral	Non-Formulary	
isosorbide dinitrate tablet 5 mg oral	1	
isosorbide mononitrate er tablet extended release 24 hour 120 mg oral	1	
isosorbide mononitrate er tablet extended release 24 hour 30 mg oral	1	
isosorbide mononitrate er tablet extended release 24 hour 60 mg oral	1	
isosorbide mononitrate tablet 10 mg oral	1	
isosorbide mononitrate tablet 10 mg oral	1	MONY code issue
isosorbide mononitrate tablet 20 mg oral	1	
isosorbide mononitrate tablet 20 mg oral	1	MONY code issue
MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	1	
MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	1	
NITRO-BID OINTMENT 2 % TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	
nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin patch 24 hour 0.1 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.2 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.4 mg/hr transdermal	1	
nitroglycerin patch 24 hour 0.6 mg/hr transdermal	1	
nitroglycerin solution 0.4 mg/spray translingual	1	
nitroglycerin solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
nitroglycerin tablet sublingual 0.3 mg sublingual	1	
nitroglycerin tablet sublingual 0.4 mg sublingual	1	
nitroglycerin tablet sublingual 0.6 mg sublingual	1	
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	Non-Formulary	Formulary Exclusion
NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL	Non-Formulary	Formulary Exclusion
NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
NITROSTAT TABLET SUBLINGUAL 0.6 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
NITRO-TIME CAPSULE EXTENDED RELEASE 2.5 MG ORAL	1	MONY Code
NITRO-TIME CAPSULE EXTENDED RELEASE 6.5 MG ORAL	1	MONY Code

Drug Name	Tier	Notes
NITRO-TIME CAPSULE EXTENDED RELEASE 9 MG ORAL	1	MONY Code
ANTIANXIETY AGENTS		
****Antianxiety Agents - Misc.******		
buspirone hcl tablet 10 mg oral	1	
buspirone hcl tablet 15 mg oral	1	
buspirone hcl tablet 30 mg oral	1	
buspirone hcl tablet 5 mg oral	1	
buspirone hcl tablet 7.5 mg oral	1	
droperidol solution 2.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
droperidol solution 2.5 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
droperidol solution prefilled syringe 0.625 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
hydroxyzine hcl solution 25 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
hydroxyzine hcl solution 50 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
hydroxyzine hcl syrup 10 mg/5ml oral	1	
hydroxyzine hcl tablet 10 mg oral	1	
hydroxyzine hcl tablet 25 mg oral	1	
hydroxyzine hcl tablet 50 mg oral	1	
hydroxyzine pamoate capsule 100 mg oral	1	MONY Code
hydroxyzine pamoate capsule 25 mg oral	1	
hydroxyzine pamoate capsule 50 mg oral	1	
meprobamate tablet 200 mg oral	Non-Formulary	Formulary Exclusion
meprobamate tablet 400 mg oral	Non-Formulary	Formulary Exclusion
VISTARIL CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
VISTARIL CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
****Benzodiazepines******		
alprazolam er tablet extended release 24 hour 0.5 mg oral	1	
alprazolam er tablet extended release 24 hour 1 mg oral	1	
alprazolam er tablet extended release 24 hour 2 mg oral	1	
alprazolam er tablet extended release 24 hour 3 mg oral	1	
ALPRAZOLAM INTENSOL CONCENTRATE 1 MG/ML ORAL	3	

Drug Name	Tier	Notes
alprazolam tablet 0.25 mg oral	1	
alprazolam tablet 0.5 mg oral	1	
alprazolam tablet 1 mg oral	1	
alprazolam tablet 2 mg oral	1	
alprazolam tablet dispersible 0.25 mg oral	1	
alprazolam tablet dispersible 0.5 mg oral	1	
alprazolam tablet dispersible 1 mg oral	1	
alprazolam tablet dispersible 2 mg oral	1	
alprazolam xr tablet extended release 24 hour 0.5 mg oral	1	
alprazolam xr tablet extended release 24 hour 1 mg oral	1	
alprazolam xr tablet extended release 24 hour 2 mg oral	1	
alprazolam xr tablet extended release 24 hour 3 mg oral	1	
ATIVAN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ATIVAN SOLUTION 4 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ATIVAN TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
ATIVAN TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ATIVAN TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
chlordiazepoxide hcl capsule 10 mg oral	1	
chlordiazepoxide hcl capsule 25 mg oral	1	
chlordiazepoxide hcl capsule 5 mg oral	1	
clorazepate dipotassium tablet 15 mg oral	1	
clorazepate dipotassium tablet 3.75 mg oral	1	
clorazepate dipotassium tablet 7.5 mg oral	1	
diazepam concentrate 5 mg/ml oral	1	
DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL	1	
diazepam solution 10 mg/2ml injection	Non-Formulary	Medical Only Exclusion
diazepam solution 5 mg/5ml oral	1	
diazepam solution 5 mg/5ml oral	1	MONY Code
diazepam solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
diazepam solution 5 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
diazepam solution auto-injector 10 mg/2ml intramuscular	Non-Formulary	Medical Only Exclusion
diazepam tablet 10 mg oral	1	
diazepam tablet 2 mg oral	1	
diazepam tablet 5 mg oral	1	
lorazepam concentrate 2 mg/ml oral	1	
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	
lorazepam solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
lorazepam solution 4 mg/ml injection	Non-Formulary	Medical Only Exclusion
lorazepam tablet 0.5 mg oral	1	
lorazepam tablet 1 mg oral	1	
lorazepam tablet 2 mg oral	1	
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL	Non-Formulary	Formulary Exclusion
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL	Non-Formulary	Formulary Exclusion
oxazepam capsule 10 mg oral	1	
oxazepam capsule 10 mg oral	1	MONY Code
oxazepam capsule 15 mg oral	1	
oxazepam capsule 15 mg oral	1	MONY Code
oxazepam capsule 30 mg oral	1	
oxazepam capsule 30 mg oral	1	MONY Code
TRANXENE-T TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
VALIUM TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
ANTIARRHYTHMICS		
****Antiarrhythmics - Misc.******		
adenosine solution 12 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
adenosine solution 6 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
****Antiarrhythmics Type I-A******		
disopyramide phosphate capsule 100 mg oral	1	
disopyramide phosphate capsule 150 mg oral	1	
NORPACE CAPSULE 100 MG ORAL	3	
NORPACE CAPSULE 150 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	
procainamide hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
procainamide hcl solution 500 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY code issue
quinidine gluconate er tablet extended release 324 mg oral	1	
quinidine sulfate tablet 200 mg oral	1	MONY code issue
quinidine sulfate tablet 200 mg oral	1	MONY Code
quinidine sulfate tablet 300 mg oral	1	MONY code issue
quinidine sulfate tablet 300 mg oral	1	MONY Code
****Antiarrhythmics Type I-B******		
lidocaine hcl (cardiac) pf solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) pf solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) pf solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
lidocaine hcl (cardiac) solution prefilled syringe 200 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
lidocaine hcl (cardiac) solution prefilled syringe 60 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
lidocaine in d5w solution 2-5 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion
lidocaine in d5w solution 4-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
lidocaine in d5w solution 8-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
mexiletine hcl capsule 150 mg oral	1	
mexiletine hcl capsule 150 mg oral	1	MONY Code
mexiletine hcl capsule 200 mg oral	1	
mexiletine hcl capsule 200 mg oral	1	MONY Code
mexiletine hcl capsule 250 mg oral	1	
mexiletine hcl capsule 250 mg oral	1	MONY Code
Antiarrhythmics Type I-C		
flecainide acetate tablet 100 mg oral	1	
flecainide acetate tablet 150 mg oral	1	
flecainide acetate tablet 50 mg oral	1	
propafenone hcl er capsule extended release 12 hour 225 mg oral	1	
propafenone hcl er capsule extended release 12 hour 325 mg oral	1	
propafenone hcl er capsule extended release 12 hour 425 mg oral	1	
propafenone hcl tablet 150 mg oral	1	
propafenone hcl tablet 225 mg oral	1	
propafenone hcl tablet 300 mg oral	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 225 MG ORAL	Non-Formulary	Formulary Exclusion
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325 MG ORAL	Non-Formulary	Formulary Exclusion
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425 MG ORAL	Non-Formulary	Formulary Exclusion
Antiarrhythmics Type Iii		
amiodarone hcl in dextrose solution 450-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
amiodarone hcl in dextrose solution 900-5 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amiodarone hcl solution 150 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 450 mg/9ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 900 mg/18ml intravenous	Non-Formulary	Medical Only Exclusion
amiodarone hcl solution 900 mg/18ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
amiodarone hcl tablet 100 mg oral	1	
amiodarone hcl tablet 200 mg oral	1	
amiodarone hcl tablet 400 mg oral	Non-Formulary	Formulary Exclusion
bretylium tosylate solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
CORVERT SOLUTION 1 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dofetilide capsule 125 mcg oral	1	
dofetilide capsule 250 mcg oral	1	
dofetilide capsule 500 mcg oral	1	
ibutilide fumarate solution 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
MULTAQ TABLET 400 MG ORAL	2	
NEXTERONE SOLUTION 150-4.21 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NEXTERONE SOLUTION 360-4.14 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PACERONE TABLET 100 MG ORAL	1	
PACERONE TABLET 200 MG ORAL	1	
PACERONE TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 125 MCG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 250 MCG ORAL	Non-Formulary	Formulary Exclusion
TIKOSYN CAPSULE 500 MCG ORAL	Non-Formulary	Formulary Exclusion
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
****5-Lipoxygenase Inhibitors******		
zileuton er tablet extended release 12 hour 600 mg oral	1	
ZYFLO TABLET 600 MG ORAL	3	

Drug Name	Tier	Notes
Adrenergic Combinations*		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	QL
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	QL
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	QL
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	QL
BEVESPI AEROSPHERE AEROSOL 9-4.8 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	QL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION	2	QL
BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION	1	QL
BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION	1	QL
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	2	QL
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	QL
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	QL
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	2	QL
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
DULERA AEROSOL 100-5 MCG/ACT INHALATION	2	QL
DULERA AEROSOL 200-5 MCG/ACT INHALATION	2	QL
DULERA AEROSOL 50-5 MCG/ACT INHALATION	2	QL
fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 115-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 230-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol 45-21 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation	1	QL

Drug Name	Tier	Notes
fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation	1	MONY Code; QL
fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation	1	MONY Code; QL
fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation	1	QL
fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation	1	QL
fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation	1	MONY Code; QL
ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation	1	
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	QL
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	QL
UTIBRON NEOHALER CAPSULE 27.5-15.6 MCG INHALATION	Non-Formulary	Formulary Exclusion; QL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	1	QL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	1	QL
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	1	QL
Anti-Ige Monoclonal Antibodies		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	Tier 4	PA; Specialty
Anti-Inflammatory Agents*		
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	
cromolyn sodium nebulization solution 20 mg/2ml inhalation	1	MONY Code
Beta Adrenergics*		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Non-Formulary	Non FDA Exclusion
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
albuterol sulfate nebulization solution 0.63 mg/3ml inhalation	1	
albuterol sulfate nebulization solution 1.25 mg/3ml inhalation	1	
albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation	1	MONY CODE ISSUE
albuterol sulfate syrup 2 mg/5ml oral	1	
albuterol sulfate tablet 2 mg oral	1	
albuterol sulfate tablet 4 mg oral	1	
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	
arformoterol tartrate nebulization solution 15 mcg/2ml inhalation	1	MONY Code

Drug Name	Tier	Notes
BROVANA NEBULIZATION SOLUTION 15 MCG/2ML INHALATION	Non-Formulary	Formulary Exclusion
formoterol fumarate nebulization solution 20 mcg/2ml inhalation	Non-Formulary	Formulary Exclusion
isoproterenol hcl solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
isoproterenol-sodium chloride solution 200-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
ISUPREL SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation	1	
levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation	1	
levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation	1	
levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation	1	
levalbuterol tartrate aerosol 45 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
PERFOROMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	Non-Formulary	Formulary Exclusion
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PROAIR HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
terbutaline sulfate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
terbutaline sulfate tablet 2.5 mg oral	1	
terbutaline sulfate tablet 5 mg oral	1	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
XOPENEX CONCENTRATE NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION	Non-Formulary	Formulary Exclusion
XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
XOPENEX NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
XOPENEX NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
XOPENEX NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION	Non-Formulary	Formulary Exclusion
Bronchodilators - Anticholinergics		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	3	QL
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	2	QL
ipratropium bromide solution 0.02 % inhalation	1	
LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION	Non-Formulary	Formulary Exclusion; QL
LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION	Non-Formulary	Formulary Exclusion; QL
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Non-Formulary	Formulary Exclusion; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
tiotropium bromide monohydrate capsule 18 mcg inhalation	1	QL
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
YUPELRI SOLUTION 175 MCG/3ML INHALATION	Non-Formulary	Formulary Exclusion; QL
Interleukin-5 Antagonists (Igg1 Kappa)		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	Tier 4	PA; Specialty
Interleukin-5 Antagonists (Igg4 Kappa)		
CINQAIR SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Leukotriene Receptor Antagonists		
ACCOLATE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ACCOLATE TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
montelukast sodium packet 4 mg oral	1	
montelukast sodium tablet 10 mg oral	1	
montelukast sodium tablet chewable 4 mg oral	1	
montelukast sodium tablet chewable 5 mg oral	1	
SINGULAIR PACKET 4 MG ORAL	Non-Formulary	Formulary Exclusion
SINGULAIR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
SINGULAIR TABLET CHEWABLE 4 MG ORAL	Non-Formulary	Formulary Exclusion
SINGULAIR TABLET CHEWABLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
zafirlukast tablet 10 mg oral	1	
zafirlukast tablet 20 mg oral	1	
Selective Phosphodiesterase 4 (Pde4) Inhibitors		
DALIRESP TABLET 250 MCG ORAL	Non-Formulary	Formulary Exclusion
DALIRESP TABLET 500 MCG ORAL	Non-Formulary	Formulary Exclusion
roflumilast tablet 250 mcg oral	1	
roflumilast tablet 500 mcg oral	1	
Steroid Inhalants		
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	QL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	2	QL
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	QL
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	2	QL
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	2	QL
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	2	QL
budesonide suspension 0.25 mg/2ml inhalation	1	QL
budesonide suspension 0.5 mg/2ml inhalation	1	QL
budesonide suspension 1 mg/2ml inhalation	1	QL

Drug Name	Tier	Notes
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate hfa aerosol 220 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Non-Formulary	Formulary Exclusion; QL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL
PULMICORT SUSPENSION 1 MG/2ML INHALATION	Non-Formulary	Formulary Exclusion; QL
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	QL
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	QL

Drug Name	Tier	Notes
Thymic Stromal Lymphopoietin (Tslp) Antagonists*		
TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Xanthines*		
aminophylline solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ELIXOPHYLLIN ELIXIR 80 MG/15ML ORAL	1	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	3	
theophylline elixir 80 mg/15ml oral	1	
theophylline er tablet extended release 12 hour 100 mg oral	3	
theophylline er tablet extended release 12 hour 200 mg oral	3	
theophylline er tablet extended release 12 hour 300 mg oral	1	
theophylline er tablet extended release 12 hour 300 mg oral	1	MONY code issue
theophylline er tablet extended release 12 hour 450 mg oral	1	
theophylline er tablet extended release 12 hour 450 mg oral	1	MONY code issue
theophylline er tablet extended release 24 hour 400 mg oral	1	
theophylline er tablet extended release 24 hour 600 mg oral	1	
theophylline solution 80 mg/15ml oral	1	
ANTICOAGULANTS		
Anticoagulants - Misc.*		
sodium citrate lock flush solution 4 % intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
sodium citrate lock flush solution prefilled syringe 120 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
sodium citrate solution prefilled syringe 4 % in vitro	Non-Formulary	Non FDA Exclusion
Coumarin Anticoagulants*		
JANTOVEN TABLET 1 MG ORAL	1	
JANTOVEN TABLET 10 MG ORAL	1	
JANTOVEN TABLET 2 MG ORAL	1	
JANTOVEN TABLET 2.5 MG ORAL	1	
JANTOVEN TABLET 3 MG ORAL	1	
JANTOVEN TABLET 4 MG ORAL	1	
JANTOVEN TABLET 5 MG ORAL	1	
JANTOVEN TABLET 6 MG ORAL	1	
JANTOVEN TABLET 7.5 MG ORAL	1	
warfarin sodium tablet 1 mg oral	1	
warfarin sodium tablet 10 mg oral	1	
warfarin sodium tablet 2 mg oral	1	
warfarin sodium tablet 2.5 mg oral	1	
warfarin sodium tablet 3 mg oral	1	
warfarin sodium tablet 4 mg oral	1	
warfarin sodium tablet 5 mg oral	1	
warfarin sodium tablet 6 mg oral	1	
warfarin sodium tablet 7.5 mg oral	1	
Direct Factor Xa Inhibitors*		
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL	2	
ELIQUIS TABLET 2.5 MG ORAL	2	
ELIQUIS TABLET 5 MG ORAL	2	
SAVAYSA TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
SAVAYSA TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
SAVAYSA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	2	
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	2	
XARELTO TABLET 10 MG ORAL	2	
XARELTO TABLET 15 MG ORAL	2	
XARELTO TABLET 2.5 MG ORAL	2	

Drug Name	Tier	Notes
XARELTO TABLET 20 MG ORAL	2	
Heparins And Heparinoid-Like Agents*		
BD HEPARIN POSIFLUSH SOLUTION 10 UNIT/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
BD HEPARIN POSIFLUSH SOLUTION 100 UNIT/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous	1	
heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous	1	
heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion
heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
heparin (porcine) in nacl solution prefilled syringe 20-0.9 unt/20ml-% intravenous	Non-Formulary	Non FDA Exclusion
heparin (porcine) in nacl solution prefilled syringe 50-0.9 unt/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
heparin na (pork) lock flsh pf solution 1 unit/ml intravenous	Non-Formulary	MONY Code; Formulary Exclusion
heparin na (pork) lock flsh pf solution 10 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin na (pork) lock flsh pf solution 10 unit/ml intravenous	Non-Formulary	MONY CODE ISSUE; Formulary Exclusion
heparin na (pork) lock flsh pf solution 100 unit/ml intravenous	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
heparin sod (porcine) in d5w solution 100 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
heparin sod (porcine) in d5w solution 100 unit/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion
heparin sod (porcine) in d5w solution 25000-5 ut/500ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
heparin sod (porcine) in d5w solution 40-5 unit/ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
heparin sod (pork) lock flush solution 10 unit/ml intravenous	1	
heparin sod (pork) lock flush solution 10 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin sod (pork) lock flush solution 100 unit/ml intravenous	1	
heparin sod (pork) lock flush solution 100 unit/ml intravenous	Non-Formulary	Formulary Exclusion
heparin sodium (porcine) pf solution 1000 unit/ml injection	1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	1	
heparin sodium (porcine) pf solution 5000 unit/ml injection	3	
heparin sodium (porcine) solution 1000 unit/ml injection	1	
heparin sodium (porcine) solution 10000 unit/ml injection	1	
heparin sodium (porcine) solution 20000 unit/ml injection	1	
heparin sodium (porcine) solution 5000 unit/ml injection	1	
heparin sodium (porcine) solution prefilled syringe 5000 unit/0.5ml injection	Non-Formulary	Formulary Exclusion
hepmed kit 100&0.9&2.5-2.5 ut/ml&%&% combination	Non-Formulary	Non FDA Exclusion; MONY Code
In Vitrol Lock Anticoagulant Combinations*		
DEFENCATH SOLUTION 1000-13.5 UNIT-MG/ML IN VITRO	Non-Formulary	Medical Only Exclusion
sodium citrate-gentamicin sulf solution 4-320 %-mcg/ml intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
In Vitrol Lock Anticoagulants*		
acd formula a solution 0.73-2.45-2.2 gm/100ml in vitro	Non-Formulary	Medical Only Exclusion
ACD-A NOCLOT-50 SOLUTION 0.73-2.45-2.2 GM/100ML IN VITRO	Non-Formulary	Medical Only Exclusion
anticoagulant sodium citrate solution 4 % in vitro	Non-Formulary	Medical Only Exclusion
anticoagulant sodium citrate solution 4 gm/100ml in vitro	Non-Formulary	Medical Only Exclusion
TRICITRASOL CONCENTRATE 46.7 % IN VITRO	Non-Formulary	Medical Only Exclusion
Low Molecular Weight Heparins*		
enoxaparin sodium solution 300 mg/3ml injection	1	
enoxaparin sodium solution prefilled syringe 100 mg/ml injection	1	
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	1	
enoxaparin sodium solution prefilled syringe 150 mg/ml injection	1	
enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection	1	
enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection	1	
enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection	1	
enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection	1	
ENOXILUV KIT PREFILLED SYRINGE KIT 40 MG/0.4ML INJECTION	Non-Formulary	Non FDA Exclusion
FRAGMIN SOLUTION 10000 UNIT/4ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	3	

Drug Name	Tier	Notes
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 300 MG/3ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION	Non-Formulary	Formulary Exclusion
LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION	Non-Formulary	Formulary Exclusion
Synthetic Heparinoid-Like Agents		
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
fondaparinux sodium solution 10 mg/0.8ml subcutaneous	1	

Drug Name	Tier	Notes
fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous	1	
fondaparinux sodium solution 5 mg/0.4ml subcutaneous	1	
fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous	1	
Thrombin Inhibitors - Hirudin Type		
ANGIOMAX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bivalirudin rtu solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
bivalirudin trifluoroacetate solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
bivalirudin trifluoroacetate solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
Thrombin Inhibitors - Selective Direct & Reversible		
argatroban in sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 250 mg/2.5ml intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
argatroban solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
dabigatran etexilate mesylate capsule 110 mg oral	1	
dabigatran etexilate mesylate capsule 150 mg oral	1	
dabigatran etexilate mesylate capsule 75 mg oral	1	
PRADAXA CAPSULE 110 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 110 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 150 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 30 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion
PRADAXA PACKET 50 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ANTICONVULSANTS		
****Ampa Glutamate Receptor Antagonists******		
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	3	
FYCOMPA TABLET 10 MG ORAL	3	
FYCOMPA TABLET 12 MG ORAL	3	
FYCOMPA TABLET 2 MG ORAL	3	
FYCOMPA TABLET 4 MG ORAL	3	
FYCOMPA TABLET 6 MG ORAL	3	
FYCOMPA TABLET 8 MG ORAL	3	
****Anticonvulsants - Benzodiazepines******		
clobazam suspension 2.5 mg/ml oral	1	
clobazam tablet 10 mg oral	1	
clobazam tablet 20 mg oral	1	
clonazepam tablet 0.5 mg oral	1	
clonazepam tablet 1 mg oral	1	
clonazepam tablet 2 mg oral	1	
clonazepam tablet dispersible 0.125 mg oral	1	
clonazepam tablet dispersible 0.25 mg oral	1	
clonazepam tablet dispersible 0.5 mg oral	1	
clonazepam tablet dispersible 1 mg oral	1	
clonazepam tablet dispersible 2 mg oral	1	
DIASTAT ACUDIAL GEL 10 MG RECTAL	Non-Formulary	Formulary Exclusion
DIASTAT ACUDIAL GEL 20 MG RECTAL	Non-Formulary	Formulary Exclusion
DIASTAT PEDIATRIC GEL 2.5 MG RECTAL	2	
diazepam gel 10 mg rectal	1	
diazepam gel 10 mg rectal	1	MONY Code
diazepam gel 2.5 mg rectal	1	MONY Code
diazepam gel 20 mg rectal	1	
diazepam gel 20 mg rectal	1	MONY Code
KLONOPIN TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
KLONOPIN TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
KLONOPIN TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	3	QL

Drug Name	Tier	Notes
ONFI SUSPENSION 2.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ONFI TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ONFI TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
SYMPAZAN FILM 10 MG ORAL	3	
SYMPAZAN FILM 20 MG ORAL	3	
SYMPAZAN FILM 5 MG ORAL	3	
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	3	
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL	3	
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL	3	
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	3	
Anticonvulsants - Misc.*		
APTIOM TABLET 200 MG ORAL	2	
APTIOM TABLET 400 MG ORAL	2	
APTIOM TABLET 600 MG ORAL	2	
APTIOM TABLET 800 MG ORAL	2	
BANZEL SUSPENSION 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
BANZEL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
BANZEL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
BRIVIACT SOLUTION 10 MG/ML ORAL	3	
BRIVIACT SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BRIVIACT TABLET 10 MG ORAL	3	
BRIVIACT TABLET 100 MG ORAL	3	
BRIVIACT TABLET 25 MG ORAL	3	
BRIVIACT TABLET 50 MG ORAL	3	
BRIVIACT TABLET 75 MG ORAL	3	
carbamazepine er capsule extended release 12 hour 100 mg oral	1	
carbamazepine er capsule extended release 12 hour 200 mg oral	1	
carbamazepine er capsule extended release 12 hour 300 mg oral	1	
carbamazepine er tablet extended release 12 hour 100 mg oral	1	

Drug Name	Tier	Notes
carbamazepine er tablet extended release 12 hour 200 mg oral	1	
carbamazepine er tablet extended release 12 hour 400 mg oral	1	
carbamazepine suspension 100 mg/5ml oral	1	
carbamazepine tablet 200 mg oral	1	
carbamazepine tablet chewable 100 mg oral	1	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	3	
DIACOMIT CAPSULE 250 MG ORAL	3	PA
DIACOMIT CAPSULE 500 MG ORAL	3	PA
DIACOMIT PACKET 250 MG ORAL	3	PA
DIACOMIT PACKET 500 MG ORAL	3	PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL	Non-Formulary	Formulary Exclusion
EPIDIOLEX SOLUTION 100 MG/ML ORAL	Tier 4	PA; Specialty
EPITOL TABLET 200 MG ORAL	1	
EPRONTIA SOLUTION 25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
FANATREX FUSEPAQ SUSPENSION 25 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
gabapentin capsule 100 mg oral	1	QL
gabapentin capsule 300 mg oral	1	QL
gabapentin capsule 400 mg oral	1	QL
gabapentin solution 250 mg/5ml oral	1	QL
gabapentin solution 300 mg/6ml oral	1	QL
gabapentin tablet 25 mg oral	Non-Formulary	Non FDA Exclusion
gabapentin tablet 50 mg oral	Non-Formulary	Non FDA Exclusion
gabapentin tablet 600 mg oral	1	QL
gabapentin tablet 800 mg oral	1	QL
KEPPRA SOLUTION 100 MG/ML ORAL	Non-Formulary	Formulary Exclusion
KEPPRA SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
KEPPRA TABLET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA TABLET 750 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL	Non-Formulary	Formulary Exclusion
lacosamide solution 10 mg/ml oral	1	
lacosamide solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
lacosamide tablet 100 mg oral	1	
lacosamide tablet 150 mg oral	1	
lacosamide tablet 200 mg oral	1	
lacosamide tablet 50 mg oral	1	
LAMICTAL ODT KIT 21 X 25 MG & 7 X 50 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT KIT 25 & 50 & 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT KIT 42 X 50 MG & 14X100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT TABLET DISPERSIBLE 50 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 35 X 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 42 X 25 MG & 7 X 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER KIT 84 X 25 MG & 14X100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL TABLET CHEWABLE 25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LAMICTAL TABLET CHEWABLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL	3	
LAMICTAL XR KIT 25 & 50 & 100 MG ORAL	3	
LAMICTAL XR KIT 50 & 100 & 200 MG ORAL	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
lamotrigine er tablet extended release 24 hour 100 mg oral	1	
lamotrigine er tablet extended release 24 hour 200 mg oral	1	
lamotrigine er tablet extended release 24 hour 25 mg oral	1	
lamotrigine er tablet extended release 24 hour 250 mg oral	1	
lamotrigine er tablet extended release 24 hour 300 mg oral	1	
lamotrigine er tablet extended release 24 hour 50 mg oral	1	
lamotrigine kit 21 x 25 mg & 7 x 50 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine kit 25 & 50 & 100 mg oral	1	
lamotrigine kit 42 x 50 mg & 14x100 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine starter kit-blue kit 35 x 25 mg oral	1	
lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg oral	1	
lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg oral	1	
lamotrigine tablet 100 mg oral	1	

Drug Name	Tier	Notes
lamotrigine tablet 150 mg oral	1	
lamotrigine tablet 200 mg oral	1	
lamotrigine tablet 25 mg oral	1	
lamotrigine tablet chewable 25 mg oral	1	
lamotrigine tablet chewable 5 mg oral	1	
lamotrigine tablet dispersible 100 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine tablet dispersible 200 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine tablet dispersible 25 mg oral	Non-Formulary	Formulary Exclusion
lamotrigine tablet dispersible 50 mg oral	Non-Formulary	Formulary Exclusion
levetiracetam er tablet extended release 24 hour 500 mg oral	1	
levetiracetam er tablet extended release 24 hour 750 mg oral	1	
levetiracetam in nacl solution 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 1500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam in nacl solution 500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam solution 100 mg/ml oral	1	
levetiracetam solution 500 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levetiracetam tablet 1000 mg oral	1	
levetiracetam tablet 250 mg oral	1	
levetiracetam tablet 500 mg oral	1	
levetiracetam tablet 750 mg oral	1	
LYRICA CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 225 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA SOLUTION 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
MYSOLINE TABLET 250 MG ORAL	3	
MYSOLINE TABLET 50 MG ORAL	3	
NEURONTIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN SOLUTION 250 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEURONTIN TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion; QL
oxcarbazepine suspension 300 mg/5ml oral	1	
oxcarbazepine tablet 150 mg oral	1	
oxcarbazepine tablet 300 mg oral	1	
oxcarbazepine tablet 600 mg oral	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL	3	
pregabalin capsule 100 mg oral	1	QL
pregabalin capsule 150 mg oral	1	QL
pregabalin capsule 200 mg oral	1	QL
pregabalin capsule 225 mg oral	1	QL
pregabalin capsule 25 mg oral	1	QL
pregabalin capsule 300 mg oral	1	QL
pregabalin capsule 50 mg oral	1	QL
pregabalin capsule 75 mg oral	1	QL
pregabalin solution 20 mg/ml oral	1	QL
primidone tablet 125 mg oral	3	
primidone tablet 250 mg oral	1	
primidone tablet 50 mg oral	1	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	Non-Formulary	Formulary Exclusion
ROWEEPRA TABLET 500 MG ORAL	1	
rufinamide suspension 40 mg/ml oral	1	
rufinamide tablet 200 mg oral	1	
rufinamide tablet 400 mg oral	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL	3	
SUBVENITE STARTER KIT-BLUE KIT 35 X 25 MG ORAL	1	
SUBVENITE STARTER KIT-GREEN KIT 84 X 25 MG & 14X100 MG ORAL	1	
SUBVENITE STARTER KIT-ORANGE KIT 42 X 25 MG & 7 X 100 MG ORAL	1	
SUBVENITE TABLET 100 MG ORAL	1	
SUBVENITE TABLET 150 MG ORAL	1	
SUBVENITE TABLET 200 MG ORAL	1	
SUBVENITE TABLET 25 MG ORAL	1	
TEGRETOL SUSPENSION 100 MG/5ML ORAL	3	
TEGRETOL TABLET 200 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 400 MG ORAL	3	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
TOPAMAX TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
TOPAMAX TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
topiramate capsule sprinkle 15 mg oral	1	
topiramate capsule sprinkle 25 mg oral	1	
topiramate er capsule er 24 hour sprinkle 100 mg oral	1	
topiramate er capsule er 24 hour sprinkle 150 mg oral	1	
topiramate er capsule er 24 hour sprinkle 200 mg oral	1	
topiramate er capsule er 24 hour sprinkle 25 mg oral	1	
topiramate er capsule er 24 hour sprinkle 50 mg oral	1	
topiramate er capsule extended release 24 hour 100 mg oral	1	
topiramate er capsule extended release 24 hour 200 mg oral	1	
topiramate er capsule extended release 24 hour 25 mg oral	1	
topiramate er capsule extended release 24 hour 50 mg oral	1	
topiramate tablet 100 mg oral	1	
topiramate tablet 200 mg oral	1	
topiramate tablet 25 mg oral	1	
topiramate tablet 50 mg oral	1	
TRILEPTAL SUSPENSION 300 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
TRILEPTAL TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VIMPAT SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIMPAT TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
VIMPAT TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
ZONEGRAN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZONEGRAN CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZONISADE SUSPENSION 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
zonisamide capsule 100 mg oral	1	
zonisamide capsule 25 mg oral	1	
zonisamide capsule 50 mg oral	1	
ZTALMY SUSPENSION 50 MG/ML ORAL	3	PA
Carbamates*		
felbamate suspension 600 mg/5ml oral	1	
felbamate tablet 400 mg oral	1	
felbamate tablet 600 mg oral	1	
FELBATOL SUSPENSION 600 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
FELBATOL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
FELBATOL TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL	3	
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL	3	
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	3	
XCOPRI TABLET 100 MG ORAL	3	
XCOPRI TABLET 150 MG ORAL	3	
XCOPRI TABLET 200 MG ORAL	3	
XCOPRI TABLET 50 MG ORAL	3	
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	3	
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	3	

Drug Name	Tier	Notes
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	3	
Gaba Modulators*		
GABITRIL TABLET 12 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
GABITRIL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
SABRIL PACKET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
SABRIL TABLET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
tiagabine hcl tablet 12 mg oral	1	
tiagabine hcl tablet 16 mg oral	1	
tiagabine hcl tablet 2 mg oral	1	
tiagabine hcl tablet 4 mg oral	1	
vigabatrin packet 500 mg oral	Tier 4	PA; Specialty
vigabatrin tablet 500 mg oral	Tier 4	PA; Specialty
VIGADRONE PACKET 500 MG ORAL	Tier 4	PA; Specialty
VIGADRONE TABLET 500 MG ORAL	Tier 4	PA; Specialty
VIGPODER PACKET 500 MG ORAL	Tier 4	PA; Specialty
Hydantoins*		
CEREBYX SOLUTION 100 MG PE/2ML INJECTION	Non-Formulary	Medical Only Exclusion
CEREBYX SOLUTION 500 MG PE/10ML INJECTION	Non-Formulary	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	3	
DILANTIN CAPSULE 30 MG ORAL	2	
DILANTIN INFATABS TABLET CHEWABLE 50 MG ORAL	3	
DILANTIN SUSPENSION 125 MG/5ML ORAL	3	
fosphenytoin sodium solution 100 mg pe/2ml injection	Non-Formulary	Medical Only Exclusion
fosphenytoin sodium solution 500 mg pe/10ml injection	Non-Formulary	Medical Only Exclusion
PHENYTEK CAPSULE 200 MG ORAL	1	
PHENYTEK CAPSULE 300 MG ORAL	1	
PHENYTOIN INFATABS TABLET CHEWABLE 50 MG ORAL	1	

Drug Name	Tier	Notes
phenytoin sodium extended capsule 100 mg oral	1	
phenytoin sodium extended capsule 200 mg oral	1	
phenytoin sodium extended capsule 300 mg oral	1	
phenytoin sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenytoin sodium solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenytoin sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY code issue
phenytoin suspension 100 mg/4ml oral	1	
phenytoin suspension 125 mg/5ml oral	1	
phenytoin tablet chewable 50 mg oral	1	
Succinimides*		
CELONTIN CAPSULE 300 MG ORAL	3	
ethosuximide capsule 250 mg oral	1	
ethosuximide solution 250 mg/5ml oral	1	
methsuximide capsule 300 mg oral	1	
ZARONTIN CAPSULE 250 MG ORAL	3	
ZARONTIN SOLUTION 250 MG/5ML ORAL	3	
Valproic Acid*		
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL	Non-Formulary	Formulary Exclusion
DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
divalproex sodium capsule delayed release sprinkle 125 mg oral	1	
divalproex sodium er tablet extended release 24 hour 250 mg oral	1	
divalproex sodium er tablet extended release 24 hour 500 mg oral	1	

Drug Name	Tier	Notes
divalproex sodium tablet delayed release 125 mg oral	1	
divalproex sodium tablet delayed release 250 mg oral	1	
divalproex sodium tablet delayed release 500 mg oral	1	
valproate sodium solution 100 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
valproate sodium solution 500 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
valproic acid capsule 250 mg oral	1	
valproic acid solution 250 mg/5ml oral	1	
ANTIDEPRESSANTS		
****Alpha-2 Receptor Antagonists (Tetracyclics)******		
mirtazapine tablet 15 mg oral	1	
mirtazapine tablet 30 mg oral	1	
mirtazapine tablet 45 mg oral	1	
mirtazapine tablet 7.5 mg oral	1	
mirtazapine tablet dispersible 15 mg oral	1	
mirtazapine tablet dispersible 30 mg oral	1	
mirtazapine tablet dispersible 45 mg oral	1	
REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
REMERON TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
****Antidepressant - Miscellaneous Combinations******		
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL	Non-Formulary	Formulary Exclusion
****Antidepressants - Misc.******		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL	Non-Formulary	Formulary Exclusion
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL	Non-Formulary	Formulary Exclusion
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	1	
bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral	1	
bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral	1	
bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral	1	
bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral	1	
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral	Non-Formulary	Formulary Exclusion
bupropion hcl tablet 100 mg oral	1	
bupropion hcl tablet 75 mg oral	1	
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
Gaba Receptor Modulator - Neuroactive Steroid*		
ZULRESSO SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Monoamine Oxidase Inhibitors (Maois)*		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	3	
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	3	
MARPLAN TABLET 10 MG ORAL	3	

Drug Name	Tier	Notes
NARDIL TABLET 15 MG ORAL	3	
PARNATE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
phenelzine sulfate tablet 15 mg oral	1	
phenelzine sulfate tablet 15 mg oral	1	MONY code issue
tranylcypromine sulfate tablet 10 mg oral	1	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists*		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	Non-Formulary	PA; Formulary Exclusion
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	Non-Formulary	PA; Formulary Exclusion
Selective Serotonin Reuptake Inhibitors (Ssris)*		
CELEXA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CELEXA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CELEXA TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
citalopram hydrobromide capsule 30 mg oral	Non-Formulary	Formulary Exclusion
citalopram hydrobromide solution 10 mg/5ml oral	1	
citalopram hydrobromide tablet 10 mg oral	1	
citalopram hydrobromide tablet 20 mg oral	1	
citalopram hydrobromide tablet 40 mg oral	1	
escitalopram oxalate solution 5 mg/5ml oral	1	
escitalopram oxalate tablet 10 mg oral	1	
escitalopram oxalate tablet 20 mg oral	1	
escitalopram oxalate tablet 5 mg oral	1	
fluoxetine hcl capsule 10 mg oral	1	
fluoxetine hcl capsule 20 mg oral	1	
fluoxetine hcl capsule 40 mg oral	1	
fluoxetine hcl capsule delayed release 90 mg oral	1	MONY Code
fluoxetine hcl solution 20 mg/5ml oral	1	
fluoxetine hcl tablet 10 mg oral	1	
fluoxetine hcl tablet 20 mg oral	1	
fluoxetine hcl tablet 60 mg oral	1	
fluoxetine hcl tablet 60 mg oral	1	MONY code issue
fluoxetine hcl tablet 60 mg oral	Non-Formulary	MONY Code; Formulary Exclusion

Drug Name	Tier	Notes
fluvoxamine maleate er capsule extended release 24 hour 100 mg oral	1	
fluvoxamine maleate er capsule extended release 24 hour 150 mg oral	1	
fluvoxamine maleate tablet 100 mg oral	1	
fluvoxamine maleate tablet 25 mg oral	1	
fluvoxamine maleate tablet 50 mg oral	1	
LEXAPRO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LEXAPRO TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LEXAPRO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
paroxetine hcl er tablet extended release 24 hour 12.5 mg oral	1	
paroxetine hcl er tablet extended release 24 hour 25 mg oral	1	
paroxetine hcl er tablet extended release 24 hour 37.5 mg oral	1	
paroxetine hcl suspension 10 mg/5ml oral	1	
paroxetine hcl tablet 10 mg oral	1	
paroxetine hcl tablet 20 mg oral	1	
paroxetine hcl tablet 30 mg oral	1	
paroxetine hcl tablet 40 mg oral	1	
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL SUSPENSION 10 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
PAXIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
PEXEVA TABLET 10 MG ORAL	Non-Formulary	
PEXEVA TABLET 20 MG ORAL	Non-Formulary	
PEXEVA TABLET 30 MG ORAL	Non-Formulary	
PEXEVA TABLET 40 MG ORAL	Non-Formulary	
PROZAC CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROZAC CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
PROZAC CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
sertraline hcl capsule 150 mg oral	Non-Formulary	Formulary Exclusion
sertraline hcl capsule 200 mg oral	Non-Formulary	Formulary Exclusion
sertraline hcl concentrate 20 mg/ml oral	1	
sertraline hcl tablet 100 mg oral	1	
sertraline hcl tablet 25 mg oral	1	
sertraline hcl tablet 50 mg oral	1	
ZOLOFT CONCENTRATE 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
Serotonin Modulators*		
nefazodone hcl tablet 100 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
nefazodone hcl tablet 150 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
nefazodone hcl tablet 200 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
nefazodone hcl tablet 250 mg oral	Non-Formulary	Formulary Exclusion
nefazodone hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
trazodone hcl tablet 100 mg oral	1	
trazodone hcl tablet 150 mg oral	1	
trazodone hcl tablet 300 mg oral	1	
trazodone hcl tablet 50 mg oral	1	
TRINTELLIX TABLET 10 MG ORAL	3	
TRINTELLIX TABLET 20 MG ORAL	3	
TRINTELLIX TABLET 5 MG ORAL	3	
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL	3	
VIIBRYD TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VIIBRYD TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
VIIBRYD TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
vilazodone hcl tablet 10 mg oral	1	
vilazodone hcl tablet 20 mg oral	1	
vilazodone hcl tablet 40 mg oral	1	

Drug Name	Tier	Notes
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*		
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
desvenlafaxine er tablet extended release 24 hour 100 mg oral	1	MONY Code
desvenlafaxine er tablet extended release 24 hour 100 mg oral	3	
desvenlafaxine er tablet extended release 24 hour 50 mg oral	1	MONY Code
desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral	1	
desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral	1	
desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral	1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
duloxetine hcl capsule delayed release particles 20 mg oral	1	QL
duloxetine hcl capsule delayed release particles 30 mg oral	1	QL
duloxetine hcl capsule delayed release particles 40 mg oral	1	QL
duloxetine hcl capsule delayed release particles 60 mg oral	1	QL
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	Non-Formulary	Formulary Exclusion
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL	3	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral	Non-Formulary	Formulary Exclusion
venlafaxine hcl er capsule extended release 24 hour 150 mg oral	1	
venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral	1	
venlafaxine hcl er capsule extended release 24 hour 75 mg oral	1	
venlafaxine hcl er tablet extended release 24 hour 150 mg oral	Non-Formulary	
venlafaxine hcl er tablet extended release 24 hour 225 mg oral	Non-Formulary	
venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral	Non-Formulary	
venlafaxine hcl er tablet extended release 24 hour 75 mg oral	Non-Formulary	
venlafaxine hcl tablet 100 mg oral	1	
venlafaxine hcl tablet 25 mg oral	1	
venlafaxine hcl tablet 37.5 mg oral	1	
venlafaxine hcl tablet 50 mg oral	1	

Drug Name	Tier	Notes
venlafaxine hcl tablet 75 mg oral	1	
Tricyclic Agents*		
amitriptyline hcl tablet 10 mg oral	1	
amitriptyline hcl tablet 100 mg oral	1	
amitriptyline hcl tablet 150 mg oral	1	
amitriptyline hcl tablet 25 mg oral	1	
amitriptyline hcl tablet 50 mg oral	1	
amitriptyline hcl tablet 75 mg oral	1	
amoxapine tablet 100 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 150 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 25 mg oral	Non-Formulary	Formulary Exclusion
amoxapine tablet 50 mg oral	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
ANAFRANIL CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
clomipramine hcl capsule 25 mg oral	1	
clomipramine hcl capsule 50 mg oral	1	
clomipramine hcl capsule 75 mg oral	1	
desipramine hcl tablet 10 mg oral	1	
desipramine hcl tablet 100 mg oral	1	
desipramine hcl tablet 150 mg oral	1	
desipramine hcl tablet 25 mg oral	1	
desipramine hcl tablet 50 mg oral	1	
desipramine hcl tablet 75 mg oral	1	
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 150 mg oral	1	
doxepin hcl capsule 150 mg oral	1	MONY Code
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl capsule 75 mg oral	1	MONY Code
doxepin hcl concentrate 10 mg/ml oral	1	
imipramine hcl tablet 10 mg oral	1	
imipramine hcl tablet 25 mg oral	1	
imipramine hcl tablet 50 mg oral	1	
imipramine pamoate capsule 100 mg oral	1	

Drug Name	Tier	Notes
imipramine pamoate capsule 125 mg oral	1	
imipramine pamoate capsule 150 mg oral	1	
imipramine pamoate capsule 75 mg oral	1	
NORPRAMIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NORPRAMIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
nortriptyline hcl capsule 10 mg oral	1	
nortriptyline hcl capsule 25 mg oral	1	
nortriptyline hcl capsule 50 mg oral	1	
nortriptyline hcl capsule 75 mg oral	1	
nortriptyline hcl solution 10 mg/5ml oral	1	
nortriptyline hcl solution 10 mg/5ml oral	1	MONY code issue
PAMELOR CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
PAMELOR CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
protriptyline hcl tablet 10 mg oral	1	
protriptyline hcl tablet 5 mg oral	1	
trimipramine maleate capsule 100 mg oral	1	
trimipramine maleate capsule 25 mg oral	1	
trimipramine maleate capsule 50 mg oral	1	
ANTIDIABETICS		
****Alpha-Glucosidase Inhibitors******		
acarbose tablet 100 mg oral	1	QL
acarbose tablet 25 mg oral	1	QL
acarbose tablet 50 mg oral	1	QL
GLYSET TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYSET TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYSET TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
miglitol tablet 100 mg oral	1	MONY code issue; QL
miglitol tablet 100 mg oral	1	QL
miglitol tablet 25 mg oral	1	MONY code issue; QL
miglitol tablet 25 mg oral	1	QL
miglitol tablet 50 mg oral	1	MONY code issue; QL
miglitol tablet 50 mg oral	1	QL
PRECOSE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRECOSE TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRECOSE TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
Antidiabetic - Allogeneic Cellular Therapy		
LANTIDRA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
Antidiabetic-Anti-Cd3 Antibodies		
TZIELD SOLUTION 2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Biguanides		
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral	Non-Formulary	QL
metformin hcl er (mod) tablet extended release 24 hour 500 mg oral	Non-Formulary	QL
metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral	Non-Formulary	QL
metformin hcl er (osm) tablet extended release 24 hour 500 mg oral	Non-Formulary	QL
metformin hcl er tablet extended release 24 hour 500 mg oral	1	QL
metformin hcl er tablet extended release 24 hour 750 mg oral	1	QL
metformin hcl solution 500 mg/5ml oral	1	QL
metformin hcl solution 500 mg/5ml oral	1	MONY Code; QL
metformin hcl tablet 1000 mg oral	1	QL
metformin hcl tablet 500 mg oral	1	QL
metformin hcl tablet 625 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
metformin hcl tablet 850 mg oral	1	QL
RIOMET SOLUTION 500 MG/5ML ORAL	Non-Formulary	Formulary Exclusion; QL
Diabetic Other*		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL with criteria
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL with criteria
diazoxide suspension 50 mg/ml oral	1	
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION	3	QL with criteria
glucagon emergency kit 1 mg injection	1	MONY code issue; QL with criteria
glucagon emergency kit 1 mg injection	Non-Formulary	Formulary Exclusion; QL with criteria
glucagon emergency solution reconstituted 1 mg/ml injection	2	QL with criteria
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria
GVOKE HYPOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria
GVOKE HYPOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE KIT SOLUTION 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS	2	QL with criteria
GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS	2	QL with criteria
PROGLYCEM SUSPENSION 50 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	2	QL

Drug Name	Tier	Notes
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	2	QL with criteria
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	2	QL
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	2	QL with criteria
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*		
alogliptin benzoate tablet 12.5 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin benzoate tablet 25 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin benzoate tablet 6.25 mg oral	Non-Formulary	Formulary Exclusion; QL
JANUVIA TABLET 100 MG ORAL	2	QL
JANUVIA TABLET 25 MG ORAL	2	QL
JANUVIA TABLET 50 MG ORAL	2	QL
NESINA TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NESINA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NESINA TABLET 6.25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ONGLYZA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ONGLYZA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
saxagliptin hcl tablet 2.5 mg oral	1	QL
saxagliptin hcl tablet 5 mg oral	1	QL
sitagliptin tablet 100 mg oral	Non-Formulary	Formulary Exclusion
sitagliptin tablet 25 mg oral	Non-Formulary	Formulary Exclusion
sitagliptin tablet 50 mg oral	Non-Formulary	Formulary Exclusion
TRADJENTA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
zituvio tablet 100 mg oral	Non-Formulary	Formulary Exclusion
zituvio tablet 25 mg oral	Non-Formulary	Formulary Exclusion
zituvio tablet 50 mg oral	Non-Formulary	Formulary Exclusion
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*		
alogliptin-metformin hcl tablet 12.5-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-metformin hcl tablet 12.5-500 mg oral	Non-Formulary	Formulary Exclusion; QL
JANUMET TABLET 50-1000 MG ORAL	2	QL
JANUMET TABLET 50-500 MG ORAL	2	QL

Drug Name	Tier	Notes
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	QL
JENTADUETO TABLET 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO TABLET 2.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO TABLET 2.5-850 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KAZANO TABLET 12.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KAZANO TABLET 12.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral	1	QL
saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral	1	QL
saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral	1	QL
Dopamine Receptor Agonists - Ergot Derivatives		
CYCLOSET TABLET 0.8 MG ORAL	3	QL
Dpp-4 Inhibitor-Thiazolidinedione Combinations		
alogliptin-pioglitazone tablet 12.5-15 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 12.5-30 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 12.5-45 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-15 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-30 mg oral	Non-Formulary	Formulary Exclusion; QL
alogliptin-pioglitazone tablet 25-45 mg oral	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 12.5-15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
OSENI TABLET 12.5-30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 12.5-45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 25-15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 25-30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
OSENI TABLET 25-45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Human Insulin*		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ADMELOG SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 12 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 4 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 60X4 &60X8 & 60X12 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 8 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION	Non-Formulary	Formulary Exclusion
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION	Non-Formulary	Formulary Exclusion
APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
APIDRA SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	
FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	

Drug Name	Tier	Notes
FIASP SOLUTION 100 UNIT/ML INJECTION	2	
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	2	

Drug Name	Tier	Notes
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	2	
insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart penfill solution cartridge 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin aspart solution 100 unit/ml injection	Non-Formulary	Formulary Exclusion
insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin degludec solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solostar solution pen-injector 300 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous	Non-Formulary	Formulary Exclusion
insulin lispro solution 100 unit/ml injection	Non-Formulary	Formulary Exclusion
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	

Drug Name	Tier	Notes
LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
LYUMJEV SOLUTION 100 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion
LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
MYXREDLIN SOLUTION 100-0.9 UT/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC)	2	
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	2	

Drug Name	Tier	Notes
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	2	
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	2	
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION	2	
NOVOLOG SOLUTION 100 UNIT/ML INJECTION	2	
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	2	
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	
TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	
TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS	2	
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*		
MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA; QL
MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA; QL
MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
Incretin Mimetic Agents (Glp-1 Receptor Agonists)*		
ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	3	PA; QL
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL

Drug Name	Tier	Notes
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA; QL
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS	2	PA; QL
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA; QL
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA; QL
RYBELSUS TABLET 14 MG ORAL	2	PA; QL
RYBELSUS TABLET 3 MG ORAL	2	PA; QL
RYBELSUS TABLET 7 MG ORAL	2	PA; QL
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA; QL
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA; QL
TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
Insulin-Incretin Mimetic Combinations*		
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	2	QL
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	2	QL
Meglitinide Analogues*		
nateglinide tablet 120 mg oral	1	QL
nateglinide tablet 60 mg oral	1	QL
repaglinide tablet 0.5 mg oral	1	QL
repaglinide tablet 1 mg oral	1	QL
repaglinide tablet 2 mg oral	1	QL

Drug Name	Tier	Notes
STARLIX TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STARLIX TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Progesterone Receptor Antagonists*		
KORLYM TABLET 300 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
mifepristone tablet 300 mg oral	Tier 4	PA; Specialty; QL
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	2	QL
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	2	QL
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	2	QL
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*		
GLYXAMBI TABLET 10-5 MG ORAL	2	QL
GLYXAMBI TABLET 25-5 MG ORAL	2	QL
QTERN TABLET 10-5 MG ORAL	3	QL
QTERN TABLET 5-5 MG ORAL	3	QL
STEGLUJAN TABLET 15-100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STEGLUJAN TABLET 5-100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*		
bexagliflozin tablet 20 mg oral	Non-Formulary	Formulary Exclusion; QL
BRENZAVVY TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
dapagliflozin propanediol tablet 10 mg oral	Non-Formulary	Formulary Exclusion; QL
dapagliflozin propanediol tablet 5 mg oral	Non-Formulary	Formulary Exclusion; QL
FARXIGA TABLET 10 MG ORAL	2	QL
FARXIGA TABLET 5 MG ORAL	2	QL
INVOKANA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKANA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
JARDIANCE TABLET 10 MG ORAL	2	QL
JARDIANCE TABLET 25 MG ORAL	2	QL
STEGLATRO TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
STEGLATRO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*		
dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 150-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 150-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 50-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET TABLET 50-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 2.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 2.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 7.5-1000 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET TABLET 7.5-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SYNJARDY TABLET 12.5-1000 MG ORAL	2	QL
SYNJARDY TABLET 12.5-500 MG ORAL	2	QL
SYNJARDY TABLET 5-1000 MG ORAL	2	QL
SYNJARDY TABLET 5-500 MG ORAL	2	QL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	2	QL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	2	QL
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL

Drug Name	Tier	Notes
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	2	QL
Sulfonylurea-Biguanide Combinations*		
glipizide-metformin hcl tablet 2.5-250 mg oral	1	QL
glipizide-metformin hcl tablet 2.5-500 mg oral	1	QL
glipizide-metformin hcl tablet 5-500 mg oral	1	QL
glyburide-metformin tablet 1.25-250 mg oral	1	QL
glyburide-metformin tablet 2.5-500 mg oral	1	QL
glyburide-metformin tablet 5-500 mg oral	1	QL
Sulfonylureas*		
AMARYL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMARYL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMARYL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
glimepiride tablet 1 mg oral	1	QL
glimepiride tablet 2 mg oral	1	QL
glimepiride tablet 4 mg oral	1	QL
glipizide er tablet extended release 24 hour 10 mg oral	1	QL
glipizide er tablet extended release 24 hour 2.5 mg oral	1	QL
glipizide er tablet extended release 24 hour 5 mg oral	1	QL
glipizide tablet 10 mg oral	1	QL
glipizide tablet 2.5 mg oral	Non-Formulary	Formulary Exclusion; QL
glipizide tablet 5 mg oral	1	QL
glipizide xl tablet extended release 24 hour 10 mg oral	1	QL
glipizide xl tablet extended release 24 hour 2.5 mg oral	1	QL

Drug Name	Tier	Notes
glipizide xl tablet extended release 24 hour 5 mg oral	1	QL
GLUCOTROL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
glyburide micronized tablet 1.5 mg oral	1	MONY code issue; QL
glyburide micronized tablet 3 mg oral	1	MONY code issue; QL
glyburide micronized tablet 6 mg oral	1	MONY code issue; QL
glyburide tablet 1.25 mg oral	1	QL
glyburide tablet 1.25 mg oral	1	MONY Code; QL
glyburide tablet 2.5 mg oral	1	QL
glyburide tablet 2.5 mg oral	1	MONY Code; QL
glyburide tablet 5 mg oral	1	QL
glyburide tablet 5 mg oral	1	MONY Code; QL
GLYNASE TABLET 1.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYNASE TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GLYNASE TABLET 6 MG ORAL	Non-Formulary	Formulary Exclusion; QL
tolbutamide tablet 500 mg oral	3	QL
Sulfonylurea-Thiazolidinedione Combinations*		
DUETACT TABLET 30-2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DUETACT TABLET 30-4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pioglitazone hcl-glimepiride tablet 30-2 mg oral	1	QL
pioglitazone hcl-glimepiride tablet 30-4 mg oral	1	QL
Thiazolidinedione-Biguanide Combinations*		
ACTOPLUS MET TABLET 15-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTOPLUS MET TABLET 15-850 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pioglitazone hcl-metformin hcl tablet 15-500 mg oral	1	QL
pioglitazone hcl-metformin hcl tablet 15-850 mg oral	1	QL

Drug Name	Tier	Notes
Thiazolidinediones*		
ACTOS TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTOS TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTOS TABLET 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pioglitazone hcl tablet 15 mg oral	1	QL
pioglitazone hcl tablet 30 mg oral	1	QL
pioglitazone hcl tablet 45 mg oral	1	QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
Antidiarrheal - Chloride Channel Antagonists*		
MYTESI TABLET DELAYED RELEASE 125 MG ORAL	3	QL
Antidiarrheal/Probiotic Agents - Misc.*		
bilac capsule oral	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBISOL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBITRAN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
LACTEROL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
PROBINATE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
prodigen capsule oral	Non-Formulary	Non FDA Exclusion
promella in prebiotic capsule oral	Non-Formulary	Non FDA Exclusion
VISBIOME PACKET ORAL	Non-Formulary	Non FDA Exclusion
wellpro 31 capsule oral	Non-Formulary	Non FDA Exclusion
xybiotic capsule oral	Non-Formulary	Non FDA Exclusion
zelac capsule oral	Non-Formulary	Non FDA Exclusion
Antidiarrheal/Probiotic Combinations*		
probichew tablet chewable oral	Non-Formulary	Non FDA Exclusion
RESTORA RX CAPSULE 60-1.25 MG ORAL	Non-Formulary	Non FDA Exclusion
Antiperistaltic Agents*		
diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral	3	
diphenoxylate-atropine tablet 2.5-0.025 mg oral	1	
LOMOTIL TABLET 2.5-0.025 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
loperamide hcl capsule 2 mg oral	1	
MOTOFEN TABLET 1-0.025 MG ORAL	Non-Formulary	
opium tincture 10 mg/ml (1%) oral	1	
opium tincture 10 mg/ml (1%) oral	Non-Formulary	Non FDA Exclusion
ANTIDOTES AND SPECIFIC ANTAGONISTS		
****Antidote Combinations******		
DUODOTE SOLUTION AUTO-INJECTOR 2.1-600 MG INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
NITHIODOTE KIT 300MG/10ML&12.5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREVDUO SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antidotes - Chelating Agents******		
CHEMET CAPSULE 100 MG ORAL	2	
deferasirox granules packet 180 mg oral	Tier 4	PA; Specialty
deferasirox granules packet 360 mg oral	Tier 4	PA; Specialty
deferasirox granules packet 90 mg oral	Tier 4	PA; Specialty
deferasirox packet 180 mg oral	Tier 4	PA; Specialty
deferasirox packet 360 mg oral	Tier 4	PA; Specialty
deferasirox packet 90 mg oral	Tier 4	PA; Specialty
deferasirox tablet 180 mg oral	Tier 4	PA; Specialty
deferasirox tablet 360 mg oral	Tier 4	PA; Specialty
deferasirox tablet 90 mg oral	Tier 4	PA; Specialty
deferasirox tablet soluble 125 mg oral	Tier 4	PA; Specialty
deferasirox tablet soluble 250 mg oral	Tier 4	PA; Specialty
deferasirox tablet soluble 500 mg oral	Tier 4	PA; Specialty
deferiprone tablet 1000 mg oral	Tier 4	PA; Specialty
deferiprone tablet 500 mg oral	Tier 4	PA; Specialty
dimercaptopropane-sulfonate solution 250 mg/5ml injection	Non-Formulary	Non FDA Exclusion
EXJADE TABLET SOLUBLE 125 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
EXJADE TABLET SOLUBLE 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
EXJADE TABLET SOLUBLE 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
FERRIPROX TABLET 1000 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
FERRIPROX TABLET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE PACKET 180 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE PACKET 360 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE PACKET 90 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU TABLET 180 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU TABLET 360 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU TABLET 90 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
pentetate calcium trisodium solution 200 mg/ml combination	Non-Formulary	Medical Only Exclusion
pentetate zinc trisodium solution 200 mg/ml combination	Non-Formulary	Medical Only Exclusion
Antidotes And Specific Antagonists*		
ACETADOTE SOLUTION 200 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
acetylcysteine solution 200 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ANDEXXA SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bal in oil solution 100 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
BRIDION SOLUTION 200 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BRIDION SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
calcium disodium versenate solution 1 gm/5ml injection	Non-Formulary	Medical Only Exclusion
CYANOKIT SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
deferoxamine mesylate solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
deferoxamine mesylate solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
DESFERAL SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
DIGIFAB SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
edetate calcium disodium solution 1 gm/5ml injection	Non-Formulary	Medical Only Exclusion
fomepizole solution 1.5 gm/1.5ml intravenous	Non-Formulary	Medical Only Exclusion
methylene blue solution 1 % intravenous	Non-Formulary	MONY Code; Formulary Exclusion
methylene blue solution 1 % intravenous	Non-Formulary	Non FDA Exclusion
methylene blue solution 1 % intravenous	Non-Formulary	Non FDA Exclusion; MONY code issue
methylene blue solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
methylene blue solution prefilled syringe 20 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
physostigmine salicylate solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
PRAXBIND SOLUTION 2.5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROTOPAM CHLORIDE SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROVAYBLUE SOLUTION 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RADIOGARDASE CAPSULE 0.5 GM ORAL	Non-Formulary	Medical Only Exclusion
sodium nitrite solution 30 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium thiosulfate solution 250 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
sodium thiosulfate solution 250 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
VISTOGARD PACKET 10 GM ORAL	Non-Formulary	Medical Only Exclusion
****Benzodiazepine Antagonists******		
flumazenil solution 0.5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
flumazenil solution 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
****Opioid Antagonists******		
EVZIO SOLUTION AUTO-INJECTOR 2 MG/0.4ML INJECTION	Non-Formulary	Formulary Exclusion
KLOXXADO LIQUID 8 MG/0.1ML NASAL	2	
lifems naloxone prefilled syringe kit 2 mg/2ml injection	Non-Formulary	Non FDA Exclusion
nalmefene hcl solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	
naloxone hcl solution 0.4 mg/ml injection	1	
naloxone hcl solution 4 mg/10ml injection	1	

Drug Name	Tier	Notes
naloxone hcl solution cartridge 0.4 mg/ml injection	1	MONY Code
naloxone hcl solution cartridge 0.4 mg/ml injection	3	
naloxone hcl solution prefilled syringe 2 mg/2ml injection	1	
naloxone hcl solution prefilled syringe 2 mg/2ml injection	1	MONY Code
naltrexone hcl tablet 50 mg oral	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX)	Non-Formulary	Formulary Exclusion
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	Non-Formulary	Formulary Exclusion
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION	3	
ANTIEMETICS		
****5-Ht3 Receptor Antagonists******		
ANZEMET TABLET 50 MG ORAL	3	QL
granisetron hcl solution 1 mg/ml intravenous	1	
granisetron hcl solution 4 mg/4ml intravenous	1	
granisetron hcl tablet 1 mg oral	1	QL
ondansetron hcl solution 4 mg/2ml injection	1	
ondansetron hcl solution 4 mg/2ml injection	Non-Formulary	Formulary Exclusion
ondansetron hcl solution 4 mg/5ml oral	1	QL
ondansetron hcl solution 40 mg/20ml injection	1	
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	1	MONY code issue
ondansetron hcl solution prefilled syringe 4 mg/2ml injection	2	
ondansetron hcl tablet 24 mg oral	1	MONY Code; QL
ondansetron hcl tablet 4 mg oral	1	QL
ondansetron hcl tablet 8 mg oral	1	QL
ondansetron tablet dispersible 4 mg oral	1	QL
ondansetron tablet dispersible 8 mg oral	1	QL
palonosetron hcl solution 0.25 mg/2ml intravenous	3	
palonosetron hcl solution 0.25 mg/5ml intravenous	1	
palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous	1	

Drug Name	Tier	Notes
palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous	1	MONY code issue
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL	3	
SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
ZOFRAN TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZOFRAN TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZUPLENZ FILM 4 MG ORAL	Non-Formulary	QL
ZUPLENZ FILM 8 MG ORAL	Non-Formulary	QL
Antiemetic Combinations		
AKYNZEO (READY-TO-USE) SOLUTION 235-0.25 MG/20ML INTRAVENOUS	3	QL
AKYNZEO (TO-BE-DILUTED) SOLUTION 235-0.25 MG/20ML INTRAVENOUS	3	QL
AKYNZEO CAPSULE 300-0.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AKYNZEO SOLUTION RECONSTITUTED 235-0.25 MG INTRAVENOUS	3	QL
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	3	
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
doxylamine-pyridoxine tablet delayed release 10-10 mg oral	1	
Antiemetics - Anticholinergic		
ANTIVERT TABLET 50 MG ORAL	Non-Formulary	
ANTIVERT TABLET CHEWABLE 25 MG ORAL	Non-Formulary	Formulary Exclusion
dimenhydrinate solution 50 mg/ml injection	3	
meclizine hcl tablet 12.5 mg oral (rx)	1	
meclizine hcl tablet 25 mg oral (rx)	1	
meclizine hcl tablet 50 mg oral	Non-Formulary	MONY code issue
meclizine hcl tablet chewable 25 mg oral (rx)	Non-Formulary	
scopolamine patch 72 hour 1 mg/3days transdermal	1	
TIGAN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
TIGAN SOLUTION 100 MG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
TRANSDERM SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	Non-Formulary	Formulary Exclusion
TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	Non-Formulary	Formulary Exclusion
trimethobenzamide hcl capsule 300 mg oral	1	
Antiemetics - Antidopaminergic*		
BARHEMSYS SOLUTION 10 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BARHEMSYS SOLUTION 5 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antiemetics - Miscellaneous*		
dronabinol capsule 10 mg oral	1	QL
dronabinol capsule 2.5 mg oral	1	QL
dronabinol capsule 5 mg oral	1	QL
MARINOL CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MARINOL CAPSULE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MARINOL CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SYNDROS SOLUTION 5 MG/ML ORAL	3	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*		
APONVIE EMULSION 32 MG/4.4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
aprepitant 80 & 125 mg oral	1	QL
aprepitant capsule 125 mg oral	1	QL
aprepitant capsule 40 mg oral	1	QL
aprepitant capsule 80 & 125 mg oral	1	QL
aprepitant capsule 80 mg oral	1	QL
CINVANTI EMULSION 130 MG/18ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
EMEND CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EMEND CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EMEND SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	3	QL
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	2	QL
EMEND TRI-PACK CAPSULE 80 & 125 MG ORAL	Non-Formulary	Formulary Exclusion; QL
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	1	QL

Drug Name	Tier	Notes
fosaprepitant dimeglumine solution reconstituted 150 mg intravenous	2	QL
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	2	QL
ANTIFUNGALS		
****Antifungal - Glucan Synthesis Inhibitors (Echinocandins)******		
CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CANCIDAS SOLUTION RECONSTITUTED 70 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
caspofungin acetate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
caspofungin acetate solution reconstituted 70 mg intravenous	Non-Formulary	Medical Only Exclusion
ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
micafungin sodium solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
micafungin sodium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
MYCAMINE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MYCAMINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REZZAYO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)******		
BREXAFEMME TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
****Antifungals******		
ABELCET SUSPENSION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
amphotericin b liposome suspension reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
amphotericin b solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
ANCOBON CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
ANCOBON CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
flucytosine capsule 250 mg oral	1	
flucytosine capsule 500 mg oral	1	
griseofulvin microsize suspension 125 mg/5ml oral	1	
griseofulvin microsize tablet 500 mg oral	1	
griseofulvin ultramicrosize tablet 125 mg oral	1	
griseofulvin ultramicrosize tablet 250 mg oral	1	
nystatin tablet 500000 unit oral	1	
terbinafine hcl tablet 250 mg oral	1	QL with criteria
Imidazoles		
ketoconazole tablet 200 mg oral	1	
Tetrazoles		
VIVJOA CAPSULE THERAPY PACK 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL with criteria
Triazoles		
CRESEMBA CAPSULE 186 MG ORAL	3	
CRESEMBA CAPSULE 74.5 MG ORAL	3	
CRESEMBA SOLUTION RECONSTITUTED 372 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIFLUCAN SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
DIFLUCAN TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
fluconazole in sodium chloride solution 100-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
fluconazole in sodium chloride solution 200-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
fluconazole in sodium chloride solution 400-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
fluconazole suspension reconstituted 10 mg/ml oral	1	
fluconazole suspension reconstituted 40 mg/ml oral	1	
fluconazole tablet 100 mg oral	1	
fluconazole tablet 150 mg oral	1	
fluconazole tablet 200 mg oral	1	
fluconazole tablet 50 mg oral	1	
itraconazole capsule 100 mg oral	1	QL
itraconazole solution 10 mg/ml oral	1	
NOXAFIL PACKET 300 MG ORAL	2	
NOXAFIL SOLUTION 300 MG/16.7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NOXAFIL SUSPENSION 40 MG/ML ORAL	2	
NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL	Non-Formulary	Formulary Exclusion
posaconazole solution 300 mg/16.7ml intravenous	Non-Formulary	Medical Only Exclusion
posaconazole suspension 40 mg/ml oral	1	
posaconazole tablet delayed release 100 mg oral	1	
SPORANOX CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SPORANOX PULSEPAK CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SPORANOX SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
tolsura capsule 65 mg oral	Non-Formulary	
VFEND IV SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VFEND TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
VFEND TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
voriconazole solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion
voriconazole solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue

Drug Name	Tier	Notes
voriconazole suspension reconstituted 40 mg/ml oral	1	
voriconazole tablet 200 mg oral	1	
voriconazole tablet 50 mg oral	1	
ANTIHISTAMINES		
****Antihistamines - Alkylamines******		
brompheniramine maleate solution 10 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
dexchlorpheniramine maleate solution 2 mg/5ml oral	3	
RYCLORA SOLUTION 2 MG/5ML ORAL	3	
****Antihistamines - Ethanolamines******		
carbinoxamine maleate solution 4 mg/5ml oral	3	
carbinoxamine maleate solution 4 mg/5ml oral	1	MONY Code
carbinoxamine maleate tablet 4 mg oral	1	
carbinoxamine maleate tablet 4 mg oral	1	MONY Code
carbinoxamine maleate tablet 6 mg oral	1	MONY Code
clemastine fumarate syrup 0.67 mg/5ml oral	Non-Formulary	
clemastine fumarate tablet 2.68 mg oral	1	MONY Code
DICOPANOL FUSEPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
DICOPANOL RAPIDPAQ SUSPENSION RECONSTITUTED 5 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
diphen elixir 12.5 mg/5ml oral	1	
di-phen elixir 12.5 mg/5ml oral	1	
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	MONY code issue
diphenhydramine hcl elixir 12.5 mg/5ml oral (rx)	1	
diphenhydramine hcl solution 50 mg/ml injection	1	
KARBINAL ER SUSPENSION EXTENDED RELEASE 4 MG/5ML ORAL	Non-Formulary	
RYVENT TABLET 6 MG ORAL	3	
****Antihistamines - Non-Sedating******		
cetirizine hcl solution 1 mg/ml oral (rx)	1	
cetirizine hcl solution 5 mg/5ml oral (rx)	1	
CLARINEX TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
desloratadine tablet 5 mg oral	1	

Drug Name	Tier	Notes
desloratadine tablet dispersible 2.5 mg oral	3	
desloratadine tablet dispersible 2.5 mg oral	1	MONY Code
desloratadine tablet dispersible 5 mg oral	3	
desloratadine tablet dispersible 5 mg oral	1	MONY Code
levocetirizine dihydrochloride solution 2.5 mg/5ml oral	1	
levocetirizine dihydrochloride tablet 5 mg oral (rx)	1	
QUZYTTIR SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
Antihistamines - Phenothiazines		
PHENERGAN SOLUTION 25 MG/ML INJECTION	3	
PHENERGAN SOLUTION 50 MG/ML INJECTION	3	
promethazine hcl solution 25 mg/ml injection	1	
promethazine hcl solution 50 mg/ml injection	1	
promethazine hcl solution 6.25 mg/5ml oral	1	
promethazine hcl suppository 12.5 mg rectal	1	
promethazine hcl suppository 25 mg rectal	1	
promethazine hcl tablet 12.5 mg oral	1	
promethazine hcl tablet 25 mg oral	1	
promethazine hcl tablet 50 mg oral	1	
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	MONY Code
Antihistamines - Piperidines		
cyproheptadine hcl syrup 2 mg/5ml oral	1	
cyproheptadine hcl tablet 4 mg oral	1	
Antihistamines W/ Corticosteroids		
CLOBETEX THERAPY PACK 5 & 0.05 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
ANTIHYPERLIPIDEMICS		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb		
NEXLIZET TABLET 180-10 MG ORAL	2	PA

Drug Name	Tier	Notes
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors		
NEXLETOL TABLET 180 MG ORAL	2	PA
Angiopoietin-Like Protein 3 (Angptl3) Inhibitors		
EVKEEZA SOLUTION 1200 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EVKEEZA SOLUTION 345 MG/2.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antihyperlipidemics - Misc.		
icosapent ethyl capsule 0.5 gm oral	1	
icosapent ethyl capsule 1 gm oral	1	
LOVAZA CAPSULE 1 GM ORAL	Non-Formulary	Formulary Exclusion
omega-3-acid ethyl esters capsule 1 gm oral	Non-Formulary	Formulary Exclusion
VASCEPA CAPSULE 0.5 GM ORAL	2	
VASCEPA CAPSULE 1 GM ORAL	2	
Antihyperlipidemics Misc. Combinations		
omega-3 rx complete therapy pack 1 gm oral	Non-Formulary	Non FDA Exclusion
sure result o3d3 system kit 1 & 1000 gm & unit oral	Non-Formulary	Non FDA Exclusion
Bile Acid Sequestrants		
cholestyramine light packet 4 gm oral	Non-Formulary	Formulary Exclusion
cholestyramine light powder 4 gm/dose oral	1	
cholestyramine packet 4 gm oral	Non-Formulary	Formulary Exclusion
cholestyramine powder 4 gm/dose oral	1	
colesevelam hcl packet 3.75 gm oral	Non-Formulary	Formulary Exclusion
colesevelam hcl tablet 625 mg oral	1	
COLESTID FLAVORED GRANULES 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID FLAVORED PACKET 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID GRANULES 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID PACKET 5 GM ORAL	Non-Formulary	Formulary Exclusion
COLESTID TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
colestipol hcl granules 5 gm oral	1	
colestipol hcl packet 5 gm oral	1	
colestipol hcl tablet 1 gm oral	1	

Drug Name	Tier	Notes
PREVALITE PACKET 4 GM ORAL	Non-Formulary	Formulary Exclusion
PREVALITE POWDER 4 GM/DOSE ORAL	1	
QUESTRAN LIGHT POWDER 4 GM/DOSE ORAL	Non-Formulary	Formulary Exclusion
QUESTRAN PACKET 4 GM ORAL	Non-Formulary	Formulary Exclusion
QUESTRAN POWDER 4 GM/DOSE ORAL	Non-Formulary	Formulary Exclusion
WELCHOL PACKET 3.75 GM ORAL	Non-Formulary	Formulary Exclusion
WELCHOL TABLET 625 MG ORAL	Non-Formulary	Formulary Exclusion
Fibric Acid Derivatives*		
ANTARA CAPSULE 30 MG ORAL	3	
ANTARA CAPSULE 90 MG ORAL	3	
fenofibrate capsule 134 mg oral	1	
fenofibrate capsule 150 mg oral	1	MONY Code
fenofibrate capsule 200 mg oral	1	
fenofibrate capsule 50 mg oral	3	
fenofibrate capsule 67 mg oral	1	
fenofibrate micronized capsule 130 mg oral	1	
fenofibrate micronized capsule 134 mg oral	1	
fenofibrate micronized capsule 200 mg oral	1	
fenofibrate micronized capsule 30 mg oral	3	
fenofibrate micronized capsule 43 mg oral	1	
fenofibrate micronized capsule 67 mg oral	1	
fenofibrate micronized capsule 90 mg oral	3	
fenofibrate tablet 120 mg oral	Non-Formulary	
fenofibrate tablet 145 mg oral	1	
fenofibrate tablet 160 mg oral	1	
fenofibrate tablet 40 mg oral	Non-Formulary	
fenofibrate tablet 48 mg oral	1	
fenofibrate tablet 54 mg oral	1	
fenofibric acid capsule delayed release 135 mg oral	1	
fenofibric acid capsule delayed release 45 mg oral	1	
fenofibric acid tablet 105 mg oral	3	
fenofibric acid tablet 35 mg oral	3	
FENOGLIDE TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
FENOGLIDE TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
FIBRICOR TABLET 105 MG ORAL	3	

Drug Name	Tier	Notes
FIBRICOR TABLET 35 MG ORAL	3	
gemfibrozil tablet 600 mg oral	1	
LIPOFEN CAPSULE 150 MG ORAL	2	
LIPOFEN CAPSULE 50 MG ORAL	2	
LOPID TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
TRICOR TABLET 145 MG ORAL	Non-Formulary	Formulary Exclusion
TRICOR TABLET 48 MG ORAL	Non-Formulary	Formulary Exclusion
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL	Non-Formulary	Formulary Exclusion
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL	Non-Formulary	Formulary Exclusion
Hmg Coa Reductase Inhibitors*		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	
ATORVALIQ SUSPENSION 20 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
atorvastatin calcium tablet 40 mg oral	1	
atorvastatin calcium tablet 80 mg oral	1	
CRESTOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
CRESTOR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	Non-Formulary	Formulary Exclusion
EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL	Non-Formulary	Formulary Exclusion
EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL	Non-Formulary	Formulary Exclusion
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
flolipid suspension 20 mg/5ml oral	Non-Formulary	
flolipid suspension 40 mg/5ml oral	Non-Formulary	
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LIPITOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
LIPITOR TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
LIVALO TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
pitavastatin calcium tablet 1 mg oral	1	
pitavastatin calcium tablet 2 mg oral	1	
pitavastatin calcium tablet 4 mg oral	1	
PRAVACHOL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PRAVACHOL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
rosuvastatin calcium tablet 20 mg oral	1	
rosuvastatin calcium tablet 40 mg oral	1	
ZOCOR TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ZOCOR TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPITAMAG TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPITAMAG TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPITAMAG TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*		
ezetimibe-rosuvastatin tablet 10-10 mg oral	3	
ezetimibe-rosuvastatin tablet 10-20 mg oral	3	
ezetimibe-rosuvastatin tablet 10-40 mg oral	3	
ezetimibe-rosuvastatin tablet 10-5 mg oral	3	
ezetimibe-simvastatin tablet 10-10 mg oral	1	
ezetimibe-simvastatin tablet 10-20 mg oral	1	
ezetimibe-simvastatin tablet 10-40 mg oral	1	
ezetimibe-simvastatin tablet 10-80 mg oral	1	
ROSZET TABLET 10-10 MG ORAL	3	
ROSZET TABLET 10-20 MG ORAL	3	
ROSZET TABLET 10-40 MG ORAL	3	
ROSZET TABLET 10-5 MG ORAL	3	
VYTORIN TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
VYTORIN TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
VYTORIN TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
VYTORIN TABLET 10-80 MG ORAL	Non-Formulary	Formulary Exclusion
Intestinal Cholesterol Absorption Inhibitors*		
ezetimibe tablet 10 mg oral	1	
ZETIA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
Nicotinic Acid Derivatives*		
niacin (antihyperlipidemic) tablet 500 mg oral	1	MONY code issue
niacin (antihyperlipidemic) tablet 500 mg oral	3	
niacin er (antihyperlipidemic) tablet extended release 1000 mg oral	1	
niacin er (antihyperlipidemic) tablet extended release 500 mg oral	1	
niacin er (antihyperlipidemic) tablet extended release 750 mg oral	1	
NIACOR TABLET 500 MG ORAL	3	
NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL	Non-Formulary	Formulary Exclusion
NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL	Non-Formulary	Formulary Exclusion
Pcsk9 Inhibitors*		
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	2	PA; QL
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	2	PA; QL
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	PA; QL
Small Interfering Rna (Sirna) Pcsk9 Inhibitors*		
LEQVIO SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL

Drug Name	Tier	Notes
ANTIHYPERTENSIVES		
****Ace Inhibitor & Calcium Channel Blocker Combinations******		
amlodipine besy-benazepril hcl capsule 10-20 mg oral	1	
amlodipine besy-benazepril hcl capsule 10-40 mg oral	1	
amlodipine besy-benazepril hcl capsule 2.5-10 mg oral	1	
amlodipine besy-benazepril hcl capsule 5-10 mg oral	1	
amlodipine besy-benazepril hcl capsule 5-20 mg oral	1	
amlodipine besy-benazepril hcl capsule 5-40 mg oral	1	
LOTREL CAPSULE 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
LOTREL CAPSULE 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
PRESTALIA TABLET 14-10 MG ORAL	3	
PRESTALIA TABLET 3.5-2.5 MG ORAL	3	
PRESTALIA TABLET 7-5 MG ORAL	3	
TARKA TABLET EXTENDED RELEASE 2-180 MG ORAL	Non-Formulary	Formulary Exclusion
TARKA TABLET EXTENDED RELEASE 2-240 MG ORAL	Non-Formulary	Formulary Exclusion
TARKA TABLET EXTENDED RELEASE 4-240 MG ORAL	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 1-240 mg oral	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-180 mg oral	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-180 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-240 mg oral	Non-Formulary	Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 2-240 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
trandolapril-verapamil hcl er tablet extended release 4-240 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
trandolapril-verapamil hcl er tablet extended release 4-240 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
Ace Inhibitors & Thiazide|Thiazide-Like*		
ACCURETIC TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ACCURETIC TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ACCURETIC TABLET 20-25 MG ORAL	3	
benazepril-hydrochlorothiazide tablet 10-12.5 mg oral	1	
benazepril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
benazepril-hydrochlorothiazide tablet 20-25 mg oral	1	
benazepril-hydrochlorothiazide tablet 5-6.25 mg oral	1	
benazepril-hydrochlorothiazide tablet 5-6.25 mg oral	1	MONY Code
captopril-hydrochlorothiazide tablet 25-15 mg oral	3	
captopril-hydrochlorothiazide tablet 25-25 mg oral	3	
captopril-hydrochlorothiazide tablet 50-15 mg oral	3	
captopril-hydrochlorothiazide tablet 50-25 mg oral	3	
enalapril-hydrochlorothiazide tablet 10-25 mg oral	1	
enalapril-hydrochlorothiazide tablet 5-12.5 mg oral	1	
fosinopril sodium-hctz tablet 10-12.5 mg oral	1	
fosinopril sodium-hctz tablet 20-12.5 mg oral	1	
lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral	1	
lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
lisinopril-hydrochlorothiazide tablet 20-25 mg oral	1	
LOTENSIN HCT TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN HCT TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LOTENSIN HCT TABLET 20-25 MG ORAL	Non-Formulary	Formulary Exclusion
quinapril-hydrochlorothiazide tablet 10-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-12.5 mg oral	1	MONY code issue
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	
quinapril-hydrochlorothiazide tablet 20-25 mg oral	1	MONY code issue
VASERETIC TABLET 10-25 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTORETIC TABLET 20-25 MG ORAL	Non-Formulary	Formulary Exclusion
Ace Inhibitors*		
ACCUPRIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ACCUPRIL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 1.25 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ALTACE CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
benazepril hcl tablet 10 mg oral	1	
benazepril hcl tablet 20 mg oral	1	
benazepril hcl tablet 40 mg oral	1	
benazepril hcl tablet 5 mg oral	1	
captopril tablet 100 mg oral	1	
captopril tablet 12.5 mg oral	1	
captopril tablet 25 mg oral	1	
captopril tablet 50 mg oral	1	
enalapril maleate solution 1 mg/ml oral	1	
enalapril maleate tablet 10 mg oral	1	
enalapril maleate tablet 2.5 mg oral	1	
enalapril maleate tablet 20 mg oral	1	
enalapril maleate tablet 5 mg oral	1	
enalaprilat injectable 1.25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
EPANED SOLUTION 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
fosinopril sodium tablet 10 mg oral	1	
fosinopril sodium tablet 20 mg oral	1	
fosinopril sodium tablet 40 mg oral	1	
lisinopril tablet 10 mg oral	1	
lisinopril tablet 2.5 mg oral	1	
lisinopril tablet 20 mg oral	1	
lisinopril tablet 30 mg oral	1	
lisinopril tablet 40 mg oral	1	
lisinopril tablet 5 mg oral	1	
LOTENSIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LOTENSIN TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
moexipril hcl tablet 15 mg oral	1	
moexipril hcl tablet 7.5 mg oral	1	
perindopril erbumine tablet 2 mg oral	1	
perindopril erbumine tablet 2 mg oral	1	MONY code issue
perindopril erbumine tablet 4 mg oral	1	
perindopril erbumine tablet 8 mg oral	1	
perindopril erbumine tablet 8 mg oral	1	MONY code issue
PRINIVIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
PRINIVIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
QBRELIS SOLUTION 1 MG/ML ORAL	3	
quinapril hcl tablet 10 mg oral	1	
quinapril hcl tablet 20 mg oral	1	
quinapril hcl tablet 40 mg oral	1	
quinapril hcl tablet 5 mg oral	1	
ramipril capsule 1.25 mg oral	1	
ramipril capsule 10 mg oral	1	
ramipril capsule 2.5 mg oral	1	
ramipril capsule 5 mg oral	1	
trandolapril tablet 1 mg oral	1	
trandolapril tablet 2 mg oral	1	
trandolapril tablet 4 mg oral	1	
VASOTEC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VASOTEC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
VASOTEC TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
VASOTEC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ZESTRIL TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
Agents For Pheochromocytoma		
DEMSER CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
DIBENZYLINE CAPSULE 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
metyrosine capsule 250 mg oral	Tier 4	PA; Specialty
phenoxybenzamine hcl capsule 10 mg oral	Tier 4	PA; Specialty
phentolamine mesylate solution reconstituted 5 mg injection	Non-Formulary	Medical Only Exclusion
phentolamine mesylate solution reconstituted 5 mg injection	Non-Formulary	Medical Only Exclusion; MONY Code
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb		
amlodipine besylate-valsartan tablet 10-160 mg oral	1	
amlodipine besylate-valsartan tablet 10-320 mg oral	1	
amlodipine besylate-valsartan tablet 5-160 mg oral	1	
amlodipine besylate-valsartan tablet 5-320 mg oral	1	
amlodipine-olmesartan tablet 10-20 mg oral	1	
amlodipine-olmesartan tablet 10-40 mg oral	1	
amlodipine-olmesartan tablet 5-20 mg oral	1	
amlodipine-olmesartan tablet 5-40 mg oral	1	
AZOR TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
AZOR TABLET 5-40 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 10-160 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 10-320 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE TABLET 5-160 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EXFORGE TABLET 5-320 MG ORAL	Non-Formulary	Formulary Exclusion
telmisartan-amlodipine tablet 40-10 mg oral	1	
telmisartan-amlodipine tablet 40-10 mg oral	1	MONY code issue
telmisartan-amlodipine tablet 40-5 mg oral	1	
telmisartan-amlodipine tablet 40-5 mg oral	1	MONY code issue
telmisartan-amlodipine tablet 80-10 mg oral	1	
telmisartan-amlodipine tablet 80-10 mg oral	1	MONY code issue
telmisartan-amlodipine tablet 80-5 mg oral	1	
telmisartan-amlodipine tablet 80-5 mg oral	1	MONY code issue
TWYNSTA TABLET 40-10 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 40-5 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 80-10 MG ORAL	Non-Formulary	Formulary Exclusion
TWYNSTA TABLET 80-5 MG ORAL	Non-Formulary	Formulary Exclusion
Angiotensin Ii Receptor Antag & Thiazide|Thiazide-Like		
ATACAND HCT TABLET 16-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND HCT TABLET 32-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND HCT TABLET 32-25 MG ORAL	Non-Formulary	Formulary Exclusion
AVALIDE TABLET 150-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
AVALIDE TABLET 300-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 40-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 40-25 MG ORAL	Non-Formulary	Formulary Exclusion
candesartan cilexetil-hctz tablet 16-12.5 mg oral	1	
candesartan cilexetil-hctz tablet 32-12.5 mg oral	1	
candesartan cilexetil-hctz tablet 32-25 mg oral	1	
DIOVAN HCT TABLET 160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 160-25 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 320-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 320-25 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN HCT TABLET 80-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBYCLOR TABLET 40-12.5 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EDARBYCLOR TABLET 40-25 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 100-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion
HYZAAR TABLET 50-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral	1	
irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral	1	
losartan potassium-hctz tablet 100-12.5 mg oral	1	
losartan potassium-hctz tablet 100-25 mg oral	1	
losartan potassium-hctz tablet 50-12.5 mg oral	1	
MICARDIS HCT TABLET 40-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS HCT TABLET 80-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS HCT TABLET 80-25 MG ORAL	Non-Formulary	Formulary Exclusion
olmesartan medoxomil-hctz tablet 20-12.5 mg oral	1	
olmesartan medoxomil-hctz tablet 40-12.5 mg oral	1	
olmesartan medoxomil-hctz tablet 40-25 mg oral	1	
telmisartan-hctz tablet 40-12.5 mg oral	Non-Formulary	Formulary Exclusion
telmisartan-hctz tablet 80-12.5 mg oral	Non-Formulary	Formulary Exclusion
telmisartan-hctz tablet 80-25 mg oral	Non-Formulary	Formulary Exclusion
valsartan-hydrochlorothiazide tablet 160-12.5 mg oral	1	
valsartan-hydrochlorothiazide tablet 160-25 mg oral	1	
valsartan-hydrochlorothiazide tablet 320-12.5 mg oral	1	
valsartan-hydrochlorothiazide tablet 320-25 mg oral	1	
valsartan-hydrochlorothiazide tablet 80-12.5 mg oral	1	
Angiotensin Ii Receptor Antagonists		
ATACAND TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 32 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
ATACAND TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
AVAPRO TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
AVAPRO TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
AVAPRO TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
candesartan cilexetil tablet 16 mg oral	1	
candesartan cilexetil tablet 32 mg oral	1	
candesartan cilexetil tablet 4 mg oral	1	
candesartan cilexetil tablet 8 mg oral	1	
COZAAR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
COZAAR TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
COZAAR TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 320 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
DIOVAN TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBI TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
EDARBI TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
irbesartan tablet 150 mg oral	1	
irbesartan tablet 300 mg oral	1	
irbesartan tablet 75 mg oral	1	
losartan potassium tablet 100 mg oral	1	
losartan potassium tablet 25 mg oral	1	
losartan potassium tablet 50 mg oral	1	
MICARDIS TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
MICARDIS TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
olmesartan medoxomil tablet 20 mg oral	1	
olmesartan medoxomil tablet 40 mg oral	1	
olmesartan medoxomil tablet 5 mg oral	1	
telmisartan tablet 20 mg oral	1	
telmisartan tablet 40 mg oral	1	
telmisartan tablet 80 mg oral	1	
valsartan solution 4 mg/ml oral	1	MONY code issue
valsartan tablet 160 mg oral	1	
valsartan tablet 320 mg oral	1	

Drug Name	Tier	Notes
valsartan tablet 40 mg oral	1	
valsartan tablet 80 mg oral	1	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides*		
amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral	1	
amlodipine-valsartan-hctz tablet 10-160-25 mg oral	1	
amlodipine-valsartan-hctz tablet 10-320-25 mg oral	1	
amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral	1	
amlodipine-valsartan-hctz tablet 5-160-25 mg oral	1	
EXFORGE HCT TABLET 10-160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 10-160-25 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 10-320-25 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 5-160-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
EXFORGE HCT TABLET 5-160-25 MG ORAL	Non-Formulary	Formulary Exclusion
olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral	1	
olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral	1	
olmesartan-amlodipine-hctz tablet 40-10-25 mg oral	1	
olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral	1	
olmesartan-amlodipine-hctz tablet 40-5-25 mg oral	1	
TRIBENZOR TABLET 20-5-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-10-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-10-25 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-5-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
TRIBENZOR TABLET 40-5-25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Antiadrenergics - Centrally Acting*		
CATAPRES TABLET 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES TABLET 0.2 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES TABLET 0.3 MG ORAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-1 PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-2 PATCH WEEKLY 0.2 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-3 PATCH WEEKLY 0.3 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
clonidine hcl er tablet extended release 24 hour 0.17 mg oral	Non-Formulary	Formulary Exclusion
clonidine hcl tablet 0.1 mg oral	1	
clonidine hcl tablet 0.2 mg oral	1	
clonidine hcl tablet 0.3 mg oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	1	
clonidine patch weekly 0.2 mg/24hr transdermal	1	
clonidine patch weekly 0.3 mg/24hr transdermal	1	
guanfacine hcl tablet 1 mg oral	1	
guanfacine hcl tablet 2 mg oral	1	
methyldopa tablet 250 mg oral	3	
methyldopa tablet 250 mg oral	1	
methyldopa tablet 250 mg oral	1	MONY Code
methyldopa tablet 500 mg oral	3	
methyldopa tablet 500 mg oral	1	
methyldopa tablet 500 mg oral	1	MONY Code
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL	Non-Formulary	Formulary Exclusion
Antiadrenergics - Peripherally Acting*		
CARDURA TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
CARDURA TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
doxazosin mesylate tablet 1 mg oral	1	
doxazosin mesylate tablet 2 mg oral	1	
doxazosin mesylate tablet 4 mg oral	1	
doxazosin mesylate tablet 8 mg oral	1	

Drug Name	Tier	Notes
MINIPRESS CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
MINIPRESS CAPSULE 2 MG ORAL	Non-Formulary	Formulary Exclusion
MINIPRESS CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
prazosin hcl capsule 1 mg oral	1	
prazosin hcl capsule 2 mg oral	1	
prazosin hcl capsule 5 mg oral	1	
terazosin hcl capsule 1 mg oral	1	
terazosin hcl capsule 10 mg oral	1	
terazosin hcl capsule 2 mg oral	1	
terazosin hcl capsule 5 mg oral	1	
Beta Blocker & Diuretic Combinations*		
atenolol-chlorthalidone tablet 100-25 mg oral	1	
atenolol-chlorthalidone tablet 50-25 mg oral	1	
bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral	1	
bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral	1	
bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral	1	
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG ORAL	Non-Formulary	
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG ORAL	Non-Formulary	
DUTOPROL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG ORAL	Non-Formulary	
LOPRESSOR HCT TABLET 50-25 MG ORAL	Non-Formulary	Formulary Exclusion
metoprolol-hydrochlorothiazide tablet 100-25 mg oral	1	
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	
metoprolol-hydrochlorothiazide tablet 100-50 mg oral	1	MONY Code
metoprolol-hydrochlorothiazide tablet 50-25 mg oral	1	
TENORETIC 100 TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion
TENORETIC 50 TABLET 50-25 MG ORAL	Non-Formulary	Formulary Exclusion
ZIAC TABLET 10-6.25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ZIAC TABLET 2.5-6.25 MG ORAL	Non-Formulary	Formulary Exclusion
ZIAC TABLET 5-6.25 MG ORAL	Non-Formulary	Formulary Exclusion
Direct Renin Inhibitors & Thiazide|Thiazide-Like Comb		
TEKTURNA HCT TABLET 150-12.5 MG ORAL	3	
TEKTURNA HCT TABLET 150-25 MG ORAL	3	
TEKTURNA HCT TABLET 300-12.5 MG ORAL	3	
TEKTURNA HCT TABLET 300-25 MG ORAL	3	
Direct Renin Inhibitors		
aliskiren fumarate tablet 150 mg oral	1	
aliskiren fumarate tablet 300 mg oral	1	
TEKTURNA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
TEKTURNA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
Dopamine D1 Receptor Agonists		
CORLOPAM SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CORLOPAM SOLUTION 20 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Selective Aldosterone Receptor Antagonists (Saras)		
eplerenone tablet 25 mg oral	1	
eplerenone tablet 50 mg oral	1	
INSPRA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
INSPRA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
Vasodilators		
hydralazine hcl solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
hydralazine hcl tablet 10 mg oral	1	
hydralazine hcl tablet 100 mg oral	1	
hydralazine hcl tablet 25 mg oral	1	
hydralazine hcl tablet 50 mg oral	1	
minoxidil tablet 10 mg oral	1	
minoxidil tablet 2.5 mg oral	1	
NIPRIDE RTU SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
NIPRIDE RTU SOLUTION 50-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
nitroprusside sodium solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
nitroprusside sodium-nacl solution 20-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
nitroprusside sodium-nacl solution 50-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
sodium nitroprusside solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium nitroprusside solution 50 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
ANTI-INFECTIVE AGENTS - MISC.		
****Anti-Infective Agents - Misc.******		
AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL	3	
bacitracin solution reconstituted 50000 unit intramuscular	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
bacitracin solution reconstituted 50000 unit intramuscular	Non-Formulary	Medical Only Exclusion
FIRST-METRONIDAZOLE SUSPENSION RECONSTITUTED 50 MG/ML ORAL	3	
FLAGYL CAPSULE 375 MG ORAL	Non-Formulary	Formulary Exclusion
FLAGYL TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
IMPAVIDO CAPSULE 50 MG ORAL	Tier 4	PA; Specialty; QL
LIKMEZ SUSPENSION 500 MG/5ML ORAL	3	
METRONIDAZOLE BENZO+SYRSPEND SUSPENSION RECONSTITUTED 50 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
metronidazole capsule 375 mg oral	1	
metronidazole solution 500 mg/100ml intravenous	1	
metronidazole solution 500 mg/100ml intravenous	3	
metronidazole tablet 250 mg oral	1	
metronidazole tablet 500 mg oral	1	
NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
PENTAM SOLUTION RECONSTITUTED 300 MG INJECTION	Non-Formulary	Medical Only Exclusion
pentamidine isethionate solution reconstituted 300 mg inhalation	1	
pentamidine isethionate solution reconstituted 300 mg injection	Non-Formulary	Medical Only Exclusion
PRIMSOL SOLUTION 50 MG/5ML ORAL	3	
tinidazole tablet 250 mg oral	1	
tinidazole tablet 500 mg oral	1	
trimethoprim tablet 100 mg oral	1	
trimethoprim tablet 100 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	2	PA
Anti-Infective Misc. - Combinations*		
BACTRIM DS TABLET 800-160 MG ORAL	Non-Formulary	Formulary Exclusion
BACTRIM TABLET 400-80 MG ORAL	Non-Formulary	Formulary Exclusion
sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral	1	
sulfamethoxazole-trimethoprim tablet 400-80 mg oral	1	
sulfamethoxazole-trimethoprim tablet 800-160 mg oral	1	
SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5ML ORAL	1	
Antiprotozoal Agents*		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	2	
ALINIA TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
atovaquone suspension 750 mg/5ml oral	1	PA
LAMPIT TABLET 120 MG ORAL	3	
LAMPIT TABLET 30 MG ORAL	3	
MEPRON SUSPENSION 750 MG/5ML ORAL	Non-Formulary	PA; Formulary Exclusion
nitazoxanide tablet 500 mg oral	1	

Drug Name	Tier	Notes
Beta-Lactamase Inhibitor - Combinations*		
XACDURO SOLUTION RECONSTITUTED 1-1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Carbapenem Combinations**		
imipenem-cilastatin solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
imipenem-cilastatin solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
imipenem-cilastatin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
PRIMAXIN IV SOLUTION RECONSTITUTED 500-500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RECARBRIO SOLUTION RECONSTITUTED 1.25 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VABOMERE SOLUTION RECONSTITUTED 2 (1-1) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Carbapenems**		
ertapenem sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
INVANZ SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
meropenem solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
meropenem-sodium chloride solution reconstituted 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
meropenem-sodium chloride solution reconstituted 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
Chloramphenicals**		
chloramphenicol sod succinate solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Cyclic Lipopeptides*		
CUBICIN RF SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CUBICIN SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
daptomycin solution reconstituted 350 mg intravenous	Non-Formulary	Medical Only Exclusion
daptomycin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 1000-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 350-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 500-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride solution 700-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
Glycopeptides*		
DALVANCE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	3	
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	3	
KIMYRSA SOLUTION RECONSTITUTED 1200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ORBACTIV SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VANCOCIN CAPSULE 125 MG ORAL	Non-Formulary	Formulary Exclusion
VANCOCIN CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
vancomycin hcl capsule 125 mg oral	1	
vancomycin hcl capsule 250 mg oral	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous	3	
vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous	3	
vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous	3	
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous	3	
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Non-Formulary	Formulary Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	Non-Formulary	Non FDA Exclusion
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	3	
vancomycin hcl solution 1000 mg/200ml intravenous	3	
vancomycin hcl solution 1250 mg/250ml intravenous	3	

Drug Name	Tier	Notes
vancomycin hcl solution 1500 mg/300ml intravenous	3	
vancomycin hcl solution 1750 mg/350ml intravenous	3	
vancomycin hcl solution 2000 mg/400ml intravenous	3	
vancomycin hcl solution 500 mg/100ml intravenous	3	
vancomycin hcl solution 750 mg/150ml intravenous	3	
vancomycin hcl solution reconstituted 1 gm intravenous	1	
vancomycin hcl solution reconstituted 1 gm intravenous	1	MONY code issue
vancomycin hcl solution reconstituted 1.25 gm intravenous	1	
vancomycin hcl solution reconstituted 1.25 gm intravenous	3	
vancomycin hcl solution reconstituted 1.5 gm intravenous	1	
vancomycin hcl solution reconstituted 1.5 gm intravenous	1	MONY CODE ISSUE
vancomycin hcl solution reconstituted 10 gm intravenous	1	
vancomycin hcl solution reconstituted 10 gm intravenous	1	MONY code issue
vancomycin hcl solution reconstituted 100 gm intravenous	2	
vancomycin hcl solution reconstituted 25 mg/ml oral	1	
vancomycin hcl solution reconstituted 250 mg intravenous	3	
vancomycin hcl solution reconstituted 250 mg/5ml oral	1	
vancomycin hcl solution reconstituted 5 gm intravenous	1	
vancomycin hcl solution reconstituted 5 gm intravenous	1	MONY code issue
vancomycin hcl solution reconstituted 50 mg/ml oral	1	
vancomycin hcl solution reconstituted 500 mg intravenous	1	MONY CODE ISSUE

Drug Name	Tier	Notes
vancomycin hcl solution reconstituted 500 mg intravenous	1	
vancomycin hcl solution reconstituted 750 mg intravenous	1	
vancomycin hcl solution reconstituted 750 mg intravenous	2	
VANCOMYCIN+SYRSPEND SF SUSPENSION 50 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Leprostatics*		
dapsone tablet 100 mg oral	1	
dapsone tablet 25 mg oral	1	
Lincosamides*		
CLEOCIN CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion
CLEOCIN PHOSPHATE SOLUTION 300 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN PHOSPHATE SOLUTION 600 MG/4ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN PHOSPHATE SOLUTION 9 GM/60ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN PHOSPHATE SOLUTION 900 MG/6ML INJECTION	Non-Formulary	Medical Only Exclusion
CLEOCIN SOLUTION RECONSTITUTED 75 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
clindamycin hcl capsule 150 mg oral	1	
clindamycin hcl capsule 300 mg oral	1	
clindamycin hcl capsule 75 mg oral	1	
clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral	1	
clindamycin phosphate in d5w solution 300 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in d5w solution 600 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in d5w solution 900 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in nacl solution 300-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
clindamycin phosphate in nacl solution 600-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate in nacl solution 900-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 300 mg/2ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 600 mg/4ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 9 gm/60ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 900 mg/6ml injection	Non-Formulary	Medical Only Exclusion
clindamycin phosphate solution 9000 mg/60ml injection	Non-Formulary	Medical Only Exclusion
LINCOCIN SOLUTION 300 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
lincomycin hcl solution 300 mg/ml injection	Non-Formulary	Medical Only Exclusion
Monobactams		
AZACTAM SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
AZACTAM SOLUTION RECONSTITUTED 2 GM INJECTION	Non-Formulary	Medical Only Exclusion
aztreonam solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
aztreonam solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
Oxazolidinones		
linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion
linezolid in sodium chloride solution 600-0.9 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
linezolid solution 600 mg/300ml intravenous	Non-Formulary	Medical Only Exclusion
linezolid suspension reconstituted 100 mg/5ml oral	1	
linezolid tablet 600 mg oral	1	
SIVEXTRO SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIVEXTRO TABLET 200 MG ORAL	3	QL
ZYVOX SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZYVOX SOLUTION 600 MG/300ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZYVOX TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion
Pleuromutilins*		
XENLETA SOLUTION 150 MG/15ML INTRAVENOUS	3	QL
XENLETA TABLET 600 MG ORAL	3	QL
Polymyxins*		
colistimethate sodium (cba) solution reconstituted 150 mg injection	Non-Formulary	Medical Only Exclusion
COLY-MYCIN M SOLUTION RECONSTITUTED 150 MG INJECTION	Non-Formulary	Medical Only Exclusion
polymyxin b sulfate solution reconstituted 500000 unit injection	Non-Formulary	Medical Only Exclusion
Streptogramin Combinations*		
SYNERCID SOLUTION RECONSTITUTED 150-350 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Urinary Anti-Infectives*		
fosfomycin tromethamine packet 3 gm oral	1	
HIPREX TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
MACROBID CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
MACRODANTIN CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
methenamine hippurate tablet 1 gm oral	1	
methenamine mandelate tablet 0.5 gm oral	Non-Formulary	MONY Code; Formulary Exclusion
methenamine mandelate tablet 0.5 gm oral	Non-Formulary	Formulary Exclusion
methenamine mandelate tablet 1 gm oral	Non-Formulary	Formulary Exclusion
methenamine mandelate tablet 1 gm oral	Non-Formulary	MONY Code; Formulary Exclusion
MONUROL PACKET 3 GM ORAL	Non-Formulary	Formulary Exclusion
nitrofurantoin macrocrystal capsule 100 mg oral	1	
nitrofurantoin macrocrystal capsule 25 mg oral	1	
nitrofurantoin macrocrystal capsule 50 mg oral	1	
nitrofurantoin monohyd macro capsule 100 mg oral	1	

Drug Name	Tier	Notes
nitrofurantoin suspension 25 mg/5ml oral	1	
nitrofurantoin suspension 50 mg/5ml oral	3	
Urinary Antiseptic-Antispasmodic &/Or Analgesics*		
HYOPHEN TABLET 81.6 MG ORAL	Non-Formulary	Non FDA Exclusion
me/naphos/mb/hyo1 tablet 81.6 mg oral	Non-Formulary	Non FDA Exclusion
PHOSPHASAL TABLET 81.6 MG ORAL	1	
URELLE TABLET 81 MG ORAL	1	
URIBEL CAPSULE 118 MG ORAL	Non-Formulary	Non FDA Exclusion
URIBEL TABLET 81.6 MG ORAL	Non-Formulary	Non FDA Exclusion
URIMAR-T CAPSULE 120 MG ORAL	Non-Formulary	Non FDA Exclusion
URIMAR-T TABLET 120 MG ORAL	Non-Formulary	Non FDA Exclusion
urin ds tablet 81.6 mg oral	1	
urneva capsule 120 mg oral	Non-Formulary	Non FDA Exclusion
uro-458 tablet 81 mg oral	1	
UROGESIC-BLUE TABLET 81.6 MG ORAL	3	
uro-mp capsule 118 mg oral	1	
uro-sp capsule 118 mg oral	Non-Formulary	Non FDA Exclusion
USTELL CAPSULE 120 MG ORAL	Non-Formulary	Non FDA Exclusion; MONY Code
UTIRA-C TABLET 81.6 MG ORAL	1	
VILAMIT MB CAPSULE 118 MG ORAL	Non-Formulary	Non FDA Exclusion
VILEVEV MB TABLET 81 MG ORAL	Non-Formulary	Non FDA Exclusion
ANTIMALARIALS		
Antimalarial Combinations*		
atovaquone-proguanil hcl tablet 250-100 mg oral	1	
atovaquone-proguanil hcl tablet 62.5-25 mg oral	1	
COARTEM TABLET 20-120 MG ORAL	3	
MALARONE TABLET 250-100 MG ORAL	Non-Formulary	Formulary Exclusion
MALARONE TABLET 62.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
pyrimethamine-leucovorin capsule 12.5-2.5 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 25-10 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 25-5 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 50-10 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 50-20 mg oral	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
pyrimethamine-leucovorin capsule 50-25 mg oral	Non-Formulary	Non FDA Exclusion
pyrimethamine-leucovorin capsule 75-25 mg oral	Non-Formulary	Non FDA Exclusion
Antimalarials*		
ARAKODA TABLET 100 MG ORAL	3	
artesunate solution reconstituted 110 mg intravenous	Non-Formulary	Medical Only Exclusion
chloroquine phosphate tablet 250 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	
chloroquine phosphate tablet 500 mg oral	1	MONY Code
DARAPRIM TABLET 25 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
hydroxychloroquine sulfate tablet 100 mg oral	1	
hydroxychloroquine sulfate tablet 200 mg oral	1	
hydroxychloroquine sulfate tablet 300 mg oral	1	
hydroxychloroquine sulfate tablet 400 mg oral	1	
KRINTAFEL TABLET 150 MG ORAL	3	
mefloquine hcl tablet 250 mg oral	1	
mefloquine hcl tablet 250 mg oral	1	MONY Code
PLAQUENIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
primaquine phosphate tablet 26.3 (15 base) mg oral	1	
primaquine phosphate tablet 26.3 (15 base) mg oral	Non-Formulary	Formulary Exclusion
pyrimethamine tablet 25 mg oral	Tier 4	PA; Specialty
QUALAQUIN CAPSULE 324 MG ORAL	Non-Formulary	Formulary Exclusion
quinine sulfate capsule 324 mg oral	1	
SOVUNA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
SOVUNA TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents*		
BLOXIVERZ SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BLOXIVERZ SOLUTION 5 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
guanidine hcl tablet 125 mg oral	3	
MESTINON SOLUTION 60 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MESTINON TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
MESTINON TABLET EXTENDED RELEASE 180 MG ORAL	Non-Formulary	Formulary Exclusion
neostigmine methylsulfate solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution 3 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution 5 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution 5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Non-Formulary	Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous	Non-Formulary	Non FDA Exclusion
neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
pyridostigmine bromide er tablet extended release 180 mg oral	1	
pyridostigmine bromide solution 60 mg/5ml oral	1	
pyridostigmine bromide tablet 30 mg oral	3	
pyridostigmine bromide tablet 60 mg oral	1	
REGONOL SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RUZURGI TABLET 10 MG ORAL	Non-Formulary	Non FDA Exclusion; QL
ANTIMYCOBACTERIAL AGENTS		
****Antimycobacterial Agents******		
CAPASTAT SULFATE SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
cycloserine capsule 250 mg oral	1	
cycloserine capsule 250 mg oral	1	MONY Code
ethambutol hcl tablet 100 mg oral	1	
ethambutol hcl tablet 400 mg oral	1	
isoniazid solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
isoniazid syrup 50 mg/5ml oral	1	
isoniazid tablet 100 mg oral	1	MONY Code

Drug Name	Tier	Notes
isoniazid tablet 300 mg oral	1	
MYAMBUTOL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
MYCOBUTIN CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
PASER PACKET 4 GM ORAL	3	
pretomanid tablet 200 mg oral	3	QL
PRIFTIN TABLET 150 MG ORAL	2	
pyrazinamide tablet 500 mg oral	1	
pyrazinamide tablet 500 mg oral	1	MONY Code
rifabutin capsule 150 mg oral	1	
RIFADIN CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion
RIFADIN CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
RIFADIN SOLUTION RECONSTITUTED 600 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
rifampin capsule 150 mg oral	1	
rifampin capsule 300 mg oral	1	
rifampin solution reconstituted 600 mg intravenous	Non-Formulary	Medical Only Exclusion
RIFAMPIN+SYRSPEND SF SUSPENSION 25 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
TRECATOR TABLET 250 MG ORAL	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
****Alkylating Agents******		
BELRAPZO SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
bendamustine hcl solution reconstituted 25 mg intravenous	Non-Formulary	Medical Only Exclusion
BENDEKA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
busulfan solution 6 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
BUSULFEX SOLUTION 6 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
carboplatin solution 150 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
carboplatin solution 450 mg/45ml intravenous	Non-Formulary	Medical Only Exclusion
carboplatin solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
carboplatin solution 600 mg/60ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 100 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 200 mg/200ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
cisplatin solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; MONY code issue
cisplatin solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
kemoplat solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MYLERAN TABLET 2 MG ORAL	Tier 4	PA; Specialty
oxaliplatin solution 100 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution 200 mg/40ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
oxaliplatin solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 1000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 150 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 450 MG/45ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARAPLATIN SOLUTION 600 MG/60ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TEPADINA SOLUTION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Medical Only Exclusion
TEPADINA SOLUTION RECONSTITUTED 15 MG INJECTION	Non-Formulary	Medical Only Exclusion
thiotepa solution reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion
thiotepa solution reconstituted 15 mg injection	Non-Formulary	Medical Only Exclusion
TREANDA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TREANDA SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
vivimusta solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
ZEPZELCA SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Androgen Biosynthesis Inhibitors*		
abiraterone acetate tablet 250 mg oral	Tier 4	PA; Specialty
abiraterone acetate tablet 500 mg oral	Tier 4	PA; Specialty
YONSA TABLET 125 MG ORAL	Tier 4	PA; Specialty
ZYTIGA TABLET 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ZYTIGA TABLET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Antiadrenals*		
LYSODREN TABLET 500 MG ORAL	Tier 4	PA; Specialty
Antiandrogens*		
bicalutamide tablet 50 mg oral	1	
CASODEX TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
ERLEADA TABLET 240 MG ORAL	Tier 4	PA; Specialty
ERLEADA TABLET 60 MG ORAL	Tier 4	PA; Specialty
EULEXIN CAPSULE 125 MG ORAL	3	
flutamide capsule 125 mg oral	1	MONY Code
NILANDRON TABLET 150 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
nilutamide tablet 150 mg oral	Tier 4	PA; Specialty
NUBEQA TABLET 300 MG ORAL	Tier 4	PA; Specialty
XTANDI CAPSULE 40 MG ORAL	Tier 4	PA; Specialty
XTANDI TABLET 40 MG ORAL	Tier 4	PA; Specialty
XTANDI TABLET 80 MG ORAL	Tier 4	PA; Specialty
Antiestrogens*		
FARESTON TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
toremifene citrate tablet 60 mg oral	1	
Antimetabolites*		
ALIMTA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALIMTA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ARRANON SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
azacitidine suspension reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion
capecitabine tablet 150 mg oral	Tier 4	PA; Specialty
capecitabine tablet 500 mg oral	Tier 4	PA; Specialty
cladribine solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
clofarabine solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
CLOLAR SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
cytarabine (pf) solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY code issue
cytarabine solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
DACOGEN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
decitabine solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
floxuridine solution reconstituted 0.5 gm injection	Non-Formulary	Medical Only Exclusion
floxuridine solution reconstituted 0.5 gm injection	Non-Formulary	Medical Only Exclusion; MONY code issue
fludarabine phosphate solution 25 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; MONY code issue
fludarabine phosphate solution 50 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
fludarabine phosphate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
fludarabine phosphate solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
fluorouracil solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion
fluorouracil solution 2.5 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
fluorouracil solution 5 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
fluorouracil solution 500 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
FOLOTYN SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FOLOTYN SOLUTION 40 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 1 gm/10ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
gemcitabine hcl solution 1 gm/26.3ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 1 gm/26.3ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
gemcitabine hcl solution 1.5 gm/15ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/52.6ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 2 gm/52.6ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
gemcitabine hcl solution 200 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 200 mg/5.26ml intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution 200 mg/5.26ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
gemcitabine hcl solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
gemcitabine hcl solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1200-0.9 MG/120ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1300-0.9 MG/130ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1400-0.9 MG/140ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1500-0.9 MG/150ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1600-0.9 MG/160ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1700-0.9 MG/170ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1800-0.9 MG/180ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 1900-0.9 MG/190ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 2000-0.9 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUGEM SOLUTION 2200-0.9 MG/220ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
JYLAMVO SOLUTION 2 MG/ML ORAL	3	
mercaptopurine tablet 50 mg oral	1	
methotrexate sodium (pf) solution 1 gm/40ml injection	1	
methotrexate sodium (pf) solution 250 mg/10ml injection	1	
methotrexate sodium (pf) solution 50 mg/2ml injection	1	
methotrexate sodium solution 1000 mg/40ml injection	1	
methotrexate sodium solution 250 mg/10ml injection	1	MONY Code
methotrexate sodium solution 50 mg/2ml injection	1	
methotrexate sodium solution reconstituted 1 gm injection	1	
methotrexate sodium tablet 2.5 mg oral	1	
nelarabine solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 1 gm/40ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 500 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution 850 mg/34ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 1000 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed disodium solution reconstituted 750 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed ditromethamine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed ditromethamine solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 1 gm/40ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 100 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
pemetrexed solution 500 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
PEMFEXY SOLUTION 500 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PEMRYDI RTU SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PEMRYDI RTU SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
pralatrexate solution 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pralatrexate solution 40 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
PURIXAN SUSPENSION 2000 MG/100ML ORAL	2	
TABLOID TABLET 40 MG ORAL	Tier 4	PA; Specialty
TREXALL TABLET 10 MG ORAL	3	
TREXALL TABLET 15 MG ORAL	3	
TREXALL TABLET 5 MG ORAL	3	
TREXALL TABLET 7.5 MG ORAL	3	
VIDAZA SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Medical Only Exclusion
XATMEP SOLUTION 2.5 MG/ML ORAL	3	
XELODA TABLET 150 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
XELODA TABLET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Antineoplastic - Alk Inhibitors*		
ALECENSA CAPSULE 150 MG ORAL	Tier 4	PA; Specialty
ALUNBRIG TABLET 180 MG ORAL	Tier 4	PA; Specialty
ALUNBRIG TABLET 30 MG ORAL	Tier 4	PA; Specialty
ALUNBRIG TABLET 90 MG ORAL	Tier 4	PA; Specialty
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	Tier 4	PA; Specialty
XALKORI CAPSULE 200 MG ORAL	Tier 4	PA; Specialty
XALKORI CAPSULE 250 MG ORAL	Tier 4	PA; Specialty
XALKORI CAPSULE SPRINKLE 150 MG ORAL	Tier 4	PA; Specialty
XALKORI CAPSULE SPRINKLE 20 MG ORAL	Tier 4	PA; Specialty
XALKORI CAPSULE SPRINKLE 50 MG ORAL	Tier 4	PA; Specialty
ZYKADIA TABLET 150 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
Antineoplastic - Allogeneic Cellular Immunotherapy*		
OMISIRGE SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Bcma Antibody-Drug Complex*		
BLENREP SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Non FDA Exclusion
Antineoplastic - Antibody Combinations*		
OPDUALAG SOLUTION 240-80 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Ccr4 Antibodies*		
POTELIGEO SOLUTION 20 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibodies*		
MONJUVI SOLUTION RECONSTITUTED 200 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd19 Antibody-Drug Complex*		
ZYNLONTA SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd20 Antibodies*		
ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GAZYVA SOLUTION 1000 MG/40ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RUXIENCE SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
RUXIENCE SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
TRUXIMA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
TRUXIMA SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Antineoplastic - Anti-Cd22 Antibodies*		
LUMOXITI SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd22 Antibody-Drug Complex*		
BESPONSA SOLUTION RECONSTITUTED 0.9 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd30 Antibody-Drug Complex*		
ADCETRIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd33 Antibody-Drug Complex*		
MYLOTARG SOLUTION RECONSTITUTED 4.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd38 Antibodies*		
DARZALEX SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DARZALEX SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SARCLISA SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SARCLISA SOLUTION 500 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Cd79b Antibody-Drug Complex*		
POLIVY SOLUTION RECONSTITUTED 140 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
POLIVY SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Antineoplastic - Anti-Ctla-4 Antibodies*		
IMJUDO SOLUTION 25 MG/1.25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMJUDO SOLUTION 300 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Gd2 Antibodies*		
DANYELZA SOLUTION 40 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNITUXIN SOLUTION 17.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Her2 Agents*		
HERCEPTIN SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERZUMA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HERZUMA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KANJINTI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KANJINTI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MARGENZA SOLUTION 250 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OGIVRI SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OGIVRI SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ONTRUZANT SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ONTRUZANT SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PERJETA SOLUTION 420 MG/14ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
TRAZIMERA SOLUTION RECONSTITUTED 150 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRAZIMERA SOLUTION RECONSTITUTED 420 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex*		
PADCEV SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PADCEV SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Pd-1 Antibodies*		
JEMPERLI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEYTRUDA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LIBTAYO SOLUTION 350 MG/7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LOQTORZI SOLUTION 240 MG/6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZYNYZ SOLUTION 500 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Pd-L1 Antibodies*		
BAVENCIO SOLUTION 200 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMFINZI SOLUTION 120 MG/2.4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMFINZI SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECENTRIQ SOLUTION 1200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECENTRIQ SOLUTION 840 MG/14ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Slamf7 Antibodies*		
EMPLICITI SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
EMPLICITI SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Anti-Tf Antibody-Drug Complex*		
TIVDAK SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Autologous Cellular Immunotherapy*		
ABECMA SUSPENSION 460000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMTAGVI SUSPENSION 72000000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREYANZI SUSPENSION 70000000 CELLS/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARVYKTI SUSPENSION 100000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYMRIAH SUSPENSION 250000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYMRIAH SUSPENSION 600000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROVENGE SUSPENSION 50000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECARTUS SUSPENSION 100000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECARTUS SUSPENSION 200000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
YESCARTA SUSPENSION 200000000 CELLS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Bcl-2 Inhibitors*		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	Tier 4	PA; Specialty
VENCLEXTA TABLET 10 MG ORAL	Tier 4	PA; Specialty
VENCLEXTA TABLET 100 MG ORAL	Tier 4	PA; Specialty
VENCLEXTA TABLET 50 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Bcr-Abl Kinase Inhibitors*		
BOSULIF CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
BOSULIF CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
BOSULIF TABLET 100 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
BOSULIF TABLET 400 MG ORAL	Tier 4	PA; Specialty
BOSULIF TABLET 500 MG ORAL	Tier 4	PA; Specialty
GLEEVEC TABLET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
GLEEVEC TABLET 400 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ICLUSIG TABLET 10 MG ORAL	Tier 4	PA; Specialty
ICLUSIG TABLET 15 MG ORAL	Tier 4	PA; Specialty
ICLUSIG TABLET 30 MG ORAL	Tier 4	PA; Specialty
ICLUSIG TABLET 45 MG ORAL	Tier 4	PA; Specialty
imatinib mesylate tablet 100 mg oral	Tier 4	PA; Specialty
imatinib mesylate tablet 400 mg oral	Tier 4	PA; Specialty
SPRYCEL TABLET 100 MG ORAL	Tier 4	PA; Specialty
SPRYCEL TABLET 140 MG ORAL	Tier 4	PA; Specialty
SPRYCEL TABLET 20 MG ORAL	Tier 4	PA; Specialty
SPRYCEL TABLET 50 MG ORAL	Tier 4	PA; Specialty
SPRYCEL TABLET 70 MG ORAL	Tier 4	PA; Specialty
SPRYCEL TABLET 80 MG ORAL	Tier 4	PA; Specialty
TASIGNA CAPSULE 150 MG ORAL	Tier 4	PA; Specialty
TASIGNA CAPSULE 200 MG ORAL	Tier 4	PA; Specialty
TASIGNA CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Bispecific T-Cell Engagers		
BLINCYTO SOLUTION RECONSTITUTED 35 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COLUMVI SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COLUMVI SOLUTION 2.5 MG/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELREXFIO SOLUTION 44 MG/1.1ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
ELREXFIO SOLUTION 76 MG/1.9ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
EPKINLY SOLUTION 4 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
EPKINLY SOLUTION 48 MG/0.8ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
KIMMTRAK SOLUTION 100 MCG/0.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
LUNSUMIO SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUNSUMIO SOLUTION 30 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TALVEY SOLUTION 3 MG/1.5ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TALVEY SOLUTION 40 MG/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TECVAYLI SOLUTION 153 MG/1.7ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
TECVAYLI SOLUTION 30 MG/3ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Braf Kinase Inhibitors*		
TAFINLAR CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
TAFINLAR CAPSULE 75 MG ORAL	Tier 4	PA; Specialty
TAFINLAR TABLET SOLUBLE 10 MG ORAL	Tier 4	PA; Specialty
ZELBORAF TABLET 240 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Btk Inhibitors*		
BRUKINSA CAPSULE 80 MG ORAL	Tier 4	PA; Specialty
CALQUENCE CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
CALQUENCE TABLET 100 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA CAPSULE 140 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA CAPSULE 70 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA SUSPENSION 70 MG/ML ORAL	Tier 4	PA; Specialty
IMBRUVICA TABLET 140 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA TABLET 280 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA TABLET 420 MG ORAL	Tier 4	PA; Specialty
IMBRUVICA TABLET 560 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Egfr Inhibitors*		
ERBITUX SOLUTION 100 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERBITUX SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
erlotinib hcl tablet 100 mg oral	Tier 4	PA; Specialty
erlotinib hcl tablet 150 mg oral	Tier 4	PA; Specialty
erlotinib hcl tablet 25 mg oral	Tier 4	PA; Specialty

Drug Name	Tier	Notes
gefitinib tablet 250 mg oral	Tier 4	PA; Specialty
GILOTRIF TABLET 20 MG ORAL	Tier 4	PA; Specialty
GILOTRIF TABLET 30 MG ORAL	Tier 4	PA; Specialty
GILOTRIF TABLET 40 MG ORAL	Tier 4	PA; Specialty
IRESSA TABLET 250 MG ORAL	Tier 4	PA; Specialty
PORTRAZZA SOLUTION 800 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAGRISSO TABLET 40 MG ORAL	Tier 4	PA; Specialty
TAGRISSO TABLET 80 MG ORAL	Tier 4	PA; Specialty
TARCEVA TABLET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TARCEVA TABLET 150 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TARCEVA TABLET 25 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
VECTIBIX SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VECTIBIX SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Hedgehog Pathway Inhibitors*		
ERIVEDGE CAPSULE 150 MG ORAL	Tier 4	PA; Specialty
ODOMZO CAPSULE 200 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Histone Deacetylase Inhibitors*		
BELEODAQ SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FARYDAK CAPSULE 10 MG ORAL	Non-Formulary	Non FDA Exclusion
FARYDAK CAPSULE 15 MG ORAL	Non-Formulary	Non FDA Exclusion
FARYDAK CAPSULE 20 MG ORAL	Non-Formulary	Non FDA Exclusion
ISTODAX SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
romidepsin solution 27.5 mg/5.5ml intravenous	Non-Formulary	Medical Only Exclusion
romidepsin solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion
ZOLINZA CAPSULE 100 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
Antineoplastic - Hormonal And Related Agent Combinations		
AKEEGA TABLET 100-500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AKEEGA TABLET 50-500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
leuprolide acetate-bupivacaine solution 25-5 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
Antineoplastic - Immunomodulators		
POMALYST CAPSULE 1 MG ORAL	Tier 4	PA; Specialty
POMALYST CAPSULE 2 MG ORAL	Tier 4	PA; Specialty
POMALYST CAPSULE 3 MG ORAL	Tier 4	PA; Specialty
POMALYST CAPSULE 4 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Mek Inhibitors		
COTELLIC TABLET 20 MG ORAL	Tier 4	PA; Specialty
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	Tier 4	PA; Specialty
MEKINIST TABLET 0.5 MG ORAL	Tier 4	PA; Specialty
MEKINIST TABLET 2 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Met Inhibitors		
TABRECTA TABLET 150 MG ORAL	Tier 4	PA; Specialty
TABRECTA TABLET 200 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR TABLET 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR TABLET 2.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR TABLET 5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR TABLET 7.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
everolimus tablet 10 mg oral	Tier 4	PA; Specialty

Drug Name	Tier	Notes
everolimus tablet 2.5 mg oral	Tier 4	PA; Specialty
everolimus tablet 5 mg oral	Tier 4	PA; Specialty
everolimus tablet 7.5 mg oral	Tier 4	PA; Specialty
everolimus tablet soluble 2 mg oral	Tier 4	PA; Specialty
everolimus tablet soluble 3 mg oral	Tier 4	PA; Specialty
everolimus tablet soluble 5 mg oral	Tier 4	PA; Specialty
FYARRO SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
temsirolimus solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
TORISEL SOLUTION 25 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Multikinase Inhibitors		
CABOMETYX TABLET 20 MG ORAL	Tier 4	PA; Specialty
CABOMETYX TABLET 40 MG ORAL	Tier 4	PA; Specialty
CABOMETYX TABLET 60 MG ORAL	Tier 4	PA; Specialty
CAPRELSA TABLET 100 MG ORAL	Tier 4	PA; Specialty
CAPRELSA TABLET 300 MG ORAL	Tier 4	PA; Specialty
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	Tier 4	PA; Specialty
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	Tier 4	PA; Specialty
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	Tier 4	PA; Specialty
lapatinib ditosylate tablet 250 mg oral	Tier 4	PA; Specialty
NEXAVAR TABLET 200 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
pazopanib hcl tablet 200 mg oral	Tier 4	PA; Specialty
RYDAPT CAPSULE 25 MG ORAL	Tier 4	PA; Specialty
sorafenib tosylate tablet 200 mg oral	Tier 4	PA; Specialty
STIVARGA TABLET 40 MG ORAL	Tier 4	PA; Specialty
sunitinib malate capsule 12.5 mg oral	Tier 4	PA; Specialty
sunitinib malate capsule 25 mg oral	Tier 4	PA; Specialty
sunitinib malate capsule 37.5 mg oral	Tier 4	PA; Specialty
sunitinib malate capsule 50 mg oral	Tier 4	PA; Specialty
SUTENT CAPSULE 12.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
SUTENT CAPSULE 25 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
SUTENT CAPSULE 37.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
SUTENT CAPSULE 50 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TYKERB TABLET 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
UKONIQ TABLET 200 MG ORAL	Non-Formulary	Non FDA Exclusion
VOTRIENT TABLET 200 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Antineoplastic - Multiple Receptor Antibodies*		
RYBREVANT SOLUTION 350 MG/7ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic - Pdgfr-Alpha Inhibitors*		
AYVAKIT TABLET 100 MG ORAL	Tier 4	PA; Specialty
AYVAKIT TABLET 200 MG ORAL	Tier 4	PA; Specialty
AYVAKIT TABLET 25 MG ORAL	Tier 4	PA; Specialty
AYVAKIT TABLET 300 MG ORAL	Tier 4	PA; Specialty
AYVAKIT TABLET 50 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Proteasome Inhibitors*		
bortezomib solution 3.5 mg/1.4ml intravenous	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 1 mg injection	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 2.5 mg injection	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 3.5 mg injection	Non-Formulary	Medical Only Exclusion
bortezomib solution reconstituted 3.5 mg intravenous	Non-Formulary	Medical Only Exclusion
KYPROLIS SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KYPROLIS SOLUTION RECONSTITUTED 30 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
KYPROLIS SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NINLARO CAPSULE 2.3 MG ORAL	Tier 4	PA; Specialty
NINLARO CAPSULE 3 MG ORAL	Tier 4	PA; Specialty
NINLARO CAPSULE 4 MG ORAL	Tier 4	PA; Specialty
VELCADE SOLUTION RECONSTITUTED 3.5 MG INJECTION	Non-Formulary	Medical Only Exclusion
Antineoplastic - Ret Inhibitors		
RETEVMO CAPSULE 40 MG ORAL	Tier 4	PA; Specialty
RETEVMO CAPSULE 80 MG ORAL	Tier 4	PA; Specialty
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors		
ROZLYTREK CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
ROZLYTREK CAPSULE 200 MG ORAL	Tier 4	PA; Specialty
ROZLYTREK PACKET 50 MG ORAL	Tier 4	PA; Specialty
VITRAKVI CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
VITRAKVI CAPSULE 25 MG ORAL	Tier 4	PA; Specialty
VITRAKVI SOLUTION 20 MG/ML ORAL	Tier 4	PA; Specialty
Antineoplastic Antibiotics		
ADRIAMYCIN SOLUTION 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
adriamycin solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
bleomycin sulfate solution reconstituted 15 unit injection	Non-Formulary	Medical Only Exclusion
bleomycin sulfate solution reconstituted 30 unit injection	Non-Formulary	Medical Only Exclusion
COSMEGEN SOLUTION RECONSTITUTED 0.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dactinomycin solution reconstituted 0.5 mg intravenous	Non-Formulary	Medical Only Exclusion
daunorubicin hcl solution 20 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
daunorubicin hcl solution 20 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code

Drug Name	Tier	Notes
daunorubicin hcl solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
DOXIL INJECTABLE 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
doxorubicin hcl liposomal injectable 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
doxorubicin hcl solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
doxorubicin hcl solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion
doxorubicin hcl solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
ELLENCE SOLUTION 200 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELLENCE SOLUTION 50 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
epirubicin hcl solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
epirubicin hcl solution 50 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 10 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 20 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS SOLUTION 5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
idarubicin hcl solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
idarubicin hcl solution 20 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
idarubicin hcl solution 5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG	Non-Formulary	Medical Only Exclusion
mitomycin solution prefilled syringe 20 mg/40ml intravesical	Non-Formulary	Non FDA Exclusion
mitomycin solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion
mitomycin solution reconstituted 5 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
mitoxantrone hcl concentrate 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
mitoxantrone hcl concentrate 25 mg/12.5ml intravenous	Non-Formulary	Medical Only Exclusion
mitoxantrone hcl concentrate 30 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MUTAMYCIN SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
valrubicin solution 40 mg/ml intravesical	Non-Formulary	Medical Only Exclusion
VALSTAR SOLUTION 40 MG/ML INTRAVESICAL	Non-Formulary	Medical Only Exclusion
Antineoplastic -Antibody For Radiopharmaceutical Therapy		
ZEVALIN Y-90 KIT 3.2 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic Antibody-Drug Complexes		
ELAHERE SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ENHERTU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KADCYLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KADCYLA SOLUTION RECONSTITUTED 160 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic Combinations		
DARZALEX FASPRO SOLUTION 1800-30000 MG-UT/15ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
HERCEPTIN HYLECTA SOLUTION 600-10000 MG-UNT/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	Tier 4	PA; Specialty
KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL	Tier 4	PA; Specialty
LONSURF TABLET 15-6.14 MG ORAL	Tier 4	PA; Specialty
LONSURF TABLET 20-8.19 MG ORAL	Tier 4	PA; Specialty
PHESGO SOLUTION 60-60-2000 MG-MG-U/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
PHESGO SOLUTION 80-40-2000 MG-MG-U/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
VYXEOS SUSPENSION RECONSTITUTED 44-100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastic Enzymes		
ASPARLAS SOLUTION 3750 UNIT/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERWINASE SOLUTION RECONSTITUTED 10000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
ONCASPAR SOLUTION 750 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
RYLAZE SOLUTION 10 MG/0.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC SOLUTION 15 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AZEDRA THERAPEUTIC SOLUTION 15 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LUTATHERA SOLUTION 370 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLUVICTO SOLUTION 1000 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
strontium chloride sr-89 solution 1 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
XOFIGO SOLUTION 30 MCCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Antineoplastics - Interleukins*		
ELZONRIS SOLUTION 1000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROLEUKIN SOLUTION RECONSTITUTED 22000000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastics - Photoactivated Agents*		
PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antineoplastics Misc.*		
ACTIMMUNE SOLUTION 2000000 UNIT/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ALFERON N SOLUTION 5000000 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
arsenic trioxide solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
arsenic trioxide solution 12 mg/6ml intravenous	Non-Formulary	Medical Only Exclusion
dacarbazine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
dacarbazine solution reconstituted 200 mg intravenous	Non-Formulary	Medical Only Exclusion
HYDREA CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
hydroxyurea capsule 500 mg oral	1	
INTRON A SOLUTION 10000000 UNIT/ML INJECTION	Tier 4	PA; Specialty
INTRON A SOLUTION 6000000 UNIT/ML INJECTION	Tier 4	PA; Specialty
INTRON A SOLUTION RECONSTITUTED 10000000 UNIT INJECTION	Tier 4	PA; Specialty
INTRON A SOLUTION RECONSTITUTED 18000000 UNIT INJECTION	Tier 4	PA; Specialty
INTRON A SOLUTION RECONSTITUTED 50000000 UNIT INJECTION	Tier 4	PA; Specialty
MATULANE CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
NIPENT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS	Tier 4	PA; Specialty
TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL	Non-Formulary	Medical Only Exclusion
TRISENOX SOLUTION 12 MG/6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Aromatase Inhibitors*		
ARIMIDEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
AROMASIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
FEMARA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
Carboxypeptidase Enzyme Agents*		
VORAXAZE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cardiac Protective Agents*		
dexrazoxane hcl solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
dexrazoxane hcl solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
dexrazoxane solution reconstituted 250 mg intravenous	Non-Formulary	Medical Only Exclusion
TOTECT SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Chemotherapy Adjuncts - Hyperuricemia Agents*		
ELITEK SOLUTION RECONSTITUTED 1.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELITEK SOLUTION RECONSTITUTED 7.5 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Chemotherapy Adjuncts - Keratinocyte Growth Factors*		
KEPIVANCE SOLUTION RECONSTITUTED 5.16 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Cyclin-Dependent Kinases (Cdk) Inhibitors*		
IBRANCE CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
IBRANCE CAPSULE 125 MG ORAL	Tier 4	PA; Specialty
IBRANCE CAPSULE 75 MG ORAL	Tier 4	PA; Specialty
IBRANCE TABLET 100 MG ORAL	Tier 4	PA; Specialty
IBRANCE TABLET 125 MG ORAL	Tier 4	PA; Specialty
IBRANCE TABLET 75 MG ORAL	Tier 4	PA; Specialty
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	Tier 4	PA; Specialty
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	Tier 4	PA; Specialty
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	Tier 4	PA; Specialty
VERZENIO TABLET 100 MG ORAL	Tier 4	PA; Specialty
VERZENIO TABLET 150 MG ORAL	Tier 4	PA; Specialty
VERZENIO TABLET 200 MG ORAL	Tier 4	PA; Specialty
VERZENIO TABLET 50 MG ORAL	Tier 4	PA; Specialty
Estrogen Receptor Antagonist*		
fulvestrant solution prefilled syringe 250 mg/5ml intramuscular	Tier 4	PA; Specialty
Estrogens-Antineoplastic*		
EMCYT CAPSULE 140 MG ORAL	Tier 4	PA; Specialty
Folic Acid Antagonists Rescue Agents*		
KHAPZORY SOLUTION RECONSTITUTED 175 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KHAPZORY SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 100 mg/10ml injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution 500 mg/50ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
leucovorin calcium solution reconstituted 100 mg injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
leucovorin calcium solution reconstituted 200 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 350 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 50 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium solution reconstituted 50 mg injection	Non-Formulary	Medical Only Exclusion; MONY Code
leucovorin calcium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
leucovorin calcium tablet 10 mg oral	Non-Formulary	Formulary Exclusion
leucovorin calcium tablet 15 mg oral	1	
leucovorin calcium tablet 25 mg oral	1	
leucovorin calcium tablet 5 mg oral	1	
levoleucovorin calcium pf solution 175 mg/17.5ml intravenous	Non-Formulary	Medical Only Exclusion
levoleucovorin calcium pf solution 250 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
levoleucovorin calcium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
Imidazotetrazines*		
TEMODAR CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR CAPSULE 140 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR CAPSULE 180 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR CAPSULE 5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
temozolomide capsule 100 mg oral	Tier 4	PA; Specialty
temozolomide capsule 140 mg oral	Tier 4	PA; Specialty
temozolomide capsule 180 mg oral	Tier 4	PA; Specialty
temozolomide capsule 20 mg oral	Tier 4	PA; Specialty
temozolomide capsule 250 mg oral	Tier 4	PA; Specialty

Drug Name	Tier	Notes
temozolomide capsule 5 mg oral	Tier 4	PA; Specialty
Janus Associated Kinase (Jak) Inhibitors*		
JAKAFI TABLET 10 MG ORAL	Tier 4	PA; Specialty
JAKAFI TABLET 15 MG ORAL	Tier 4	PA; Specialty
JAKAFI TABLET 20 MG ORAL	Tier 4	PA; Specialty
JAKAFI TABLET 25 MG ORAL	Tier 4	PA; Specialty
JAKAFI TABLET 5 MG ORAL	Tier 4	PA; Specialty
Lhrh Analogs*		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
ELIGARD KIT 22.5 MG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
ELIGARD KIT 30 MG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
ELIGARD KIT 45 MG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
ELIGARD KIT 7.5 MG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
leuprolide acetate (3 month) injectable 22.5 mg intramuscular	Tier 4	PA; Specialty; QL
leuprolide acetate kit 1 mg/0.2ml injection	Tier 4	PA; Specialty; QL
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
Mitotic Inhibitors*		
ABRAXANE SUSPENSION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 160 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel concentrate 80 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel solution 160 mg/16ml intravenous	Non-Formulary	Medical Only Exclusion
docetaxel solution 20 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
docetaxel solution 80 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
etoposide capsule 50 mg oral	Tier 4	PA; Specialty
etoposide solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
etoposide solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
etoposide solution 500 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
HALAVEN SOLUTION 1 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IXEMPRA KIT SOLUTION RECONSTITUTED 15 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IXEMPRA KIT SOLUTION RECONSTITUTED 45 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
JEVTANA SOLUTION 60 MG/1.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MARQIBO SUSPENSION 5 MG/31ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NAVELBINE SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NAVELBINE SOLUTION 50 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 100 mg/16.7ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 150 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 30 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel concentrate 300 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
paclitaxel protein-bound part suspension reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
teniposide solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vinblastine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
VINCASAR PFS SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
vincristine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
vinorelbine tartrate solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
vinorelbine tartrate solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
Myeloprotective Agents*		
COSELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Nitrogen Mustards And Related Analogues*		
ALKERAN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALKERAN TABLET 2 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
cyclophosphamide capsule 25 mg oral	1	
cyclophosphamide capsule 25 mg oral	Non-Formulary	Formulary Exclusion
cyclophosphamide capsule 50 mg oral	1	
cyclophosphamide capsule 50 mg oral	Non-Formulary	Formulary Exclusion
cyclophosphamide solution reconstituted 1 gm injection	Tier 4	PA; Specialty
cyclophosphamide solution reconstituted 2 gm injection	Tier 4	PA; Specialty
cyclophosphamide solution reconstituted 500 mg injection	Tier 4	PA; Specialty
cyclophosphamide tablet 25 mg oral	2	
cyclophosphamide tablet 50 mg oral	2	
EVOMELA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ifosfamide solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution 1 gm/20ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
ifosfamide solution 3 gm/60ml intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution 3 gm/60ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue

Drug Name	Tier	Notes
ifosfamide solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
ifosfamide solution reconstituted 3 gm intravenous	Non-Formulary	Medical Only Exclusion
LEUKERAN TABLET 2 MG ORAL	Tier 4	PA; Specialty
melphalan hcl solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
melphalan tablet 2 mg oral	Tier 4	PA; MONY code issue; Specialty
PEPAXTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Non FDA Exclusion
Nitrosoureas		
BICNU SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
carmustine solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
carmustine solution reconstituted 300 mg intravenous	Non-Formulary	Medical Only Exclusion
carmustine solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
GLEOSTINE CAPSULE 10 MG ORAL	Tier 4	PA; Specialty
GLEOSTINE CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
GLEOSTINE CAPSULE 40 MG ORAL	Tier 4	PA; Specialty
GLIADEL WAFER WAFER 7.7 MG IMPLANT	Non-Formulary	Medical Only Exclusion
ZANOSAR SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Oncolytic Viral Agents - Hsv1		
IMLYGIC SUSPENSION 1000000 UNIT/ML INTRALESIONAL	Non-Formulary	Medical Only Exclusion
IMLYGIC SUSPENSION 100000000 UNIT/ML INTRALESIONAL	Non-Formulary	Medical Only Exclusion
Otoprotective Agents		
PEDMARK SOLUTION 12.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
ALIQOPA SOLUTION RECONSTITUTED 60 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	Tier 4	PA; Specialty
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	Tier 4	PA; Specialty
ZYDELIG TABLET 100 MG ORAL	Tier 4	PA; Specialty
ZYDELIG TABLET 150 MG ORAL	Tier 4	PA; Specialty
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*		
LYNPARZA TABLET 100 MG ORAL	Tier 4	PA; Specialty
LYNPARZA TABLET 150 MG ORAL	Tier 4	PA; Specialty
RUBRACA TABLET 200 MG ORAL	Tier 4	PA; Specialty
RUBRACA TABLET 250 MG ORAL	Tier 4	PA; Specialty
RUBRACA TABLET 300 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 0.1 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 0.25 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 0.35 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 0.5 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 0.75 MG ORAL	Tier 4	PA; Specialty
TALZENNA CAPSULE 1 MG ORAL	Tier 4	PA; Specialty
ZEJULA CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
ZEJULA TABLET 100 MG ORAL	Tier 4	PA; Specialty
ZEJULA TABLET 200 MG ORAL	Tier 4	PA; Specialty
ZEJULA TABLET 300 MG ORAL	Tier 4	PA; Specialty
Progestins-Antineoplastic*		
hydroxyprogesterone caproate solution 1.25 gm/5ml intramuscular	Tier 4	PA; MONY CODE ISSUE; Specialty
megestrol acetate suspension 40 mg/ml oral	1	
megestrol acetate suspension 400 mg/10ml oral	1	
megestrol acetate suspension 800 mg/20ml oral	1	
megestrol acetate tablet 20 mg oral	1	
megestrol acetate tablet 40 mg oral	1	
Retinoids*		
tretinoin capsule 10 mg oral	Tier 4	PA; Specialty
Selective Retinoid X Receptor Agonists*		
bexarotene capsule 75 mg oral	Tier 4	PA; Specialty
TARGRETIN CAPSULE 75 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
Tetrahydroisoquinolines		
YONDELIS SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Topoisomerase I Inhibitors - Antibody-Drug Complex		
TRODELVY SOLUTION RECONSTITUTED 180 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Topoisomerase I Inhibitors		
CAMPTOSAR SOLUTION 100 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CAMPTOSAR SOLUTION 300 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CAMPTOSAR SOLUTION 40 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HYCAMTIN CAPSULE 0.25 MG ORAL	Tier 4	PA; Specialty
HYCAMTIN CAPSULE 1 MG ORAL	Tier 4	PA; Specialty
HYCAMTIN SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 100 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 300 mg/15ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 40 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
irinotecan hcl solution 500 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
ONIVYDE INJECTABLE 43 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
topotecan hcl solution 4 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion
topotecan hcl solution 4 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
topotecan hcl solution reconstituted 4 mg intravenous	Non-Formulary	Medical Only Exclusion
Urinary Tract Protective Agents		
ETHYOL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
mesna solution 100 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
MESNEX SOLUTION 100 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MESNEX TABLET 400 MG ORAL	2	PA

Drug Name	Tier	Notes
Vascular Endothelial Growth Factor (Vegf) Inhibitors*		
ALYMSYS SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALYMSYS SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AVASTIN SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AVASTIN SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CYRAMZA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CYRAMZA SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INLYTA TABLET 1 MG ORAL	Tier 4	PA; Specialty
INLYTA TABLET 5 MG ORAL	Tier 4	PA; Specialty
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	Tier 4	PA; Specialty
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	Tier 4	PA; Specialty
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	Tier 4	PA; Specialty
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	Tier 4	PA; Specialty
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	Tier 4	PA; Specialty
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	Tier 4	PA; Specialty
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	Tier 4	PA; Specialty
MVASI SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MVASI SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
VEGZELMA SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEGZELMA SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZALTRAP SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZALTRAP SOLUTION 200 MG/8ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZIRABEV SOLUTION 100 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZIRABEV SOLUTION 400 MG/16ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ANTIPARKINSON AND RELATED THERAPY AGENTS		
****Adenosine Receptor Antagonist******		
NOURIANZ TABLET 20 MG ORAL	3	QL
NOURIANZ TABLET 40 MG ORAL	3	QL
****Antiparkinson Anticholinergics******		
benztropine mesylate solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
benztropine mesylate tablet 0.5 mg oral	1	
benztropine mesylate tablet 1 mg oral	1	
benztropine mesylate tablet 2 mg oral	1	
COGENTIN SOLUTION 1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
trihexyphenidyl hcl solution 0.4 mg/ml oral	1	
trihexyphenidyl hcl solution 0.4 mg/ml oral	1	MONY code issue
trihexyphenidyl hcl tablet 2 mg oral	1	
trihexyphenidyl hcl tablet 5 mg oral	1	
****Antiparkinson Dopaminergics******		
amantadine hcl capsule 100 mg oral	1	
amantadine hcl solution 50 mg/5ml oral	1	
amantadine hcl tablet 100 mg oral	1	
amantadine hcl tablet 100 mg oral	1	MONY Code
bromocriptine mesylate capsule 5 mg oral	1	
bromocriptine mesylate tablet 2.5 mg oral	1	
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137 MG ORAL	Non-Formulary	QL
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	Non-Formulary	QL

Drug Name	Tier	Notes
INBRIJA CAPSULE 42 MG INHALATION	Tier 4	PA; Specialty; QL
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL	3	QL
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL	3	QL
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL	3	QL
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL	3	QL
PARLODEL CAPSULE 5 MG ORAL	Non-Formulary	Formulary Exclusion
PARLODEL TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
Antiparkinson Monoamine Oxidase Inhibitors*		
AZILECT TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
AZILECT TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
rasagiline mesylate tablet 0.5 mg oral	1	
rasagiline mesylate tablet 1 mg oral	1	
selegiline hcl capsule 5 mg oral	1	
selegiline hcl capsule 5 mg oral	1	MONY Code
selegiline hcl tablet 5 mg oral	1	
selegiline hcl tablet 5 mg oral	1	MONY Code
XADAGO TABLET 100 MG ORAL	3	
XADAGO TABLET 50 MG ORAL	3	
ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL	3	
CentrallPeripheral Comt Inhibitors*		
TASMAR TABLET 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
tolcapone tablet 100 mg oral	1	PA
Decarboxylase Inhibitors*		
carbidopa tablet 25 mg oral	1	
LODOSYN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
Levodopa Combinations*		
carbidopa-levodopa er tablet extended release 25-100 mg oral	1	
carbidopa-levodopa er tablet extended release 50-200 mg oral	1	
carbidopa-levodopa tablet 10-100 mg oral	1	
carbidopa-levodopa tablet 25-100 mg oral	1	

Drug Name	Tier	Notes
carbidopa-levodopa tablet 25-250 mg oral	1	
carbidopa-levodopa tablet dispersible 10-100 mg oral	1	
carbidopa-levodopa tablet dispersible 10-100 mg oral	1	MONY Code
carbidopa-levodopa tablet dispersible 25-100 mg oral	1	
carbidopa-levodopa tablet dispersible 25-100 mg oral	1	MONY Code
carbidopa-levodopa tablet dispersible 25-250 mg oral	1	
carbidopa-levodopa tablet dispersible 25-250 mg oral	1	MONY Code
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	1	MONY Code
carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral	3	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	1	MONY Code
carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral	3	
carbidopa-levodopa-entacapone tablet 25-100-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	1	MONY Code
carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral	3	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	1	
carbidopa-levodopa-entacapone tablet 50-200-200 mg oral	1	MONY Code
DHIVY TABLET 25-100 MG ORAL	Non-Formulary	Formulary Exclusion
DUOPA SUSPENSION 4.63-20 MG/ML ENTERAL	3	PA

Drug Name	Tier	Notes
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	
SINEMET TABLET 10-100 MG ORAL	Non-Formulary	Formulary Exclusion
SINEMET TABLET 25-100 MG ORAL	Non-Formulary	Formulary Exclusion
SINEMET TABLET 25-250 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 100 TABLET 25-100-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 100 TABLET 25-100-200 MG ORAL	3	
STALEVO 125 TABLET 31.25-125-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 125 TABLET 31.25-125-200 MG ORAL	3	
STALEVO 150 TABLET 37.5-150-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 150 TABLET 37.5-150-200 MG ORAL	3	
STALEVO 200 TABLET 50-200-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 200 TABLET 50-200-200 MG ORAL	3	
STALEVO 50 TABLET 12.5-50-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 50 TABLET 12.5-50-200 MG ORAL	3	
STALEVO 75 TABLET 18.75-75-200 MG ORAL	Non-Formulary	Formulary Exclusion
STALEVO 75 TABLET 18.75-75-200 MG ORAL	3	
Nonergoline Dopamine Receptor Agonists*		
apomorphine hcl solution cartridge 30 mg/3ml subcutaneous	Tier 4	PA; Specialty
KYNMOBI FILM 10 MG SUBLINGUAL	2	
KYNMOBI FILM 15 MG SUBLINGUAL	2	

Drug Name	Tier	Notes
KYNMOBI FILM 20 MG SUBLINGUAL	2	
KYNMOBI FILM 25 MG SUBLINGUAL	2	
KYNMOBI FILM 30 MG SUBLINGUAL	2	
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 2.25 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 3.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 4.5 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.125 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 0.75 MG ORAL	Non-Formulary	Formulary Exclusion
MIRAPEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	3	
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	3	
pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral	1	

Drug Name	Tier	Notes
pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral	1	
pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral	1	
pramipexole dihydrochloride tablet 0.125 mg oral	1	
pramipexole dihydrochloride tablet 0.25 mg oral	1	
pramipexole dihydrochloride tablet 0.5 mg oral	1	
pramipexole dihydrochloride tablet 0.75 mg oral	1	
pramipexole dihydrochloride tablet 1 mg oral	1	
pramipexole dihydrochloride tablet 1.5 mg oral	1	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	Non-Formulary	Formulary Exclusion
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	Non-Formulary	Formulary Exclusion
ropinirole hcl er tablet extended release 24 hour 12 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 2 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 4 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 6 mg oral	1	
ropinirole hcl er tablet extended release 24 hour 8 mg oral	1	
ropinirole hcl tablet 0.25 mg oral	1	
ropinirole hcl tablet 0.5 mg oral	1	
ropinirole hcl tablet 1 mg oral	1	
ropinirole hcl tablet 2 mg oral	1	
ropinirole hcl tablet 3 mg oral	1	
ropinirole hcl tablet 4 mg oral	1	
ropinirole hcl tablet 5 mg oral	1	
****Peripheral Comt Inhibitors******		
COMTAN TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
entacapone tablet 200 mg oral	1	
ONGENTYS CAPSULE 25 MG ORAL	3	QL
ONGENTYS CAPSULE 50 MG ORAL	3	QL

Drug Name	Tier	Notes
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
****Antimanic Agents******		
lithium carbonate capsule 150 mg oral	1	
lithium carbonate capsule 150 mg oral	1	MONY Code
lithium carbonate capsule 300 mg oral	1	
lithium carbonate capsule 300 mg oral	1	MONY Code
lithium carbonate capsule 600 mg oral	1	
lithium carbonate capsule 600 mg oral	1	MONY Code
lithium carbonate er tablet extended release 300 mg oral	1	
lithium carbonate er tablet extended release 450 mg oral	1	
lithium carbonate tablet 300 mg oral	1	
lithium solution 8 meq/5ml oral	1	
LITHOBID TABLET EXTENDED RELEASE 300 MG ORAL	3	
****Antipsychotics - Misc.******		
CAPLYTA CAPSULE 10.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CAPLYTA CAPSULE 21 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CAPLYTA CAPSULE 42 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	3	
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	3	
GEODON CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 60 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON CAPSULE 80 MG ORAL	Non-Formulary	Formulary Exclusion
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR	3	
LATUDA TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
LATUDA TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
lurasidone hcl tablet 120 mg oral	1	
lurasidone hcl tablet 20 mg oral	1	
lurasidone hcl tablet 40 mg oral	1	
lurasidone hcl tablet 60 mg oral	1	
lurasidone hcl tablet 80 mg oral	1	
VRAYLAR CAPSULE 1.5 MG ORAL	3	
VRAYLAR CAPSULE 3 MG ORAL	3	
VRAYLAR CAPSULE 4.5 MG ORAL	3	
VRAYLAR CAPSULE 6 MG ORAL	3	
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL	3	
ziprasidone hcl capsule 20 mg oral	1	
ziprasidone hcl capsule 40 mg oral	1	
ziprasidone hcl capsule 60 mg oral	1	
ziprasidone hcl capsule 80 mg oral	1	
ziprasidone mesylate solution reconstituted 20 mg intramuscular	1	
Benzisoxazoles*		
FANAPT TABLET 1 MG ORAL	3	
FANAPT TABLET 10 MG ORAL	3	
FANAPT TABLET 12 MG ORAL	3	
FANAPT TABLET 2 MG ORAL	3	
FANAPT TABLET 4 MG ORAL	3	
FANAPT TABLET 6 MG ORAL	3	
FANAPT TABLET 8 MG ORAL	3	
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL	3	
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	Non-Formulary	Formulary Exclusion
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
paliperidone er tablet extended release 24 hour 1.5 mg oral	1	
paliperidone er tablet extended release 24 hour 3 mg oral	1	
paliperidone er tablet extended release 24 hour 6 mg oral	1	
paliperidone er tablet extended release 24 hour 9 mg oral	1	
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	2	
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	2	

Drug Name	Tier	Notes
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RISPERDAL SOLUTION 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion
RISPERDAL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular	1	
risperidone microspheres er suspension reconstituted er 25 mg intramuscular	1	
risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular	1	
risperidone microspheres er suspension reconstituted er 50 mg intramuscular	1	
risperidone solution 1 mg/ml oral	1	
risperidone tablet 0.25 mg oral	1	
risperidone tablet 0.5 mg oral	1	
risperidone tablet 1 mg oral	1	
risperidone tablet 2 mg oral	1	
risperidone tablet 3 mg oral	1	
risperidone tablet 4 mg oral	1	
risperidone tablet dispersible 0.25 mg oral	1	MONY Code
risperidone tablet dispersible 0.5 mg oral	1	
risperidone tablet dispersible 1 mg oral	1	
risperidone tablet dispersible 2 mg oral	1	
risperidone tablet dispersible 3 mg oral	1	
risperidone tablet dispersible 4 mg oral	1	

Drug Name	Tier	Notes
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
Butyrophenones*		
HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR	3	
HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR	3	
HALDOL SOLUTION 5 MG/ML INJECTION	3	
haloperidol decanoate solution 100 mg/ml intramuscular	1	
haloperidol decanoate solution 50 mg/ml intramuscular	1	
haloperidol lactate concentrate 2 mg/ml oral	1	
haloperidol lactate solution 5 mg/ml injection	1	

Drug Name	Tier	Notes
haloperidol tablet 0.5 mg oral	1	
haloperidol tablet 1 mg oral	1	
haloperidol tablet 10 mg oral	1	
haloperidol tablet 2 mg oral	1	
haloperidol tablet 20 mg oral	1	
haloperidol tablet 5 mg oral	1	
Dibenzodiazepines*		
clozapine tablet 100 mg oral	1	
clozapine tablet 200 mg oral	1	
clozapine tablet 25 mg oral	1	
clozapine tablet 50 mg oral	1	
clozapine tablet dispersible 100 mg oral	1	
clozapine tablet dispersible 12.5 mg oral	1	MONY Code
clozapine tablet dispersible 150 mg oral	1	
clozapine tablet dispersible 150 mg oral	3	
clozapine tablet dispersible 200 mg oral	1	
clozapine tablet dispersible 25 mg oral	1	
CLOZARIL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
CLOZARIL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
VERSACLOZ SUSPENSION 50 MG/ML ORAL	3	
Dibenzo-Oxepino Pyrroles*		
asenapine maleate tablet sublingual 10 mg sublingual	1	
asenapine maleate tablet sublingual 2.5 mg sublingual	1	
asenapine maleate tablet sublingual 5 mg sublingual	1	
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	3	QL

Drug Name	Tier	Notes
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	3	QL
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	3	QL
Dibenzothiazepines*		
quetiapine fumarate er tablet extended release 24 hour 150 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 150 mg oral	1	MONY Code Issue
quetiapine fumarate er tablet extended release 24 hour 200 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 300 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 300 mg oral	1	MONY Code Issue
quetiapine fumarate er tablet extended release 24 hour 400 mg oral	1	
quetiapine fumarate er tablet extended release 24 hour 50 mg oral	1	
quetiapine fumarate tablet 100 mg oral	1	
quetiapine fumarate tablet 150 mg oral	Non-Formulary	Formulary Exclusion
quetiapine fumarate tablet 200 mg oral	1	
quetiapine fumarate tablet 25 mg oral	1	
quetiapine fumarate tablet 300 mg oral	1	
quetiapine fumarate tablet 400 mg oral	1	
quetiapine fumarate tablet 50 mg oral	1	
SEROQUEL TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
Dibenzoxazepines*		
ADASUVE AEROSOL POWDER BREATH ACTIVATED 10 MG INHALATION	Non-Formulary	Formulary Exclusion
loxapine succinate capsule 10 mg oral	1	
loxapine succinate capsule 25 mg oral	1	
loxapine succinate capsule 5 mg oral	1	
loxapine succinate capsule 50 mg oral	1	
Dihydroindolones*		
molindone hcl tablet 10 mg oral	3	
molindone hcl tablet 25 mg oral	3	
molindone hcl tablet 5 mg oral	3	
Phenothiazines*		
chlorpromazine hcl concentrate 100 mg/ml oral	1	MONY code issue
chlorpromazine hcl concentrate 30 mg/ml oral	1	MONY code issue
chlorpromazine hcl solution 25 mg/ml injection	1	
chlorpromazine hcl solution 50 mg/2ml injection	1	
chlorpromazine hcl solution 50 mg/2ml injection	2	
chlorpromazine hcl tablet 10 mg oral	1	
chlorpromazine hcl tablet 100 mg oral	1	
chlorpromazine hcl tablet 200 mg oral	1	
chlorpromazine hcl tablet 25 mg oral	1	
chlorpromazine hcl tablet 50 mg oral	1	
COMPRO SUPPOSITORY 25 MG RECTAL	1	
fluphenazine decanoate solution 25 mg/ml injection	1	
fluphenazine hcl concentrate 5 mg/ml oral	3	
fluphenazine hcl elixir 2.5 mg/5ml oral	3	
fluphenazine hcl solution 2.5 mg/ml injection	2	
fluphenazine hcl tablet 1 mg oral	1	
fluphenazine hcl tablet 1 mg oral	1	MONY Code
fluphenazine hcl tablet 10 mg oral	1	
fluphenazine hcl tablet 10 mg oral	1	MONY Code
fluphenazine hcl tablet 2.5 mg oral	1	
fluphenazine hcl tablet 2.5 mg oral	1	MONY Code
fluphenazine hcl tablet 5 mg oral	1	

Drug Name	Tier	Notes
fluphenazine hcl tablet 5 mg oral	1	MONY Code
perphenazine tablet 16 mg oral	1	
perphenazine tablet 2 mg oral	1	
perphenazine tablet 4 mg oral	1	
perphenazine tablet 8 mg oral	1	
prochlorperazine edisylate solution 10 mg/2ml injection	1	
prochlorperazine edisylate solution 50 mg/10ml injection	2	
prochlorperazine maleate tablet 10 mg oral	1	
prochlorperazine maleate tablet 5 mg oral	1	
prochlorperazine suppository 25 mg rectal	1	
thioridazine hcl tablet 10 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 100 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 25 mg oral	Non-Formulary	Formulary Exclusion
thioridazine hcl tablet 50 mg oral	Non-Formulary	Formulary Exclusion
trifluoperazine hcl tablet 1 mg oral	1	
trifluoperazine hcl tablet 10 mg oral	1	
trifluoperazine hcl tablet 2 mg oral	1	
trifluoperazine hcl tablet 5 mg oral	1	
Quinolinone Derivatives*		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR	2	
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR	2	
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	2	
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	2	
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	2	
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	2	
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10 MG ORAL	Non-Formulary	Insufficient Evidence

Drug Name	Tier	Notes
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 2 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 20 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 30 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 5 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 2 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 20 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 30 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 5 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 10 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 15 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 2 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 20 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 30 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY MYCITE TABLET 5 MG ORAL	Non-Formulary	Insufficient Evidence
ABILIFY TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
ABILIFY TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
aripiprazole solution 1 mg/ml oral	1	
aripiprazole tablet 10 mg oral	1	
aripiprazole tablet 15 mg oral	1	
aripiprazole tablet 2 mg oral	1	
aripiprazole tablet 20 mg oral	1	
aripiprazole tablet 30 mg oral	1	

Drug Name	Tier	Notes
aripiprazole tablet 5 mg oral	1	
aripiprazole tablet dispersible 10 mg oral	1	
aripiprazole tablet dispersible 15 mg oral	1	
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	2	
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	2	
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	2	
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	2	
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	2	
REXULTI TABLET 0.25 MG ORAL	3	
REXULTI TABLET 0.5 MG ORAL	3	
REXULTI TABLET 1 MG ORAL	3	
REXULTI TABLET 2 MG ORAL	3	
REXULTI TABLET 3 MG ORAL	3	
REXULTI TABLET 4 MG ORAL	3	
Thienbenzodiazepines		
olanzapine solution reconstituted 10 mg intramuscular	1	
olanzapine tablet 10 mg oral	1	
olanzapine tablet 15 mg oral	1	
olanzapine tablet 2.5 mg oral	1	
olanzapine tablet 20 mg oral	1	
olanzapine tablet 5 mg oral	1	
olanzapine tablet 7.5 mg oral	1	
olanzapine tablet dispersible 10 mg oral	1	
olanzapine tablet dispersible 15 mg oral	1	
olanzapine tablet dispersible 20 mg oral	1	
olanzapine tablet dispersible 5 mg oral	1	
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	3	
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	3	

Drug Name	Tier	Notes
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	3	
ZYPREXA SOLUTION RECONSTITUTED 10 MG INTRAMUSCULAR	3	
ZYPREXA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion
Thioxanthenes		
thiothixene capsule 1 mg oral	1	
thiothixene capsule 1 mg oral	1	MONY Code
thiothixene capsule 10 mg oral	1	
thiothixene capsule 2 mg oral	1	
thiothixene capsule 5 mg oral	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
formaldehyde solution 10 % external	Non-Formulary	MONY Code; Formulary Exclusion
formaldehyde solution 37 % external (rx)	Non-Formulary	Formulary Exclusion
glutaraldehyde solution 25 % external (rx)	Non-Formulary	Formulary Exclusion
hydrogen peroxide solution 30 % (rx)	Non-Formulary	Formulary Exclusion
Chlorine Antiseptics		
benzalkonium chloride solution 50 % external (rx)	Non-Formulary	Formulary Exclusion
benzalkonium chloride solution external	Non-Formulary	Formulary Exclusion
chlorhexidine gluconate solution 20 %	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Iodine Antiseptics*		
iodine tincture tincture 2 % external (rx)	Non-Formulary	Formulary Exclusion
IODOFLEX PAD 0.9 % EXTERNAL	Non-Formulary	Formulary Exclusion
iodosorb gel 0.9 % external	Non-Formulary	Non FDA Exclusion
lugols strong iodine solution 5-10 % external	Non-Formulary	Formulary Exclusion
lugols strong iodine solution 5-10 % external	Non-Formulary	Non FDA Exclusion
ANTIVIRALS		
Antiretroviral Combinations*		
abacavir sulfate-lamivudine tablet 600-300 mg oral	1	QL
abacavir-lamivudine-zidovudine tablet 300-150-300 mg oral	1	QL
ATRIPLA TABLET 600-200-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
BIKTARVY TABLET 30-120-15 MG ORAL	2	QL
BIKTARVY TABLET 50-200-25 MG ORAL	2	QL
CABENUVA SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML INTRAMUSCULAR	3	PA
CABENUVA SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML INTRAMUSCULAR	3	PA
CIMDUO TABLET 300-300 MG ORAL	2	QL
COMBIVIR TABLET 150-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
COMPLERA TABLET 200-25-300 MG ORAL	3	QL
DELSTRIGO TABLET 100-300-300 MG ORAL	2	QL
DESCOVY TABLET 120-15 MG ORAL	2	QL
DESCOVY TABLET 200-25 MG ORAL	2	QL
DOVATO TABLET 50-300 MG ORAL	2	QL
efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral	1	QL
efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral	1	QL
efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral	1	QL
emtricitabine-tenofovir df tablet 100-150 mg oral	1	QL
emtricitabine-tenofovir df tablet 133-200 mg oral	1	QL

Drug Name	Tier	Notes
emtricitabine-tenofovir df tablet 167-250 mg oral	1	QL
emtricitabine-tenofovir df tablet 200-300 mg oral	1	QL
EPZICOM TABLET 600-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EVOTAZ TABLET 300-150 MG ORAL	2	QL
GENVOYA TABLET 150-150-200-10 MG ORAL	2	QL
JULUCA TABLET 50-25 MG ORAL	2	QL
KALETRA SOLUTION 400-100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
KALETRA TABLET 100-25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KALETRA TABLET 200-50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lamivudine-zidovudine tablet 150-300 mg oral	1	QL
lopinavir-ritonavir solution 400-100 mg/5ml oral	1	
lopinavir-ritonavir tablet 100-25 mg oral	1	QL
lopinavir-ritonavir tablet 200-50 mg oral	1	QL
ODEFSEY TABLET 200-25-25 MG ORAL	2	QL
PREZCOBIX TABLET 800-150 MG ORAL	2	QL
STRIBILD TABLET 150-150-200-300 MG ORAL	3	QL
SYMFI LO TABLET 400-300-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SYMFI TABLET 600-300-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SYMTUZA TABLET 800-150-200-10 MG ORAL	2	QL
TEMIXYS TABLET 300-300 MG ORAL	2	QL
TRIUMEQ PD TABLET SOLUBLE 60-5-30 MG ORAL	2	QL
TRIUMEQ TABLET 600-50-300 MG ORAL	2	QL
TRIZIVIR TABLET 300-150-300 MG ORAL	3	QL
TRUVADA TABLET 100-150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 133-200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 167-250 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TRUVADA TABLET 200-300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals - Capsid Inhibitors		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	3	PA
SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL	3	PA

Drug Name	Tier	Notes
SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL	3	PA
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)		
maraviroc tablet 150 mg oral	1	QL
maraviroc tablet 300 mg oral	1	QL
SELZENTRY SOLUTION 20 MG/ML ORAL	3	
SELZENTRY TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SELZENTRY TABLET 25 MG ORAL	3	QL
SELZENTRY TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SELZENTRY TABLET 75 MG ORAL	3	QL
Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor		
TROGARZO SOLUTION 200 MG/1.33ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antiretrovirals - Fusion Inhibitors		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	3	QL
Antiretrovirals - Gp120-Directed Attachment Inhibitor		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	3	PA; QL
Antiretrovirals - Integrase Inhibitors		
APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR	3	PA
ISENTRESS HD TABLET 600 MG ORAL	2	QL
ISENTRESS PACKET 100 MG ORAL	2	QL
ISENTRESS TABLET 400 MG ORAL	2	QL
ISENTRESS TABLET CHEWABLE 100 MG ORAL	2	QL
ISENTRESS TABLET CHEWABLE 25 MG ORAL	2	QL
TIVICAY PD TABLET SOLUBLE 5 MG ORAL	2	QL
TIVICAY TABLET 10 MG ORAL	2	QL
TIVICAY TABLET 25 MG ORAL	2	QL
TIVICAY TABLET 50 MG ORAL	2	QL

Drug Name	Tier	Notes
Antiretrovirals - Protease Inhibitors		
APTIVUS CAPSULE 250 MG ORAL	3	QL
atazanavir sulfate capsule 150 mg oral	1	QL
atazanavir sulfate capsule 200 mg oral	1	QL
atazanavir sulfate capsule 300 mg oral	1	QL
CRIXIVAN CAPSULE 400 MG ORAL	3	QL
darunavir tablet 600 mg oral	1	QL
darunavir tablet 800 mg oral	1	QL
fosamprenavir calcium tablet 700 mg oral	1	QL
INVIRASE TABLET 500 MG ORAL	3	QL
LEXIVA SUSPENSION 50 MG/ML ORAL	3	
LEXIVA TABLET 700 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NORVIR PACKET 100 MG ORAL	3	
NORVIR SOLUTION 80 MG/ML ORAL	2	
NORVIR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREZISTA SUSPENSION 100 MG/ML ORAL	2	
PREZISTA TABLET 150 MG ORAL	2	QL
PREZISTA TABLET 600 MG ORAL	2	QL
PREZISTA TABLET 75 MG ORAL	2	QL
PREZISTA TABLET 800 MG ORAL	2	QL
REYATAZ CAPSULE 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
REYATAZ PACKET 50 MG ORAL	3	QL
ritonavir tablet 100 mg oral	1	QL
VIRACEPT TABLET 250 MG ORAL	3	QL
VIRACEPT TABLET 625 MG ORAL	3	QL
Antiretrovirals - Rti-Non-Nucleoside Analogues		
EDURANT TABLET 25 MG ORAL	3	QL
efavirenz capsule 200 mg oral	1	MONY CODE ISSUE; QL
efavirenz capsule 50 mg oral	1	MONY CODE ISSUE; QL
efavirenz tablet 600 mg oral	1	QL
etravirine tablet 100 mg oral	1	QL
etravirine tablet 200 mg oral	1	QL
INTELENCE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
INTELENCE TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	2	QL
nevirapine er tablet extended release 24 hour 100 mg oral	1	MONY Code; QL
nevirapine er tablet extended release 24 hour 400 mg oral	1	QL
nevirapine suspension 50 mg/5ml oral	1	MONY code issue
nevirapine tablet 200 mg oral	1	QL
PIFELTRO TABLET 100 MG ORAL	3	QL
SUSTIVA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SUSTIVA CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SUSTIVA TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIRAMUNE SUSPENSION 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VIRAMUNE TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Purines		
abacavir sulfate solution 20 mg/ml oral	1	
abacavir sulfate tablet 300 mg oral	1	QL
ZIAGEN SOLUTION 20 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ZIAGEN TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines		
emtricitabine capsule 200 mg oral	1	QL
EMTRIVA CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EMTRIVA SOLUTION 10 MG/ML ORAL	3	
EPIVIR SOLUTION 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
EPIVIR TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EPIVIR TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lamivudine solution 10 mg/ml oral	1	
lamivudine tablet 150 mg oral	1	QL
lamivudine tablet 300 mg oral	1	QL
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines		
RETROVIR CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
RETROVIR SOLUTION 10 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RETROVIR SYRUP 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
stavudine capsule 15 mg oral	1	QL
stavudine capsule 15 mg oral	1	MONY Code; QL
stavudine capsule 20 mg oral	1	QL
stavudine capsule 20 mg oral	1	MONY Code; QL
stavudine capsule 30 mg oral	1	QL
stavudine capsule 30 mg oral	1	MONY Code; QL
stavudine capsule 40 mg oral	1	QL
stavudine capsule 40 mg oral	1	MONY Code; QL
zidovudine capsule 100 mg oral	1	QL
zidovudine syrup 50 mg/5ml oral	1	
zidovudine tablet 300 mg oral	1	QL
Antiretrovirals - Rti-Nucleotide Analogues		
tenofovir disoproxil fumarate tablet 300 mg oral	1	QL
VIREAD POWDER 40 MG/GM ORAL	2	QL
VIREAD TABLET 150 MG ORAL	2	QL
VIREAD TABLET 200 MG ORAL	2	QL
VIREAD TABLET 250 MG ORAL	2	QL
VIREAD TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Antiretrovirals Adjuvants		
TYBOST TABLET 150 MG ORAL	3	QL
Antiviral Combinations		
acyclovix therapy pack 200-10 mg-% combination	Non-Formulary	Non FDA Exclusion
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL with criteria
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL with criteria
Cmv Agents		
cidofovir solution 75 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
foscarnet sodium solution 6000 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
FOSCAVIR SOLUTION 6000 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ganciclovir sodium solution 500 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
ganciclovir sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
ganciclovir solution 500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
PREVYMIS SOLUTION 240 MG/12ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREVYMIS SOLUTION 480 MG/24ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREVYMIS TABLET 240 MG ORAL	3	
PREVYMIS TABLET 480 MG ORAL	3	
VALCYTE SOLUTION RECONSTITUTED 50 MG/ML ORAL	Non-Formulary	Formulary Exclusion
VALCYTE TABLET 450 MG ORAL	Non-Formulary	Formulary Exclusion
valganciclovir hcl solution reconstituted 50 mg/ml oral	1	
valganciclovir hcl tablet 450 mg oral	1	
Hepatitis B Agents		
adefovir dipivoxil tablet 10 mg oral	1	QL
BARACLUDE SOLUTION 0.05 MG/ML ORAL	2	
BARACLUDE TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
BARACLUDE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
entecavir tablet 0.5 mg oral	1	QL
entecavir tablet 1 mg oral	1	QL
EPIVIR HBV SOLUTION 5 MG/ML ORAL	3	
EPIVIR HBV TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
HEPSERA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
lamivudine tablet 100 mg oral	1	QL
VEMLIDY TABLET 25 MG ORAL	2	
Hepatitis C Agent - Combinations		
EPCLUSA PACKET 150-37.5 MG ORAL	Tier 4	PA; Specialty; QL
EPCLUSA PACKET 200-50 MG ORAL	Tier 4	PA; Specialty; QL
EPCLUSA TABLET 200-50 MG ORAL	Tier 4	PA; Specialty; QL
EPCLUSA TABLET 400-100 MG ORAL	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
HARVONI PACKET 33.75-150 MG ORAL	Tier 4	PA; Specialty; QL
HARVONI PACKET 45-200 MG ORAL	Tier 4	PA; Specialty; QL
HARVONI TABLET 45-200 MG ORAL	Tier 4	PA; Specialty; QL
HARVONI TABLET 90-400 MG ORAL	Tier 4	PA; Specialty; QL
ledipasvir-sofosbuvir tablet 90-400 mg oral	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
MAVYRET PACKET 50-20 MG ORAL	Tier 4	PA; Specialty; QL
MAVYRET TABLET 100-40 MG ORAL	Tier 4	PA; Specialty; QL
sofosbuvir-velpatasvir tablet 400-100 mg oral	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VIEKIRA PAK TABLET THERAPY PACK 12.5-75-50 &250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VOSEVI TABLET 400-100-100 MG ORAL	Tier 4	PA; Specialty; QL
ZEPATIER TABLET 50-100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Hepatitis C Agents*		
PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ribavirin capsule 200 mg oral	Tier 4	PA; Specialty
ribavirin capsule 200 mg oral	Tier 4	PA; MONY CODE ISSUE; Specialty
ribavirin tablet 200 mg oral	Tier 4	PA; Specialty
ribavirin tablet 200 mg oral	Tier 4	PA; MONY CODE ISSUE; Specialty
SOVALDI PACKET 150 MG ORAL	Tier 4	PA; Specialty; QL
SOVALDI PACKET 200 MG ORAL	Tier 4	PA; Specialty; QL
SOVALDI TABLET 200 MG ORAL	Tier 4	PA; Specialty; QL
SOVALDI TABLET 400 MG ORAL	Tier 4	PA; Specialty; QL
Herpes Agents - Purine Analogues*		
acyclovir capsule 200 mg oral	1	
acyclovir sodium solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
acyclovir suspension 200 mg/5ml oral	1	
acyclovir tablet 400 mg oral	1	

Drug Name	Tier	Notes
acyclovir tablet 800 mg oral	1	
SITAVIG TABLET 50 MG BUCCAL	Non-Formulary	
valacyclovir hcl tablet 1 gm oral	1	
valacyclovir hcl tablet 500 mg oral	1	
VALTREX TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
VALTREX TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZOVIRAX SUSPENSION 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
Herpes Agents - Thymidine Analogues*		
famciclovir tablet 125 mg oral	1	
famciclovir tablet 250 mg oral	1	
famciclovir tablet 500 mg oral	1	
Influenza Agents*		
rimantadine hcl tablet 100 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
Misc. Antivirals*		
favipiravir tablet 200 mg oral	Non-Formulary	Non FDA Exclusion
LAGEVRIO CAPSULE 200 MG ORAL	3	QL
PEMGARDA SOLUTION 500 MG/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
remdesivir solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
remdesivir solution reconstituted 150 mg intravenous	Non-Formulary	Medical Only Exclusion
TEMBEXA SUSPENSION 10 MG/ML ORAL	3	
TEMBEXA TABLET 100 MG ORAL	3	
TPOXX CAPSULE 200 MG ORAL	2	PA
TPOXX SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEKLURY SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEKLURY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Neuraminidase Inhibitors*		
oseltamivir phosphate capsule 30 mg oral	1	QL
oseltamivir phosphate capsule 45 mg oral	1	QL

Drug Name	Tier	Notes
oseltamivir phosphate capsule 75 mg oral	1	QL
oseltamivir phosphate suspension reconstituted 6 mg/ml oral	1	
RAPIVAB SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	3	QL
TAMIFLU CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU CAPSULE 45 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU CAPSULE 75 MG ORAL	Non-Formulary	Formulary Exclusion; QL
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	Non-Formulary	Formulary Exclusion
Pa Endonuclease Inhibitors*		
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL	3	QL with criteria
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL	3	QL with criteria
Rsv Agents - Nucleoside Analogues*		
ribavirin solution reconstituted 6 gm inhalation	Non-Formulary	Medical Only Exclusion
VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION	Non-Formulary	Medical Only Exclusion
BETA BLOCKERS		
Alpha-Beta Blockers*		
carvedilol phosphate er capsule extended release 24 hour 10 mg oral	1	
carvedilol phosphate er capsule extended release 24 hour 20 mg oral	1	
carvedilol phosphate er capsule extended release 24 hour 40 mg oral	1	
carvedilol phosphate er capsule extended release 24 hour 80 mg oral	1	
carvedilol tablet 12.5 mg oral	1	
carvedilol tablet 25 mg oral	1	
carvedilol tablet 3.125 mg oral	1	
carvedilol tablet 6.25 mg oral	1	
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 12.5 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 3.125 MG ORAL	Non-Formulary	Formulary Exclusion
COREG TABLET 6.25 MG ORAL	Non-Formulary	Formulary Exclusion
labetalol hcl solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl solution 5 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
labetalol hcl solution prefilled syringe 10 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl solution prefilled syringe 20 mg/4ml intravenous	Non-Formulary	Non FDA Exclusion
labetalol hcl tablet 100 mg oral	1	
labetalol hcl tablet 200 mg oral	1	
labetalol hcl tablet 300 mg oral	1	
labetalol hcl-dextrose solution 200-5 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl-sodium chloride solution 200-0.72 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
labetalol hcl-sodium chloride solution 300-0.72 mg/300ml-% intravenous	Non-Formulary	Medical Only Exclusion
Beta Blockers Cardio-Selective		
acebutolol hcl capsule 200 mg oral	1	
acebutolol hcl capsule 400 mg oral	1	
atenolol tablet 100 mg oral	1	
atenolol tablet 25 mg oral	1	
atenolol tablet 50 mg oral	1	
ATENOLOL+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
betaxolol hcl tablet 10 mg oral	1	
betaxolol hcl tablet 20 mg oral	1	
bisoprolol fumarate tablet 10 mg oral	1	
bisoprolol fumarate tablet 5 mg oral	1	

Drug Name	Tier	Notes
BREVIBLOC IN NACL SOLUTION 2000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC IN NACL SOLUTION 2500 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED DS SOLUTION 2000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED SOLUTION 2500 MG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BREVIBLOC SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BYSTOLIC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
BYSTOLIC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
BYSTOLIC TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
BYSTOLIC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
esmolol hcl solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution 2500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
esmolol hcl-sodium chloride solution 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
esmolol hcl-sodium chloride solution 2500 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100 MG ORAL	Non-Formulary	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 200 MG ORAL	Non-Formulary	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 25 MG ORAL	Non-Formulary	
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 50 MG ORAL	Non-Formulary	
LOPRESSOR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
LOPRESSOR TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
metoprolol succinate er tablet extended release 24 hour 100 mg oral	1	
metoprolol succinate er tablet extended release 24 hour 200 mg oral	1	
metoprolol succinate er tablet extended release 24 hour 25 mg oral	1	
metoprolol succinate er tablet extended release 24 hour 50 mg oral	1	

Drug Name	Tier	Notes
metoprolol tartrate solution 5 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
metoprolol tartrate tablet 100 mg oral	1	
metoprolol tartrate tablet 25 mg oral	1	
metoprolol tartrate tablet 37.5 mg oral	1	
metoprolol tartrate tablet 50 mg oral	1	
metoprolol tartrate tablet 75 mg oral	1	
nebivolol hcl tablet 10 mg oral	1	
nebivolol hcl tablet 2.5 mg oral	1	
nebivolol hcl tablet 20 mg oral	1	
nebivolol hcl tablet 5 mg oral	1	
TENORMIN TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
TENORMIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
TENORMIN TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	Non-Formulary	Formulary Exclusion
Beta Blockers Non-Selective		
BETAPACE AF TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE AF TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE AF TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 160 MG ORAL	Non-Formulary	Formulary Exclusion
BETAPACE TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
CORGARD TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	2	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 160 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	
nadolol tablet 20 mg oral	1	
nadolol tablet 40 mg oral	1	
nadolol tablet 80 mg oral	1	
pindolol tablet 10 mg oral	1	
pindolol tablet 5 mg oral	1	
propranolol hcl er capsule extended release 24 hour 120 mg oral	1	
propranolol hcl er capsule extended release 24 hour 160 mg oral	1	
propranolol hcl er capsule extended release 24 hour 60 mg oral	1	
propranolol hcl er capsule extended release 24 hour 80 mg oral	1	
propranolol hcl solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
propranolol hcl solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
propranolol hcl solution 20 mg/5ml oral	1	
propranolol hcl solution 40 mg/5ml oral	2	
propranolol hcl tablet 10 mg oral	1	
propranolol hcl tablet 20 mg oral	1	
propranolol hcl tablet 40 mg oral	1	
propranolol hcl tablet 60 mg oral	1	
propranolol hcl tablet 80 mg oral	1	
SORINE TABLET 120 MG ORAL	1	
SORINE TABLET 160 MG ORAL	1	
SORINE TABLET 240 MG ORAL	1	
SORINE TABLET 80 MG ORAL	1	
sotalol hcl (af) tablet 120 mg oral	1	

Drug Name	Tier	Notes
sotalol hcl (af) tablet 160 mg oral	1	
sotalol hcl (af) tablet 80 mg oral	1	
sotalol hcl solution 150 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
sotalol hcl tablet 120 mg oral	1	
sotalol hcl tablet 160 mg oral	1	
sotalol hcl tablet 240 mg oral	1	
sotalol hcl tablet 80 mg oral	1	
SOTYLIZE SOLUTION 5 MG/ML ORAL	3	
timolol maleate tablet 10 mg oral	1	
timolol maleate tablet 20 mg oral	1	
timolol maleate tablet 20 mg oral	1	MONY Code
timolol maleate tablet 5 mg oral	1	
timolol maleate tablet 5 mg oral	1	MONY code issue
CALCIUM CHANNEL BLOCKERS		
****Calcium Channel Blocker-Nsaid Combinations******		
CONSENSI TABLET 10-200 MG ORAL	Non-Formulary	
CONSENSI TABLET 2.5-200 MG ORAL	Non-Formulary	
CONSENSI TABLET 5-200 MG ORAL	Non-Formulary	
****Calcium Channel Blockers******		
AMLODIPINE BES+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
amlodipine besylate tablet 10 mg oral	1	
amlodipine besylate tablet 2.5 mg oral	1	
amlodipine besylate tablet 5 mg oral	1	
CALAN SR TABLET EXTENDED RELEASE 120 MG ORAL	Non-Formulary	Formulary Exclusion
CALAN SR TABLET EXTENDED RELEASE 180 MG ORAL	Non-Formulary	Formulary Exclusion
CALAN SR TABLET EXTENDED RELEASE 240 MG ORAL	Non-Formulary	Formulary Exclusion
CARDENE IV SOLUTION 20-0.86 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDENE IV SOLUTION 40-0.83 MG/200ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 120 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIZEM TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	
CLEVIPREX EMULSION 25 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLEVIPREX EMULSION 50 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CONJUPRI TABLET 2.5 MG ORAL	Non-Formulary	
CONJUPRI TABLET 5 MG ORAL	Non-Formulary	
diltiazem hcl er beads capsule extended release 24 hour 120 mg oral	1	
diltiazem hcl er beads capsule extended release 24 hour 180 mg oral	1	

Drug Name	Tier	Notes
diltiazem hcl er beads capsule extended release 24 hour 240 mg oral	1	
diltiazem hcl er beads capsule extended release 24 hour 300 mg oral	1	
diltiazem hcl er beads capsule extended release 24 hour 360 mg oral	1	
diltiazem hcl er beads capsule extended release 24 hour 420 mg oral	1	
diltiazem hcl er capsule extended release 12 hour 120 mg oral	1	
diltiazem hcl er capsule extended release 12 hour 60 mg oral	1	
diltiazem hcl er capsule extended release 12 hour 90 mg oral	1	
diltiazem hcl er capsule extended release 24 hour 120 mg oral	1	
diltiazem hcl er capsule extended release 24 hour 180 mg oral	1	
diltiazem hcl er capsule extended release 24 hour 240 mg oral	1	
diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral	1	
diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral	1	
diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral	1	
diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral	1	
diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral	1	
diltiazem hcl er tablet extended release 24 hour 120 mg oral	1	
diltiazem hcl er tablet extended release 24 hour 180 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 240 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 300 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 360 mg oral	Non-Formulary	Formulary Exclusion
diltiazem hcl er tablet extended release 24 hour 420 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
diltiazem hcl solution 125 mg/25ml intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl solution 25 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl solution 50 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
diltiazem hcl tablet 120 mg oral	1	
diltiazem hcl tablet 30 mg oral	1	
diltiazem hcl tablet 60 mg oral	1	
diltiazem hcl tablet 90 mg oral	1	
diltiazem hcl-dextrose solution 125-5 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion
diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous	Non-Formulary	Non FDA Exclusion
dilt-xr capsule extended release 24 hour 120 mg oral	1	MONY Code
dilt-xr capsule extended release 24 hour 180 mg oral	1	MONY Code
dilt-xr capsule extended release 24 hour 240 mg oral	1	MONY Code
felodipine er tablet extended release 24 hour 10 mg oral	1	
felodipine er tablet extended release 24 hour 2.5 mg oral	1	
felodipine er tablet extended release 24 hour 5 mg oral	1	
isradipine capsule 2.5 mg oral	Non-Formulary	Formulary Exclusion
isradipine capsule 5 mg oral	Non-Formulary	Formulary Exclusion
KATERZIA SUSPENSION 1 MG/ML ORAL	Non-Formulary	
levamlodipine maleate tablet 2.5 mg oral	Non-Formulary	
levamlodipine maleate tablet 5 mg oral	Non-Formulary	
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
nicardipine hcl capsule 20 mg oral	Non-Formulary	Formulary Exclusion
nicardipine hcl capsule 30 mg oral	Non-Formulary	Formulary Exclusion
nicardipine hcl in nacl solution 20-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
nicardipine hcl in nacl solution 40-0.9 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
nicardipine hcl in nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
nicardipine hcl solution 2.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
nifedipine capsule 10 mg oral	1	
nifedipine capsule 20 mg oral	1	
nifedipine er osmotic release tablet extended release 24 hour 30 mg oral	1	
nifedipine er osmotic release tablet extended release 24 hour 60 mg oral	1	
nifedipine er osmotic release tablet extended release 24 hour 90 mg oral	1	
nifedipine er tablet extended release 24 hour 30 mg oral	1	
nifedipine er tablet extended release 24 hour 60 mg oral	1	
nifedipine er tablet extended release 24 hour 90 mg oral	1	
nimodipine capsule 30 mg oral	1	
nisoldipine er tablet extended release 24 hour 17 mg oral	1	
nisoldipine er tablet extended release 24 hour 20 mg oral	Non-Formulary	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 25.5 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
nisoldipine er tablet extended release 24 hour 30 mg oral	Non-Formulary	Formulary Exclusion
nisoldipine er tablet extended release 24 hour 34 mg oral	1	
nisoldipine er tablet extended release 24 hour 40 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion

Drug Name	Tier	Notes
nisoldipine er tablet extended release 24 hour 8.5 mg oral	1	
NORLIQVA SOLUTION 1 MG/ML ORAL	Non-Formulary	Formulary Exclusion
NORVASC TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NORVASC TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
NORVASC TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
NYMALIZE SOLUTION 6 MG/ML ORAL	3	
PROCARDIA CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL	Non-Formulary	Formulary Exclusion
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 17 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 34 MG ORAL	Non-Formulary	Formulary Exclusion
SULAR TABLET EXTENDED RELEASE 24 HOUR 8.5 MG ORAL	Non-Formulary	Formulary Exclusion
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	

Drug Name	Tier	Notes
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 100 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 100 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 120 mg oral	1	
verapamil hcl er capsule extended release 24 hour 180 mg oral	1	
verapamil hcl er capsule extended release 24 hour 200 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 200 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 240 mg oral	1	
verapamil hcl er capsule extended release 24 hour 300 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
verapamil hcl er capsule extended release 24 hour 360 mg oral	Non-Formulary	Formulary Exclusion
verapamil hcl er tablet extended release 120 mg oral	1	
verapamil hcl er tablet extended release 180 mg oral	1	
verapamil hcl er tablet extended release 240 mg oral	1	
verapamil hcl solution 2.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
verapamil hcl tablet 120 mg oral	1	
verapamil hcl tablet 40 mg oral	1	

Drug Name	Tier	Notes
verapamil hcl tablet 80 mg oral	1	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	Non-Formulary	Formulary Exclusion
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	Non-Formulary	Formulary Exclusion
CARDIOTONICS		
****Cardiac Glycosides******		
DIGITEK TABLET 125 MCG ORAL	1	
DIGITEK TABLET 250 MCG ORAL	1	
DIGOX TABLET 125 MCG ORAL	1	
DIGOX TABLET 250 MCG ORAL	1	
digoxin solution 0.05 mg/ml oral	1	
digoxin solution 0.05 mg/ml oral	1	MONY Code
digoxin solution 0.25 mg/ml injection	Non-Formulary	Medical Only Exclusion
digoxin tablet 125 mcg oral	1	
digoxin tablet 250 mcg oral	1	
digoxin tablet 62.5 mcg oral	1	
LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
LANOXIN SOLUTION 0.25 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	3	
LANOXIN TABLET 250 MCG ORAL	1	MONY Code
LANOXIN TABLET 62.5 MCG ORAL	3	
****Inotropes******		
dobutamine hcl solution 12.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
dobutamine hcl solution 250 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
dobutamine hcl solution 250 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
dobutamine-dextrose solution 1-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dobutamine-dextrose solution 2-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dobutamine-dextrose solution 4-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine hcl solution 40 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 0.8-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 1.6-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
dopamine-dextrose solution 3.2-5 mg/ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate in dextrose solution 20-5 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate in dextrose solution 40-5 mg/200ml-% intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate solution 10 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate solution 20 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
milrinone lactate solution 50 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
CARDIOVASCULAR AGENTS - MISC.		
****Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb******		
amlodipine-atorvastatin tablet 10-10 mg oral	1	
amlodipine-atorvastatin tablet 10-20 mg oral	1	
amlodipine-atorvastatin tablet 10-40 mg oral	1	
amlodipine-atorvastatin tablet 10-80 mg oral	1	
amlodipine-atorvastatin tablet 2.5-10 mg oral	1	
amlodipine-atorvastatin tablet 2.5-10 mg oral	1	MONY code issue
amlodipine-atorvastatin tablet 2.5-20 mg oral	1	
amlodipine-atorvastatin tablet 2.5-40 mg oral	1	
amlodipine-atorvastatin tablet 5-10 mg oral	1	
amlodipine-atorvastatin tablet 5-20 mg oral	1	
amlodipine-atorvastatin tablet 5-40 mg oral	1	

Drug Name	Tier	Notes
amlodipine-atorvastatin tablet 5-80 mg oral	1	
CADUET TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-40 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-80 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-20 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-40 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-80 MG ORAL	Non-Formulary	Formulary Exclusion
Cardioplegic Solutions*		
ADENOCAINE SOLUTION PREFILLED SYRINGE INTRAVENOUS	Non-Formulary	Non FDA Exclusion
cardioplegia del nido formula solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plasma high k solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia ind plasma-tromet solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction high k solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction low dex solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia induction non-enr solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low dextrose solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main low trometha solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia main plasma-trome solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia maintenance solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegia reperfusate 4:1 solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegic soln w/ lidocaine solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegic solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
cardioplegic solution perfusion	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
microplegia msa-msg solution perfusion	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PLEGISOL SOLUTION PERFUSION	Non-Formulary	Medical Only Exclusion
Cardiovascular Anti-Inflammatory|Immune Modulators*		
LODOCO TABLET 0.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion
Cardiovascular Sglt2 Inhibitors		
INPEFA TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INPEFA TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Impotence Agent Combinations*		
bi-mix solution reconstituted 150-5 mg intracavernosal	Non-Formulary	Non FDA Exclusion
quad-mix solution reconstituted 150-10-0.1-1 mg intracavernosal	Non-Formulary	Non FDA Exclusion
super bi-mix solution reconstituted 150-10 mg intracavernosal	Non-Formulary	Non FDA Exclusion
super quad-mix solution reconstituted 150-20-0.2-2 mg intracavernosal	Non-Formulary	Non FDA Exclusion
super tri-mix solution reconstituted 150-10-100 mg-mg-mcg intracavernosal	Non-Formulary	Non FDA Exclusion
tri-mix solution reconstituted 150-5-50 mg-mg-mcg intracavernosal	Non-Formulary	Non FDA Exclusion
Impotence Agents - Other*		
phenylephrine hcl solution 2 mg|2ml intracavernosal	Non-Formulary	Non FDA Exclusion
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*		
ENTRESTO TABLET 24-26 MG ORAL	2	QL
ENTRESTO TABLET 49-51 MG ORAL	2	QL
ENTRESTO TABLET 97-103 MG ORAL	2	QL
Nitrate & Vasodilator Combinations*		
BIDIL TABLET 20-37.5 MG ORAL	Non-Formulary	Formulary Exclusion
isosorb dinitrate-hydralazine tablet 20-37.5 mg oral	1	
Pde Inhibitor-Endothelin Recptor Antagonist Combinations*		
OPSYNVI TABLET 10-20 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty

Drug Name	Tier	Notes
OPSYNVI TABLET 10-40 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
Peripheral Vasodilators*		
isoxsuprine hcl tablet 10 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
isoxsuprine hcl tablet 20 mg oral	Non-Formulary	Non FDA Exclusion; MONY Code
isoxsuprine hcl tablet 20 mg oral	Non-Formulary	Formulary Exclusion
papaverine hcl solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion
papaverine hcl solution 30 mg/ml injection	Non-Formulary	Non FDA Exclusion; MONY Code
Prostaglandin - Impotence Agents*		
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	3	QL
CAVERJECT IMPULSE KIT 20 MCG INTRACAVERNOSAL	3	QL
CAVERJECT SOLUTION RECONSTITUTED 20 MCG INTRACAVERNOSAL	3	QL
CAVERJECT SOLUTION RECONSTITUTED 40 MCG INTRACAVERNOSAL	3	QL
EDEX KIT 10 MCG INTRACAVERNOSAL	3	QL
EDEX KIT 20 MCG INTRACAVERNOSAL	3	QL
EDEX KIT 40 MCG INTRACAVERNOSAL	3	QL
MUSE PELLET 1000 MCG URETHRAL	3	QL
MUSE PELLET 250 MCG URETHRAL	3	QL
MUSE PELLET 500 MCG URETHRAL	3	QL
Prostaglandin Vasodilators*		
epoprostenol sodium solution reconstituted 0.5 mg intravenous	Tier 4	PA; Specialty
epoprostenol sodium solution reconstituted 1.5 mg intravenous	Tier 4	PA; Specialty
treprostinil solution 100 mg/20ml injection	Tier 4	PA; Specialty
treprostinil solution 20 mg/20ml injection	Tier 4	PA; Specialty
treprostinil solution 200 mg/20ml injection	Tier 4	PA; Specialty
treprostinil solution 50 mg/20ml injection	Tier 4	PA; Specialty
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X48MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL

Drug Name	Tier	Notes
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI TITRATION KIT POWDER 112 X 16MCG & 84 X 32MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
WINREVAIR KIT 45 MG SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
WINREVAIR KIT 60 MG SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan tablet 10 mg oral	Tier 4	PA; Specialty; QL
ambrisentan tablet 5 mg oral	Tier 4	PA; Specialty; QL
bosentan tablet 125 mg oral	Tier 4	PA; Specialty; QL
bosentan tablet 62.5 mg oral	Tier 4	PA; Specialty; QL
LETAIRIS TABLET 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
LETAIRIS TABLET 5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
OPSUMIT TABLET 10 MG ORAL	Tier 4	PA; Specialty; QL
TRACLEER TABLET 125 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TRACLEER TABLET 62.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TRACLEER TABLET SOLUBLE 32 MG ORAL	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABLET 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ALYQ TABLET 20 MG ORAL	Tier 4	PA; Specialty; QL
LIQREV SUSPENSION 10 MG/ML ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
REVATIO SOLUTION 10 MG/12.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REVATIO SUSPENSION RECONSTITUTED 10 MG/ML ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
REVATIO TABLET 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
sildenafil citrate solution 10 mg/12.5ml intravenous	Non-Formulary	Medical Only Exclusion
sildenafil citrate suspension reconstituted 10 mg/ml oral	Tier 4	PA; Specialty
sildenafil citrate tablet 20 mg oral	Tier 4	PA; Specialty; QL
tadalafil (pah) tablet 20 mg oral	Tier 4	PA; Specialty; QL
TADLIQ SUSPENSION 20 MG/5ML ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI SOLUTION RECONSTITUTED 1800 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UPTRAVI TABLET 1000 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 1200 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 1400 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 1600 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 200 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 400 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 600 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TABLET 800 MCG ORAL	Tier 4	PA; Specialty; QL
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	Tier 4	PA; Specialty; QL
Selective Cgmp Phosphodiesterase Type 5 Inhibitors		
CIALIS TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 2.5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL

Drug Name	Tier	Notes
CIALIS TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
LEVITRA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LEVITRA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
sildenafil citrate tablet 100 mg oral	1	QL
sildenafil citrate tablet 25 mg oral	1	QL
sildenafil citrate tablet 50 mg oral	1	QL
STAXYN TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
STENDRA TABLET 100 MG ORAL	3	QL
STENDRA TABLET 200 MG ORAL	3	QL
STENDRA TABLET 50 MG ORAL	3	QL
tadalafil tablet 10 mg oral	1	QL
tadalafil tablet 2.5 mg oral	1	PA; QL
tadalafil tablet 20 mg oral	1	QL
tadalafil tablet 5 mg oral	1	PA; QL
vardenafil hcl tablet 10 mg oral	1	QL
vardenafil hcl tablet 2.5 mg oral	1	QL
vardenafil hcl tablet 20 mg oral	1	QL
vardenafil hcl tablet 5 mg oral	1	QL
vardenafil hcl tablet dispersible 10 mg oral	1	QL
VIAGRA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIAGRA TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
VIAGRA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Septal Agents - Ablation*		
ABLYSINOL SOLUTION INTRA-ARTERIAL	Non-Formulary	Medical Only Exclusion
Sinus Node Inhibitors*		
CORLANOR SOLUTION 5 MG/5ML ORAL	2	QL
CORLANOR TABLET 5 MG ORAL	2	QL
CORLANOR TABLET 7.5 MG ORAL	2	QL
Transthyretin Stabilizers**		
VYNDAMAX CAPSULE 61 MG ORAL	Tier 4	PA; Specialty; QL
VYNDAQEL CAPSULE 20 MG ORAL	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*		
VERQUVO TABLET 10 MG ORAL	2	PA
VERQUVO TABLET 2.5 MG ORAL	2	PA
VERQUVO TABLET 5 MG ORAL	2	PA
CEPHALOSPORINS		
Cephalosporin Combinations*		
AVYCAZ SOLUTION RECONSTITUTED 2.5 (2-0.5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZERBAXA SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cephalosporins - 1St Generation*		
cefadroxil capsule 500 mg oral	1	
cefadroxil suspension reconstituted 250 mg/5ml oral	1	
cefadroxil suspension reconstituted 500 mg/5ml oral	1	
cefadroxil tablet 1 gm oral	1	MONY Code
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 1 gm/10ml intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 2 gm/20ml intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution prefilled syringe 3 gm/30ml injection	Non-Formulary	Non FDA Exclusion
cefazolin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 10 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 100 gm injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
cefazolin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 3 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 3 gm intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 300 gm injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
cefazolin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefazolin sodium-dextrose solution reconstituted 2-3 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cephalexin capsule 250 mg oral	1	
cephalexin capsule 500 mg oral	1	
cephalexin capsule 750 mg oral	1	
cephalexin capsule 750 mg oral	1	MONY code issue
cephalexin suspension reconstituted 125 mg/5ml oral	1	
cephalexin suspension reconstituted 250 mg/5ml oral	1	
cephalexin tablet 250 mg oral	3	
cephalexin tablet 500 mg oral	3	
KEFLEX CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
KEFLEX CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
KEFLEX CAPSULE 750 MG ORAL	Non-Formulary	Formulary Exclusion
Cephalosporins - 2Nd Generation		
cefaclor capsule 250 mg oral	1	MONY Code
cefaclor capsule 500 mg oral	1	MONY Code
cefaclor er tablet extended release 12 hour 500 mg oral	3	

Drug Name	Tier	Notes
cefaclor suspension reconstituted 125 mg/5ml oral	3	
cefaclor suspension reconstituted 250 mg/5ml oral	3	
cefaclor suspension reconstituted 375 mg/5ml oral	3	
CEFOTAN SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
CEFOTAN SOLUTION RECONSTITUTED 2 GM INJECTION	Non-Formulary	Medical Only Exclusion
cefotetan disodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion; MONY code issue
cefotetan disodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion; MONY code issue
cefotetan disodium-dextrose solution reconstituted 1-3.58 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefotetan disodium-dextrose solution reconstituted 2-2.08 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium-dextrose solution reconstituted 1-4 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefoxitin sodium-dextrose solution reconstituted 2-2.2 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefprozil suspension reconstituted 125 mg/5ml oral	1	
cefprozil suspension reconstituted 250 mg/5ml oral	1	
cefprozil tablet 250 mg oral	1	
cefprozil tablet 500 mg oral	1	
cefuroxime axetil tablet 250 mg oral	1	
cefuroxime axetil tablet 500 mg oral	1	
cefuroxime sodium solution reconstituted 1.5 gm intravenous	Non-Formulary	Medical Only Exclusion
cefuroxime sodium solution reconstituted 1.5 gm intravenous	Non-Formulary	Medical Only Exclusion; MONY Code

Drug Name	Tier	Notes
cefuroxime sodium solution reconstituted 750 mg injection	Non-Formulary	Medical Only Exclusion
Cephalosporins - 3Rd Generation*		
cefdinir capsule 300 mg oral	1	
cefdinir suspension reconstituted 125 mg/5ml oral	1	
cefdinir suspension reconstituted 250 mg/5ml oral	1	
cefixime capsule 400 mg oral	1	
cefixime suspension reconstituted 100 mg/5ml oral	1	
cefixime suspension reconstituted 200 mg/5ml oral	1	
cefotaxime sodium solution reconstituted 1 gm injection	Non-Formulary	Non FDA Exclusion
cefotaxime sodium solution reconstituted 1 gm injection	Non-Formulary	Non FDA Exclusion; MONY Code
cefotaxime sodium solution reconstituted 2 gm injection	Non-Formulary	Non FDA Exclusion
cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral	1	
cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral	1	
cefpodoxime proxetil tablet 100 mg oral	1	
cefpodoxime proxetil tablet 200 mg oral	1	
ceftazidime and dextrose solution reconstituted 1-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime and dextrose solution reconstituted 2-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftazidime solution reconstituted 6 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium in dextrose solution 20 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium in dextrose solution 40 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ceftriaxone sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 100 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 250 mg injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium-dextrose solution reconstituted 1-3.74 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
ceftriaxone sodium-dextrose solution reconstituted 2-2.22 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FORTAZ SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
SUPRAX CAPSULE 400 MG ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL	2	
SUPRAX TABLET CHEWABLE 100 MG ORAL	2	
SUPRAX TABLET CHEWABLE 200 MG ORAL	2	
TAZICEF SOLUTION 1 GM/50ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INJECTION	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE

Drug Name	Tier	Notes
TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAZICEF SOLUTION RECONSTITUTED 2 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
TAZICEF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cephalosporins - 4Th Generation		
cefepime hcl solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution 2 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 100 gm intravenous	Non-Formulary	Medical Only Exclusion
cefepime hcl solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
cefepime-dextrose solution reconstituted 1-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
cefepime-dextrose solution reconstituted 2-5 gm-%(50ml) intravenous	Non-Formulary	Medical Only Exclusion
Cephalosporins - 5Th Generation		
TEFLARO SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TEFLARO SOLUTION RECONSTITUTED 600 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cephalosporins - Siderophores		
FETROJA SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CHEMICALS		
Bases		
potassium hydroxide solution 5 % external	Non-Formulary	Non FDA Exclusion
sodium hydroxide solution 10 % external (rx)	Non-Formulary	Non FDA Exclusion
Bulk Chemicals - Er		
erlotinib hcl (bulk) powder	Non-Formulary	Non FDA Exclusion
CONTRACEPTIVES		
Biphasic Contraceptives - Oral		
MIRCETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Combination Contraceptives - Oral*		
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL	Non-Formulary	Formulary Exclusion
BEYAZ TABLET 3-0.02-0.451 MG ORAL	Non-Formulary	Formulary Exclusion
FALESSA KIT 20-1-0.1 MCG-MG ORAL	Non-Formulary	Non FDA Exclusion
GENERESS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
MINASTRIN 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	Non-Formulary	Formulary Exclusion
NEXTSTELLIS TABLET 3-14.2 MG ORAL	Non-Formulary	Formulary Exclusion
SAFYRAL TABLET 3-0.03-0.451 MG ORAL	Non-Formulary	Formulary Exclusion
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	Non-Formulary	Formulary Exclusion
YASMIN 28 TABLET 3-0.03 MG ORAL	Non-Formulary	Formulary Exclusion
YAZ TABLET 3-0.02 MG ORAL	Non-Formulary	Formulary Exclusion
Combination Contraceptives - Transdermal*		
TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
Combination Contraceptives - Vaginal*		
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion; QL
NUVARING RING 0.12-0.015 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion
Extended-Cycle Contraceptives - Oral*		
LOSEASONIQUE TABLET 0.1-0.02 & 0.01 MG ORAL	Non-Formulary	Formulary Exclusion
QUARTETTE TABLET 42-21-21-7 DAYS ORAL	Non-Formulary	Formulary Exclusion
SEASONIQUE TABLET 0.15-0.03 &0.01 MG ORAL	Non-Formulary	Formulary Exclusion
Progestin Contraceptives - Injectable*		
DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Progestin Contraceptives - Oral*		
ORTHO MICRONOR TABLET 0.35 MG ORAL	Non-Formulary	Formulary Exclusion
SLYND TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
Triphasic Contraceptives - Oral*		
ESTROSTEP FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
CORTICOSTEROIDS		
Glucocorticosteroids*		
active injection d kit 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
AGAMREE SUSPENSION 40 MG/ML ORAL	Non-Formulary	New to Market Exclusion; Specialty
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL	3	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL	3	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL	3	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	PA
betamethasone sodium phosphate solution 12 mg/2ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sodium phosphate solution 6 mg/ml injection	Non-Formulary	Non FDA Exclusion
budesonide capsule delayed release particles 3 mg oral	1	
budesonide er tablet extended release 24 hour 9 mg oral	1	
CORTEF TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
CORTEF TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
CORTEF TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
cortisone acetate tablet 25 mg oral	3	
DECADRON TABLET 0.5 MG ORAL	1	
DECADRON TABLET 0.75 MG ORAL	1	
DECADRON TABLET 4 MG ORAL	1	
DECADRON TABLET 6 MG ORAL	1	
deflazacort tablet 18 mg oral	Tier 4	PA; Specialty
deflazacort tablet 30 mg oral	Tier 4	PA; Specialty
deflazacort tablet 36 mg oral	Tier 4	PA; Specialty

Drug Name	Tier	Notes
deflazacort tablet 6 mg oral	Tier 4	PA; Specialty
DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION	3	
DEPO-MEDROL SUSPENSION 40 MG/ML INJECTION	3	
DEPO-MEDROL SUSPENSION 80 MG/ML INJECTION	3	
dexabliss tablet therapy pack 1.5 mg (39) oral	Non-Formulary	
dexamethasone (la) suspension 16 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone (la) suspension 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone acetate suspension 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone elixir 0.5 mg/5ml oral	1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	3	
dexamethasone sod phos-nacl solution 6-0.9 mg/25ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexamethasone sod phosphate pf solution 10 mg/ml injection	1	
dexamethasone sod phosphate pf solution prefilled syringe 10 mg/ml injection	Non-Formulary	Formulary Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sodium phosphate solution 10 mg/ml injection	1	MONY Code
dexamethasone sodium phosphate solution 100 mg/10ml injection	1	
dexamethasone sodium phosphate solution 120 mg/30ml injection	1	
dexamethasone sodium phosphate solution 20 mg/5ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sodium phosphate solution 20 mg/5ml injection	1	
dexamethasone sodium phosphate solution 4 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sodium phosphate solution 4 mg/ml injection	1	

Drug Name	Tier	Notes
dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection	1	MONY code issue
dexamethasone solution 0.5 mg/5ml oral	3	
dexamethasone tablet 0.5 mg oral	1	
dexamethasone tablet 0.5 mg oral	1	MONY code issue
dexamethasone tablet 0.75 mg oral	1	
dexamethasone tablet 0.75 mg oral	1	MONY code issue
dexamethasone tablet 1 mg oral	1	
dexamethasone tablet 1 mg oral	1	MONY Code
dexamethasone tablet 1.5 mg oral	1	
dexamethasone tablet 2 mg oral	1	
dexamethasone tablet 2 mg oral	1	MONY Code
dexamethasone tablet 4 mg oral	1	
dexamethasone tablet 6 mg oral	1	
dexamethasone tablet therapy pack 1.5 mg (21) oral	Non-Formulary	
dexamethasone tablet therapy pack 1.5 mg (35) oral	Non-Formulary	MONY Code
dexamethasone tablet therapy pack 1.5 mg (51) oral	Non-Formulary	MONY Code
DEXONTO 0.4% SOLUTION 20 MG/5ML IONTOPHORESIS	Non-Formulary	Non FDA Exclusion
DOUBLEDEX KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
DXEVO 11-DAY TABLET THERAPY PACK 1.5 MG ORAL	Non-Formulary	
EMFLAZA TABLET 18 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
EMFLAZA TABLET 30 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
EMFLAZA TABLET 36 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
EMFLAZA TABLET 6 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ENTOCORT EC CAPSULE DELAYED RELEASE PARTICLES 3 MG ORAL	Non-Formulary	Formulary Exclusion
EOHILIA SUSPENSION 2 MG/10ML ORAL	Non-Formulary	New to Market Exclusion; Specialty
HEMADY TABLET 20 MG ORAL	Non-Formulary	
HEXATRIONE SUSPENSION 20 MG/ML INTRA-ARTICULAR	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
HIDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	Non-Formulary	
hydrocortisone tablet 10 mg oral	1	
hydrocortisone tablet 20 mg oral	1	
hydrocortisone tablet 5 mg oral	1	
KENALOG SUSPENSION 10 MG/ML INJECTION	3	
KENALOG SUSPENSION 40 MG/ML INJECTION	3	
KENALOG-80 SUSPENSION 80 MG/ML INJECTION	3	
MAS CARE-PAK KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
MEDROL TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	3	
MEDROL TABLET 32 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET THERAPY PACK 4 MG ORAL	Non-Formulary	Formulary Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone acetate suspension 40 mg/ml injection	1	
methylprednisolone acetate suspension 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone acetate suspension 80 mg/ml injection	1	
methylprednisolone sodium succ solution reconstituted 1000 mg injection	1	
methylprednisolone sodium succ solution reconstituted 125 mg injection	1	
methylprednisolone sodium succ solution reconstituted 40 mg injection	1	
methylprednisolone sodium succ solution reconstituted 500 mg injection	1	
methylprednisolone tablet 16 mg oral	1	
methylprednisolone tablet 32 mg oral	1	

Drug Name	Tier	Notes
methylprednisolone tablet 4 mg oral	1	
methylprednisolone tablet 8 mg oral	1	
methylprednisolone tablet therapy pack 4 mg oral	1	
MILLIPRED TABLET 5 MG ORAL	Non-Formulary	
ORAPRED ODT TABLET DISPERSIBLE 10 MG ORAL	3	
ORAPRED ODT TABLET DISPERSIBLE 15 MG ORAL	3	
ORAPRED ODT TABLET DISPERSIBLE 30 MG ORAL	3	
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL	Non-Formulary	
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL	Non-Formulary	
p-care k40 kit 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
p-care k80 kit 2 x 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
PEDIAPRED SOLUTION 6.7 (5 BASE) MG/5ML ORAL	Non-Formulary	Formulary Exclusion
pod-care 100k kit 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
prednisolone sodium phosphate solution 10 mg/5ml oral	Non-Formulary	
prednisolone sodium phosphate solution 15 mg/5ml oral	1	
prednisolone sodium phosphate solution 20 mg/5ml oral	1	
prednisolone sodium phosphate solution 25 mg/5ml oral	1	
prednisolone sodium phosphate solution 25 mg/5ml oral	1	MONY Code
prednisolone sodium phosphate solution 6.7 (5 base) mg/5ml oral	1	
prednisolone sodium phosphate tablet dispersible 10 mg oral	1	MONY Code
prednisolone sodium phosphate tablet dispersible 10 mg oral	1	
prednisolone sodium phosphate tablet dispersible 15 mg oral	1	MONY Code
prednisolone sodium phosphate tablet dispersible 15 mg oral	1	

Drug Name	Tier	Notes
prednisolone sodium phosphate tablet dispersible 30 mg oral	1	MONY Code
prednisolone sodium phosphate tablet dispersible 30 mg oral	1	
prednisolone solution 15 mg/5ml oral	1	
prednisolone solution 15 mg/5ml oral	1	MONY Code
prednisolone tablet 5 mg oral	Non-Formulary	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
prednisone solution 5 mg/5ml oral	1	MONY Code
prednisone tablet 1 mg oral	1	
prednisone tablet 10 mg oral	1	
prednisone tablet 2.5 mg oral	1	
prednisone tablet 20 mg oral	1	
prednisone tablet 5 mg oral	1	
prednisone tablet 50 mg oral	1	
prednisone tablet 50 mg oral	1	MONY Code
prednisone tablet therapy pack 10 mg (21) oral	1	
prednisone tablet therapy pack 10 mg (21) oral	1	MONY Code
prednisone tablet therapy pack 10 mg (48) oral	1	
prednisone tablet therapy pack 10 mg (48) oral	1	MONY Code
prednisone tablet therapy pack 5 mg (21) oral	1	
prednisone tablet therapy pack 5 mg (21) oral	1	MONY Code
prednisone tablet therapy pack 5 mg (48) oral	1	
PRO-C-DURE 5 KIT 2 X 40 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
PRO-C-DURE 6 KIT 3 X 40 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
RAYOS TABLET DELAYED RELEASE 1 MG ORAL	Non-Formulary	Formulary Exclusion
RAYOS TABLET DELAYED RELEASE 2 MG ORAL	Non-Formulary	Formulary Exclusion
RAYOS TABLET DELAYED RELEASE 5 MG ORAL	Non-Formulary	Formulary Exclusion
READYSHARP DEXAMETHASONE KIT 10 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	3	
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	3	

Drug Name	Tier	Notes
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	3	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 1000 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 125 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 40 MG INJECTION	3	
SOLU-MEDROL (PF) SOLUTION RECONSTITUTED 500 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 1000 MG INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION	3	
SOLU-MEDROL SOLUTION RECONSTITUTED 500 MG INJECTION	3	
TAPERDEX 12-DAY TABLET THERAPY PACK 1.5 MG (49) ORAL	Non-Formulary	
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG (21) ORAL	Non-Formulary	
TAPERDEX 6-DAY TABLET THERAPY PACK 1.5 MG ORAL	Non-Formulary	
TAPERDEX 7-DAY TABLET THERAPY PACK 1.5 MG (27) ORAL	Non-Formulary	
TARPEYO CAPSULE DELAYED RELEASE 4 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
topidex kit 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 40 mg/ml injection	1	
triamcinolone acetonide suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone diacetate suspension 40 mg/ml injection	Non-Formulary	Non FDA Exclusion
triamcinolone diacetate suspension 80 mg/ml injection	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	Non-Formulary	Formulary Exclusion
zcort 7-day tablet therapy pack 1.5 mg (25) oral	Non-Formulary	
ZILRETTA SUSPENSION RECONSTITUTED ER 32 MG INTRA-ARTICULAR	Non-Formulary	Medical Only Exclusion
Mineralocorticoids*		
fludrocortisone acetate tablet 0.1 mg oral	1	
Steroid Combinations*		
active injection blm-1 kit 6 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
active injection bm kit 6 & 0.25 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection dl kit 10 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection dlm kit 10 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
ACTIVE INJECTION KIT L KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
active injection kl-3 kit 40-1 mg/ml-% combination	Non-Formulary	Non FDA Exclusion
active injection km kit 40-0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
active injection lm-dep-2 kit 40 & 0.25 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
active injection m-1 kit 10 & 0.25 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
beta 1 kit kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion
BETALIDO KIT 6 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
BETALOAN SUIK KIT 30 MG/5ML COMBINATION	Non-Formulary	Non FDA Exclusion
betamethasone combo suspension 6 (3-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
betamethasone combo suspension 7 (4-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection	Non-Formulary	Non FDA Exclusion
bsp 0820 kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
bupivilog kit 40 & 0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	3	
CELESTONE SOLUSPAN SUSPENSION 6 (3-3) MG/ML INJECTION	Non-Formulary	Formulary Exclusion
CONTRAST ALLERGY PREMED PACK KIT 3 X 50 MG & 1 X 50 MG ORAL	Non-Formulary	Non FDA Exclusion
dexameth sod phos-bupiv-epin solution prefilled syringe 0.01-0.375 %-1:200000 injection	Non-Formulary	Non FDA Exclusion
dexamethasone ace & sod phos suspension 8-4 mg/ml injection	Non-Formulary	Non FDA Exclusion
dexamethasone sod phos-bupiv solution prefilled syringe 0.01-0.375 % injection	Non-Formulary	Non FDA Exclusion
DEXLIDO KIT 10 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
DEXLIDO-M KIT 10 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DMT SUIK KIT 10 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
DYURAL 80-LM KIT 80 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-40 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-80 KIT 80 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-L KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
DYURAL-LM KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
lidocidex i solution 5-10 mg/1.5ml injection	Non-Formulary	Non FDA Exclusion
lidolog kit 40 & 2 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
MARBETA-25 KIT 6 & 0.25 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
MARBETA-L KIT 6 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
MARDEX-25 KIT 10 & 0.25 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
MEDROLOAN II SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
MEDROLOAN SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
methylprednisolone ace-lido suspension 40-10 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone ace-lido suspension 80-10 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone-bupivacaine suspension 40-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
methylprednisolone-bupivacaine suspension 80-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
mlk f1 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
mlk f2 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
mlk f3 kit 40 & 0.5 & 2 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
MLK F4 KIT 40 & 0.5 & 2 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
multi-specialty kit 40 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
p-care k40g kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
p-care k40mx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
p-care k80g kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
p-care k80mx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
physicians ez use j/t/t kit ii kit 40 & 1 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
physicians ez use joint/tunnel kit 40-1 mg/ml-% combination	Non-Formulary	Non FDA Exclusion
physicians ez use m-pred kit 40-0.5 mg/ml-% injection	Non-Formulary	Non FDA Exclusion
pod-care 100c kit 30 mg/5ml injection	Non-Formulary	Non FDA Exclusion
pod-care 100cg kit 30 mg/5ml combination	Non-Formulary	Non FDA Exclusion
pod-care 100cmx kit 6 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
pod-care 100kg kit 40 mg/ml combination	Non-Formulary	Non FDA Exclusion
pod-care 100kmx kit 40 & 0.5 & 1 mg/ml-%-% injection	Non-Formulary	Non FDA Exclusion
POINT OF CARE KM KIT 40 & 0.5 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE L.2 KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE L.5 KIT 40 & 1 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
POINT OF CARE LM DEP 2 KIT 40 & 0.25 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
READYSHARP ANESTH + BETAMETH KIT 6 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + DEXAMETH KIT 10 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP ANESTH + METHYLPRED KIT 80 & 0.5 & 1 MG/ML-%-% INJECTION	Non-Formulary	Non FDA Exclusion
READYSHARP BETAMETHASONE KIT 30 MG/5ML INJECTION	Non-Formulary	Non FDA Exclusion
ROPIDEX KIT 10-0.5 MG/ML-% INJECTION	Non-Formulary	Non FDA Exclusion
triamcinolone-bupivacaine suspension 40-5 mg/ml injection	Non-Formulary	Non FDA Exclusion
TRILOAN II SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
TRILOAN SUIK KIT 40 MG/ML COMBINATION	Non-Formulary	Non FDA Exclusion
COUGH/COLD/ALLERGY		
****Antitussive - Nonnarcotic******		
benzonatate capsule 100 mg oral	1	
benzonatate capsule 150 mg oral	Non-Formulary	
benzonatate capsule 200 mg oral	1	
TESSALON PERLES CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
****Antitussive - Opioid******		
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL	Non-Formulary	MONY Code; Formulary Exclusion
HYCODAN TABLET 5-1.5 MG ORAL	Non-Formulary	Formulary Exclusion
hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral	1	
hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral	1	
hydromet solution 5-1.5 mg/5ml oral	1	
****Antitussive-Expectorant******		
dextromethorphan-guaifenesin syrup 10-100 mg/5ml oral	1	

Drug Name	Tier	Notes
Decongestant & Antihistamine*		
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ORAL	3	
promethazine vc syrup 6.25-5 mg/5ml oral	1	MONY CODE ISSUE
promethazine-phenylephrine syrup 6.25-5 mg/5ml oral	1	MONY Code
Decongestant W/ Expectorant*		
GILPHEX TR TABLET 10-388 MG ORAL	Non-Formulary	Non FDA Exclusion
Iodine Expectorants*		
SSKI SOLUTION 1 GM/ML ORAL	3	
Misc. Respiratory Inhalants*		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	3	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	Non-Formulary	Formulary Exclusion
NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION	1	
PULMOSAL NEBULIZATION SOLUTION 7 % INHALATION	1	
sodium chloride nebulization solution 0.9 % inhalation (rx)	1	
sodium chloride nebulization solution 10 % inhalation	1	
sodium chloride nebulization solution 10 % inhalation	Non-Formulary	Non FDA Exclusion
sodium chloride nebulization solution 3 % inhalation	1	
sodium chloride nebulization solution 3 % inhalation	Non-Formulary	Non FDA Exclusion
sodium chloride nebulization solution 7 % inhalation	1	
Mucolytics*		
acetylcysteine solution 10 % inhalation	1	
acetylcysteine solution 20 % inhalation	1	
Non-Narc Antitussive-Antihistamine*		
promethazine-dm syrup 6.25-15 mg/5ml oral	1	
promethazine-dm syrup 6.25-15 mg/5ml oral	1	MONY Code

Drug Name	Tier	Notes
Non-Narc Antitussive-Decongestant-Antihistamine*		
BROMFED DM SYRUP 2-30-10 MG/5ML ORAL	1	
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
Opioid Antitussive-Antihistamine*		
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	1	
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	1	MONY code issue
promethazine-codeine solution 6.25-10 mg/5ml oral	1	
promethazine-codeine syrup 6.25-10 mg/5ml oral	1	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL	Non-Formulary	
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL	3	
TUZISTRA XR SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ORAL	3	
Opioid Antitussive-Decongestant-Antihistamine*		
promethazine vc/codeine syrup 6.25-5-10 mg/5ml oral	1	MONY CODE ISSUE
promethazine-phenyleph-codeine syrup 6.25-5-10 mg/5ml oral	1	MONY Code
DERMATOLOGICALS		
Acne Antibiotics*		
ACZONE GEL 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ACZONE GEL 7.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
AMZEEQ FOAM 4 % EXTERNAL	3	
CLEOCIN-T LOTION 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLINDACIN ETZ SWAB 1 % EXTERNAL	1	MONY Code
CLINDACIN FOAM 1 % EXTERNAL	1	
CLINDACIN-P SWAB 1 % EXTERNAL	1	MONY Code
CLINDAGEL GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
clindamycin phosphate foam 1 % external	1	
clindamycin phosphate gel 1 % external	1	MONY Code
clindamycin phosphate gel 1 % external	1	

Drug Name	Tier	Notes
clindamycin phosphate lotion 1 % external	1	
clindamycin phosphate solution 1 % external	1	
clindamycin phosphate swab 1 % external	1	MONY Code
dapsone gel 5 % external	1	
dapsone gel 7.5 % external	1	
dapsone gel 7.5 % external	1	MONY Code
ery pad 2 % external	1	MONY Code
ERYGEL GEL 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
erythromycin gel 2 % external	1	
erythromycin solution 2 % external	1	
EVOCLIN FOAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
KLARON LOTION 10 % EXTERNAL	Non-Formulary	Formulary Exclusion
sulfacetamide sodium (acne) lotion 10 % external	1	
Acne Combinations		
ACANYA GEL 1.2-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
acioxiay cream 15-4 % external	Non-Formulary	Non FDA Exclusion
adainzde gel 0.3-2.5-1 % external	Non-Formulary	Non FDA Exclusion
adainzoxia gel 0.3-2.5-4 % external	Non-Formulary	Non FDA Exclusion
adapalene-benzoyl peroxide gel 0.1-2.5 % external	1	
adapalene-benzoyl peroxide gel 0.3-2.5 % external	Non-Formulary	Formulary Exclusion
adapalene-benzoyl peroxide pad 0.1-2.5 % external	Non-Formulary	Non FDA Exclusion
adeinzde gel 0.1-2.5-1 % external	Non-Formulary	Non FDA Exclusion
AVAR CLEANSER LIQUID 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR LS CLEANSER LIQUID 10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E EMOLLIENT CREAM 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E GREEN CREAM 10-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
AVAR-E LS CREAM 10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZACLIN GEL 1-5 % EXTERNAL	Non-Formulary	Formulary Exclusion
BENZACLIN WITH PUMP GEL 1-5 % EXTERNAL	Non-Formulary	Formulary Exclusion
BENZAMYCIN GEL 5-3 % EXTERNAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
benzoyl perox-hydrocortisone lotion 5-0.5 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide forte- hc lotion 7.5-1 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide-erythromycin gel 5-3 % external	1	
bp 10-1 emulsion 10-1 % external	Non-Formulary	Non FDA Exclusion
bp cleansing wash emulsion 10-4 % external	Non-Formulary	Non FDA Exclusion
CABTREO GEL 0.15-3.1-1.2 % EXTERNAL	3	
CLENIA PLUS SUSPENSION 9-4.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CLINDACIN ETZ KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CLINDACIN PAC KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	
clindamycin phos-benzoyl perox gel 1.2-2.5 % external	1	MONY Code
clindamycin phos-benzoyl perox gel 1.2-3.75 % external	1	
clindamycin phos-benzoyl perox gel 1.2-5 % external	1	
clindamycin phos-benzoyl perox gel 1-5 % external	1	
clindamycin-tretinoin gel 1.2-0.025 % external	Non-Formulary	
clindavix kit 1 & 1.8-2 % external	Non-Formulary	Non FDA Exclusion
CLINOIN CREAM 1.25-0.025-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
deoxia gel 1-4 % external	Non-Formulary	Non FDA Exclusion
deoxia lotion 1-4 % external	Non-Formulary	Non FDA Exclusion
deoxiademtar gel 1-4-2-0.025 % external	Non-Formulary	Non FDA Exclusion
deoxiatar solution 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
deoxiavar cream 1-4-0.05 % external	Non-Formulary	Non FDA Exclusion
diadimaxia cream 6-2-5 % external	Non-Formulary	Non FDA Exclusion
diadimaxia gel 6-2-5 % external	Non-Formulary	Non FDA Exclusion
diaoxia gel 6-4 % external	Non-Formulary	Non FDA Exclusion
diasaxiatar cream 8.5-2-0.025 % external	Non-Formulary	Non FDA Exclusion
diasaxiatar gel 8.5-2-0.025 % external	Non-Formulary	Non FDA Exclusion
diasdimaxia cream 8.5-2-5 % external	Non-Formulary	Non FDA Exclusion
diasdimaxia gel 8.5-2-5 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
diasoxia cream 6-4 % external	Non-Formulary	Non FDA Exclusion
diasoxia cream 8.5-4 % external	Non-Formulary	Non FDA Exclusion
diasoxia gel 8.5-4 % external	Non-Formulary	Non FDA Exclusion
dimoxia gel 4-5 % external	Non-Formulary	Non FDA Exclusion
draxace lotion cleanser suspension 2-8 % external	Non-Formulary	Non FDA Exclusion
draxacey suspension 2-8 % external	Non-Formulary	Non FDA Exclusion
drixece suspension 5-10 % external	Non-Formulary	Non FDA Exclusion
eceoxia cream 4-10 % external	Non-Formulary	Non FDA Exclusion
EPIDUO FORTE GEL 0.3-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
EPIDUO GEL 0.1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ethoxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
fluoxia cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion
idyyxiatar gel 5-0.025 % external	Non-Formulary	Non FDA Exclusion
INOVA 4/1 ACNE CONTROL THERAPY KIT 4 & 1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
INOVA 8/2 ACNE CONTROL THERAPY KIT 8 & 2 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
INOVA KIT 4 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
INOVA KIT 8 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
inzdeaxiatar gel 2.5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
inzdeaxiavar gel 2.5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
inzdeoxia gel 2.5-1-4 % external	Non-Formulary	Non FDA Exclusion
ithoxia cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
NEUAC GEL 1.2-5 % EXTERNAL	1	
NEUAC KIT 1.2-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCARACLINPAK KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCARARXPAK KIT 1-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ONEXTON GEL 1.2-3.75 % EXTERNAL	2	
onzdeaxiademtar gel 5-1-2-2-0.025 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiademvar gel 5-1-2-2-0.05 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiatar gel 5-1-2-0.025 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiavar gel 5-1-2-0.05 % external	Non-Formulary	Non FDA Exclusion
onzdeaxiazar gel 5-1-2-0.1 % external	Non-Formulary	Non FDA Exclusion
onzdeoxia gel 1-5-4 % external	Non-Formulary	Non FDA Exclusion
oxiaice lotion 4-15 % external	Non-Formulary	Non FDA Exclusion
oxiatar cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
oxiavar cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
oxiavarry cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
oxiavary cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
oxiazar cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSER LIQUID 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSING CLOTH PAD 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION CREAM 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION LOTION 9.8-4.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
resorcinol-sulfur lotion 2-5 % external	Non-Formulary	Non FDA Exclusion
saroxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
sss 10-5 cream 10-5 % external	Non-Formulary	Non FDA Exclusion
sss 10-5 foam 10-5 % external	Non-Formulary	Non FDA Exclusion; MONY Code
sulfacetamide sodium-sulfur cream 10-2 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	1	
sulfacetamide sodium-sulfur cream 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-2 % external	1	
sulfacetamide sodium-sulfur liquid 10-2 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 10-5 % external	1	
sulfacetamide sodium-sulfur liquid 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4 % external	1	
sulfacetamide sodium-sulfur liquid 9-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur liquid 9-4.5 % external	1	
sulfacetamide sodium-sulfur liquid 9-4.5 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
sulfacetamide sodium-sulfur lotion 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur lotion 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur pad 10-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur pad 9.8-4.8 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur suspension 10-5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium-sulfur suspension 10-5 % external	Non-Formulary	Non FDA Exclusion; MONY Code
sulfacetamide sodium-sulfur suspension 8-4 % external	1	
sulfacetamide sodium-sulfur suspension 8-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sod-sulfur wash liquid 9-4.5 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide-sulfur in urea emulsion 10-5 % external	Non-Formulary	Non FDA Exclusion
SULFACLEANSE 8/4 SUSPENSION 8-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sulfamez wash emulsion 10-1 % external	Non-Formulary	Formulary Exclusion
SUMADAN KIT 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMADAN WASH LIQUID 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMADAN XLT KIT 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMAXIN CP KIT 10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SUMAXIN PAD 10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
tardeoxia cream 1-4-0.025 % external	Non-Formulary	Non FDA Exclusion
tardimaxia gel 2-5-0.025 % external	Non-Formulary	Non FDA Exclusion
taroxia cream 4-0.025 % external	Non-Formulary	Non FDA Exclusion
taroxia gel 4-0.025 % external	Non-Formulary	Non FDA Exclusion
TWYNEO CREAM 0.1-3 % EXTERNAL	Non-Formulary	Formulary Exclusion
VANOXIDE-HC LOTION 5-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vardimaxia gel 2-5-0.05 % external	Non-Formulary	Non FDA Exclusion
varoxia cream 4-0.05 % external	Non-Formulary	Non FDA Exclusion
varoxia gel 4-0.05 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
VELTIN GEL 1.2-0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZACARE KIT 4 & 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZACARE KIT 8 & 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZIANA GEL 1.2-0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZMA CLEAR SUSPENSION 9-4.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Acne Products*		
ABSORICA CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA CAPSULE 20 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA CAPSULE 35 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA CAPSULE 40 MG ORAL	Non-Formulary	Formulary Exclusion
ABSORICA LD CAPSULE 16 MG ORAL	Non-Formulary	
ABSORICA LD CAPSULE 24 MG ORAL	Non-Formulary	
ABSORICA LD CAPSULE 32 MG ORAL	Non-Formulary	
ABSORICA LD CAPSULE 8 MG ORAL	Non-Formulary	
ACCUTANE CAPSULE 10 MG ORAL	1	
ACCUTANE CAPSULE 20 MG ORAL	1	
ACCUTANE CAPSULE 30 MG ORAL	1	
ACCUTANE CAPSULE 40 MG ORAL	1	
adapalene cream 0.1 % external	1	
adapalene gel 0.1 % external (rx)	1	
adapalene gel 0.3 % external	1	
adapalene pad 0.1 % external	Non-Formulary	
adapalene solution 0.1 % external	3	
AKLIEF CREAM 0.005 % EXTERNAL	3	
ALTRENO LOTION 0.05 % EXTERNAL	3	
AMNESTEEM CAPSULE 10 MG ORAL	1	
AMNESTEEM CAPSULE 20 MG ORAL	1	
AMNESTEEM CAPSULE 40 MG ORAL	1	
ARAZLO LOTION 0.045 % EXTERNAL	Non-Formulary	Formulary Exclusion
ATRALIN GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
AVITA CREAM 0.025 % EXTERNAL	1	
AVITA GEL 0.025 % EXTERNAL	1	
AZELEX CREAM 20 % EXTERNAL	3	

Drug Name	Tier	Notes
BENZAC AC WASH LIQUID 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
BENZEPRO 5.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO CREAMY WASH LIQUID 7 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY code issue
BENZEPRO FOAM 5.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAM 5.3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAM 9.7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO FOAMING CLOTHS 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BENZEPRO LIQUID 6.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
benzoyl peroxide foam 9.8 % external	Non-Formulary	Non FDA Exclusion; MONY code issue
benzoyl peroxide gel 6.5 % external	Non-Formulary	Non FDA Exclusion
benzoyl peroxide gel 8 % external	Non-Formulary	Non FDA Exclusion; MONY Code
CLARAVIS CAPSULE 10 MG ORAL	1	
CLARAVIS CAPSULE 20 MG ORAL	1	
CLARAVIS CAPSULE 30 MG ORAL	1	
CLARAVIS CAPSULE 40 MG ORAL	1	
DIFFERIN CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
DIFFERIN GEL 0.3 % EXTERNAL	Non-Formulary	Formulary Exclusion
DIFFERIN LOTION 0.1 % EXTERNAL	3	
ENZOCLEAR FOAM 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EPSOLAY CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
FABIOR FOAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 10 mg oral	Non-Formulary	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 20 mg oral	Non-Formulary	
isotretinoin capsule 25 mg oral	Non-Formulary	Formulary Exclusion
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 30 mg oral	Non-Formulary	
isotretinoin capsule 35 mg oral	Non-Formulary	Formulary Exclusion
isotretinoin capsule 40 mg oral	1	
isotretinoin capsule 40 mg oral	Non-Formulary	
MYORISAN CAPSULE 10 MG ORAL	1	
MYORISAN CAPSULE 20 MG ORAL	1	

Drug Name	Tier	Notes
MYORISAN CAPSULE 30 MG ORAL	1	
MYORISAN CAPSULE 40 MG ORAL	1	
PR BENZOYL PEROXIDE LIQUID 6.9 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Non-Formulary	MONY code issue; Formulary Exclusion
PR BENZOYL PEROXIDE WASH LIQUID 7 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY code issue
RETIN-A CREAM 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A GEL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A GEL 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO GEL 0.04 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.04 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
tazarotene foam 0.1 % external	Non-Formulary	Formulary Exclusion
tretinoin cream 0.025 % external	1	
tretinoin cream 0.05 % external	1	
tretinoin cream 0.1 % external	1	
tretinoin gel 0.01 % external	1	
tretinoin gel 0.025 % external	Non-Formulary	Formulary Exclusion
tretinoin gel 0.05 % external	1	
tretinoin microsphere gel 0.04 % external	1	
tretinoin microsphere gel 0.08 % external	1	
tretinoin microsphere gel 0.1 % external	1	
tretinoin microsphere pump gel 0.04 % external	1	
tretinoin microsphere pump gel 0.08 % external	1	
tretinoin microsphere pump gel 0.1 % external	1	
WINLEVI CREAM 1 % EXTERNAL	3	
zaclir cleansing lotion 8 % external	Non-Formulary	Non FDA Exclusion
ZENATANE CAPSULE 10 MG ORAL	1	

Drug Name	Tier	Notes
ZENATANE CAPSULE 20 MG ORAL	1	
ZENATANE CAPSULE 30 MG ORAL	1	
ZENATANE CAPSULE 40 MG ORAL	1	
Agents For External Genital And Perianal Warts		
VEREGEN OINTMENT 15 % EXTERNAL	3	
Agents For Facial Wrinkles - Retinoids		
REFISSA CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
RENOVA CREAM 0.02 % EXTERNAL	Non-Formulary	Formulary Exclusion
RENOVA PUMP CREAM 0.02 % EXTERNAL	Non-Formulary	Formulary Exclusion
tretinoin (emollient) cream 0.05 % external	Non-Formulary	Formulary Exclusion
Alopecia Agents - Janus Kinus (Jak) Inhibitors		
LITFULO CAPSULE 50 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Analgesic Combinations - Topical		
A.A.G.C. KIT IN TERODERM CREAM 8-4-10-4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Analgesics - Topical		
baclofen (cmpd kit) cream 2 % external	Non-Formulary	Non FDA Exclusion
enovarx-baclofen cream 1 % external	Non-Formulary	Non FDA Exclusion
enovarx-tramadol cream 5 % external	Non-Formulary	Non FDA Exclusion
MUSCUSOLICE CREAM 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MUSCUSOLICE CREAM 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NEURAPTINE CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRAKETAMIDE CREAM 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antibiotic Mixtures Topical		
idaran ointment 1-2 % external	Non-Formulary	Non FDA Exclusion
nanran ointment 2-2 % external	Non-Formulary	Non FDA Exclusion
Antibiotic Steroid Combinations - Topical		
NEO-SYNALAR CREAM 0.5-0.025 % EXTERNAL	3	
NEO-SYNALAR KIT 0.5-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Antibiotics - Topical*		
ALTABAX OINTMENT 1 % EXTERNAL	3	
CENTANY AT KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CENTANY OINTMENT 2 % EXTERNAL	1	MONY Code
gentamicin sulfate cream 0.1 % external	1	
gentamicin sulfate cream 0.1 % external	1	MONY Code
gentamicin sulfate ointment 0.1 % external	1	
gentamicin sulfate ointment 0.1 % external	1	MONY Code
mupirocin calcium cream 2 % external	1	
mupirocin calcium cream 2 % external	1	MONY Code
mupirocin calcium cream 2 % external	1	MONY Code Issue
mupirocin ointment 2 % external	1	
XEPI CREAM 1 % EXTERNAL	3	
Antifungals - Topical Combinations*		
ALA-QUIN CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ALCORTIN A GEL 1-2-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
clotrimazole-betamethasone cream 1-0.05 % external	1	
clotrimazole-betamethasone lotion 1-0.05 % external	1	
corti-sav cream 1-1 % external	Non-Formulary	Non FDA Exclusion
DERMACINRX THERAZOLE PAK THERAPY PACK 1-0.05 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMAZENE CREAM 1-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMETAZOLE THERAPY PACK 2 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
difmetioxrime solution 4-2-1-4 % external	Non-Formulary	Non FDA Exclusion
EXODERM LOTION 25-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY code issue
fungimez solution external	Non-Formulary	Non FDA Exclusion
hexiounyl lotion 3-5-20 % external	Non-Formulary	Non FDA Exclusion
hixdefrima solution 8-1-1 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone-iodoquinol cream 1-1 % external	Non-Formulary	Non FDA Exclusion
imioxia cream 1-4 % external	Non-Formulary	Non FDA Exclusion
iodoquimez-hc cream 1-1.9 % external	Non-Formulary	Non FDA Exclusion
iodoquinol-hc-aloe polysacch gel 1-2-1 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
iodoquinol-hydrocortisone-aloe cream 1-1.9 % external	Non-Formulary	Non FDA Exclusion
miconazole-zinc oxide-petrolat ointment 0.25-15-81.35 % external	Non-Formulary	
MYCOZYL HC GEL 1-0.667 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MYCOZYL HC LIQUID 1-0.667 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nystatin-triamcinolone cream 100000-0.1 unit/gm-% external	1	
nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external	1	
ONYCHO-MED KIT 2-250 %-MG EXTERNAL	Non-Formulary	Non FDA Exclusion
pedizolpak therapy pack 2 & 2 % external	Non-Formulary	Non FDA Exclusion
phedrax shampoo 2-2 % external	Non-Formulary	Non FDA Exclusion
pheodoyo cream 1-2.5-2 % external	Non-Formulary	Non FDA Exclusion
pheoxia cream 2-4 % external	Non-Formulary	Non FDA Exclusion
pheyo cream 2.5-2 % external	Non-Formulary	Non FDA Exclusion
PODIATROLE THERAPY PACK 2 & 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUINJA GEL 1.25-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RECURA CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
VUSION OINTMENT 0.25-15-81.35 % EXTERNAL	Non-Formulary	
VYTONE CREAM 1-1.9 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL COREPAK KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL DUO/HEAD & SHOULDERS KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XOLEGEL DUO/XOLEX KIT 2 & 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZOLPAK KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antifungals - Topical*		
CICLODAN SOLUTION 8 % EXTERNAL	1	
ciclopirox gel 0.77 % external	1	
ciclopirox olamine cream 0.77 % external	1	
ciclopirox olamine suspension 0.77 % external	Non-Formulary	Formulary Exclusion
ciclopirox shampoo 1 % external	1	
ciclopirox solution 8 % external	1	

Drug Name	Tier	Notes
ciclopirox treatment kit 8 % external	Non-Formulary	Non FDA Exclusion; MONY Code
KLAYESTA POWDER 100000 UNIT/GM EXTERNAL	1	
LOPROX CREAM 0.77 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOPROX KIT 0.77 % (SUSP) EXTERNAL	Non-Formulary	Non FDA Exclusion
LOPROX KIT 0.77 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LOPROX SHAMPOO 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOPROX SUSPENSION 0.77 % EXTERNAL	Non-Formulary	Formulary Exclusion
MENTAX CREAM 1 % EXTERNAL	3	
MYCOZYL AL SOLUTION 1 % EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
naftifine hcl cream 1 % external	1	MONY Code
naftifine hcl cream 2 % external	Non-Formulary	Formulary Exclusion
naftifine hcl cream 2 % external	Non-Formulary	MONY Code; Formulary Exclusion
naftifine hcl gel 2 % external	1	
NAFTIN CREAM 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
NAFTIN GEL 1 % EXTERNAL	3	
NAFTIN GEL 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
nystatin cream 100000 unit/gm external	1	
nystatin ointment 100000 unit/gm external	1	
nystatin powder 100000 unit/gm external	1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
rimi solution 5 % external	Non-Formulary	Non FDA Exclusion
Anti-Inflammatory Agents - Topical*		
diclofenac epolamine patch 1.3 % external	1	MONY Code
diclofenac epolamine patch 1.3 % external	3	
diclofenac sodium gel 1 % external (rx)	1	QL
diclofenac sodium solution 1.5 % external	Non-Formulary	QL
diclofenac sodium solution 2 % external	Non-Formulary	Formulary Exclusion
DICLOFONO GEL 1.6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
enovarx-diclofenac sodium cream 2.5 % external	Non-Formulary	Non FDA Exclusion
enovarx-ibuprofen cream 10 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
enovarx-naproxen cream 10 % external	Non-Formulary	Non FDA Exclusion
FLECTOR PATCH 1.3 % EXTERNAL	3	
FROTEK CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KETOPHENE RAPIDPAQ CREAM 20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ketorolac tromethamine gel 2 % external	Non-Formulary	Non FDA Exclusion
LICART PATCH 24 HOUR 1.3 % EXTERNAL	Non-Formulary	
napro cream 15 % external	Non-Formulary	Non FDA Exclusion
PENNSAID SOLUTION 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
VENNGEL ONE KIT 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY code issue
VOLTAREN GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion; QL
Anti-Inflammatory Combinations - Topical*		
aif #2 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion
aif #3 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion
biifenac 1000 therapy pack 1.5-4 % external	Non-Formulary	Non FDA Exclusion
biifenac 500 therapy pack 1.5-4 % external	Non-Formulary	Non FDA Exclusion
capsfenac pak therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
capsinac therapy pack 0.025-1.5 % external	Non-Formulary	Non FDA Exclusion
DERMACINRX LEXITRAL PHARMAPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
dfs/ms/menth/cap pak kit 1.5&25-6-0.025 % external	Non-Formulary	Non FDA Exclusion
diclareal therapy pack 2 & 0.025 % external	Non-Formulary	Non FDA Exclusion
dicloheal-60 therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
diclona gel 1-4.5 % external	Non-Formulary	Non FDA Exclusion
diclona+ patch 1.25-4.5 % external	Non-Formulary	Non FDA Exclusion
diclopr kit 1 & 10-30 % external	Non-Formulary	Non FDA Exclusion
DICLOSAICIN THERAPY PACK 1.5-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
diclostream therapy pack 1.5-10 % external	Non-Formulary	Non FDA Exclusion
DICLOTREX II THERAPY PACK 1.5 & 4-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DICLOTREX THERAPY PACK 1.5 & 4-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
diclovix kit 1.5 & 2-2.5-4 % external	Non-Formulary	Non FDA Exclusion
diclovix m therapy pack 1.5-8 % external	Non-Formulary	Non FDA Exclusion
diclozor therapy pack 1 % external	Non-Formulary	Non FDA Exclusion
dimentho therapy pack 1.5 & 10 % external	Non-Formulary	Non FDA Exclusion
dual complex formula 1 kit cream external	Non-Formulary	Non FDA Exclusion
fbl kit cream 15-4-5 % external	Non-Formulary	Non FDA Exclusion
FENOVAR KIT 1.5-10-15 % EXTERNAL	Non-Formulary	Non FDA Exclusion
gabapentin-naproxen cmpd kit cream 5-10 % external	Non-Formulary	Non FDA Exclusion
ICLOFENAC CP THERAPY PACK 0.025-1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
K.B.G.L IN TERODERM CREAM 15-4-10-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
kapzin dc therapy pack 0.025-1.5 % external	Non-Formulary	Non FDA Exclusion
LEXITRAL PHARMAPAK II THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LEXTOL THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
np #2 drug preparation kit cream external	Non-Formulary	Non FDA Exclusion
NUDICLO SOLUPAK THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
pennsaicin therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
PROFINAC THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sure result dss premium pack therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
triple complex formula 3 kit cream 20-2-10 % external	Non-Formulary	Non FDA Exclusion
VAROPHEN KIT 1.5-10-15 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vp fc kit cream external	Non-Formulary	Non FDA Exclusion
vp gkl kit cream 20-2-10 % external	Non-Formulary	Non FDA Exclusion
XRYLIX II THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XRYLIX THERAPY PACK 1.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ziclocin therapy pack 1.5 & 0.025 % external	Non-Formulary	Non FDA Exclusion
ZICLOPRO THERAPY PACK 1.5 & 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Antineoplastic Alkylating Agents - Topical*		
VALCHLOR GEL 0.016 % EXTERNAL	Tier 4	PA; Specialty; QL
Antineoplastic Antimetabolites - Topical*		
CARAC CREAM 0.5 % EXTERNAL	Non-Formulary	
EFUDEX CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
FLUOROPLEX CREAM 1 % EXTERNAL	3	
fluorouracil cream 0.5 % external	Non-Formulary	MONY Code
fluorouracil cream 5 % external	1	
fluorouracil solution 2 % external	1	MONY Code
fluorouracil solution 5 % external	1	MONY Code
TOLAK CREAM 4 % EXTERNAL	Non-Formulary	Formulary Exclusion
Antineoplastic Or Premalignant Lesion Agent - Comb*		
ORMECA KIT 3 & 46-0.4-1.1 % & MG COMBINATION	Non-Formulary	Non FDA Exclusion
quidroxzar gel 5-30-0.1 % external	Non-Formulary	Non FDA Exclusion
quihoxaxia gel 5-1-2 % external	Non-Formulary	Non FDA Exclusion
quihoxvar gel 5-1-0.05 % external	Non-Formulary	Non FDA Exclusion
quitar gel 5-0.025 % external	Non-Formulary	Non FDA Exclusion
roaoxia gel 3-4 % external	Non-Formulary	Non FDA Exclusion
solaravix therapy pack 3 % external	Non-Formulary	Non FDA Exclusion
Antineoplastic Or Premalignant Lesions - Topical Misc.*		
PICATO GEL 0.015 % EXTERNAL	Non-Formulary	Formulary Exclusion
PICATO GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
Antineoplastic Or Premalignant Lesions - Topical Nsaid's*		
diclofenac sodium gel 3 % external	1	PA; QL
diclofenac sodium gel 3 % external	Non-Formulary	PA; Non FDA Exclusion; QL
Antineoplastic Retinoids - Topical*		
PANRETIN GEL 0.1 % EXTERNAL	3	
Antipruritics - Topical*		
doxepin hcl cream 5 % external	Non-Formulary	
PRUDOXIN CREAM 5 % EXTERNAL	Non-Formulary	
ZONALON CREAM 5 % EXTERNAL	Non-Formulary	

Drug Name	Tier	Notes
Antipsoriatic Combinations*		
calsodore kit 0.005 % external	Non-Formulary	Non FDA Exclusion
calsodore therapy pack 0.005-5 % external	Non-Formulary	Non FDA Exclusion
diooxia cream 0.005-4 % external	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 120 THERAPY PACK 0.005-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 60 THERAPY PACK 0.005-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIONEX KIT 0.005 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Antipsoriatics - Systemic*		
acitretin capsule 10 mg oral	1	QL
acitretin capsule 17.5 mg oral	1	QL
acitretin capsule 25 mg oral	1	QL
COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX SOLUTION 125 MG/5ML INTRAVENOUS	Tier 4	PA; Specialty
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
methoxsalen rapid capsule 10 mg oral	1	PA
methoxsalen rapid capsule 10 mg oral	1	PA; MONY Code
OXSORALEN ULTRA CAPSULE 10 MG ORAL	Non-Formulary	PA; Formulary Exclusion
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
SKYRIZI (150 MG DOSE) PREFILLED SYRINGE KIT 75 MG/0.83ML SUBCUTANEOUS	Tier 4	PA; Specialty
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
SORIATANE CAPSULE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SORIATANE CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SOTYKTU TABLET 6 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
SPEVIGO SOLUTION 450 MG/7.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
TREMFYA SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
Antipsoriatics		
calcipotriene cream 0.005 % external	1	
calcipotriene foam 0.005 % external	Non-Formulary	MONY Code
calcipotriene ointment 0.005 % external	1	
calcipotriene solution 0.005 % external	1	
CALCITRENE OINTMENT 0.005 % EXTERNAL	1	
calcitriol ointment 3 mcg/gm external	3	
calcitriol ointment 3 mcg/gm external	1	MONY Code
DOVONEX CREAM 0.005 % EXTERNAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
DRITHO-CREME HP CREAM 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SORILUX FOAM 0.005 % EXTERNAL	Non-Formulary	
tazarotene cream 0.1 % external	1	
tazarotene gel 0.05 % external	1	
tazarotene gel 0.1 % external	1	
TAZORAC CREAM 0.05 % EXTERNAL	2	
TAZORAC CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
TAZORAC GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TAZORAC GEL 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
VECTICAL OINTMENT 3 MCG/GM EXTERNAL	3	
VTAMA CREAM 1 % EXTERNAL	3	PA
ZITHRANOL SHAMPOO 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ZORYVE CREAM 0.3 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
Antiseborrheic Combinations*		
haxchlo shampoo 0.77-0.05 % external	Non-Formulary	Non FDA Exclusion
haxchlodrex shampoo 0.77-0.05-3 % external	Non-Formulary	Non FDA Exclusion
haxdrax shampoo 0.77-2 % external	Non-Formulary	Non FDA Exclusion
micuraderm emulsion external	Non-Formulary	Non FDA Exclusion
NUTRASEB CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PROMISEB CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide-bakuchiol liquid 10 % external	Non-Formulary	Formulary Exclusion
Antiseborrheic Products*		
glycolic acid solution 70 % (rx)	Non-Formulary	Non FDA Exclusion
OVACE PLUS CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS FOAM 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS LOTION 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS SHAMPOO 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS WASH GEL 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE PLUS WASH LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OVACE WASH LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PLEXION NS SHAMPOO 9.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
selenium sulfide lotion 2.5 % external	1	
selenium sulfide shampoo 2.25 % external	Non-Formulary	Non FDA Exclusion
selenium sulfide shampoo 2.3 % external	Non-Formulary	Non FDA Exclusion
SELRX SHAMPOO 2.3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide shampoo 10 % external	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide shampoo 9.8 % external	Non-Formulary	Non FDA Exclusion
sodium sulfacetamide wash liquid 10 % external	1	
sodium sulfacetamide wash liquid 10 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium (cleans) gel 10 % external	Non-Formulary	Non FDA Exclusion
sulfacetamide sodium liquid 10 % external	Non-Formulary	Non FDA Exclusion
ZORYVE FOAM 0.3 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion
Antiviral Topical Combinations		
XERESE CREAM 5-1 % EXTERNAL	Non-Formulary	
Antivirals - Topical		
acyclovir cream 5 % external	1	
acyclovir ointment 5 % external	1	
DENAVIR CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
penciclovir cream 1 % external	1	
ZOVIRAX CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZOVIRAX OINTMENT 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
Astringents		
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors		
CIBINQO TABLET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
CIBINQO TABLET 200 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
CIBINQO TABLET 50 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
OPZELURA CREAM 1.5 % EXTERNAL	Non-Formulary	PA; Formulary Exclusion; QL
Atopic Dermatitis - Monoclonal Antibodies		
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	Tier 4	PA; Specialty
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
Burn Product Combinations		
rayasore kit kit 1 & 10 % external	Non-Formulary	Non FDA Exclusion
Burn Products		
mafenide acetate packet 5 % external	Non-Formulary	Non FDA Exclusion
SILVADENE CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
silver sulfadiazine cream 1 % external	1	
SSD CREAM 1 % EXTERNAL	1	
SULFAMYLON CREAM 85 MG/GM EXTERNAL	3	
SULFAMYLON PACKET 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Cauterizing Agent Combinations		
ARZOL SILVER NIT APPLICATORS 75-25 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
grafco silver nit applicator 75-25 % external	Non-Formulary	Non FDA Exclusion; MONY code issue
Cauterizing Agents		
silver nitrate solution 0.5 % external	Non-Formulary	Non FDA Exclusion
silver nitrate solution 10 % external	Non-Formulary	Non FDA Exclusion
silver nitrate solution 25 % external	Non-Formulary	Non FDA Exclusion
silver nitrate solution 50 % external	Non-Formulary	Non FDA Exclusion
TRI-CHLOR LIQUID 80 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Corticosteroids - Topical		
ADVANCED ALLERGY COLLECTION KIT 2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ALA SCALP LOTION 2 % EXTERNAL	1	MONY Code
ALA SCALP LOTION 2 % EXTERNAL	1	
ala-cort cream 1 % external	1	

Drug Name	Tier	Notes
ala-cort cream 2.5 % external	1	
alclometasone dipropionate cream 0.05 % external	1	
alclometasone dipropionate ointment 0.05 % external	1	
amcinonide cream 0.1 % external	3	
amcinonide lotion 0.1 % external	3	
amcinonide ointment 0.1 % external	1	MONY code issue
amcinonide ointment 0.1 % external	1	
APEXICON E CREAM 0.05 % EXTERNAL	3	
BESER LOTION 0.05 % EXTERNAL	1	
betamethasone dipropionate aug cream 0.05 % external	1	
betamethasone dipropionate aug gel 0.05 % external	1	MONY Code
betamethasone dipropionate aug lotion 0.05 % external	1	
betamethasone dipropionate aug ointment 0.05 % external	1	
betamethasone dipropionate cream 0.05 % external	1	
betamethasone dipropionate lotion 0.05 % external	1	
betamethasone dipropionate ointment 0.05 % external	1	
betamethasone valerate cream 0.1 % external	1	
betamethasone valerate foam 0.12 % external	Non-Formulary	
betamethasone valerate lotion 0.1 % external	1	
betamethasone valerate ointment 0.1 % external	1	
BRYHALI LOTION 0.01 % EXTERNAL	Non-Formulary	
CAPEX SHAMPOO 0.01 % EXTERNAL	3	
clobetasol prop emollient base cream 0.05 % external	1	
clobetasol propionate cream 0.05 % external	1	
clobetasol propionate e cream 0.05 % external	1	
clobetasol propionate emulsion foam 0.05 % external	1	
clobetasol propionate foam 0.05 % external	1	
clobetasol propionate gel 0.05 % external	1	
clobetasol propionate liquid 0.05 % external	1	

Drug Name	Tier	Notes
clobetasol propionate lotion 0.05 % external	1	
clobetasol propionate ointment 0.05 % external	1	
clobetasol propionate shampoo 0.05 % external	1	
clobetasol propionate solution 0.05 % external	1	
CLOBEX LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLOBEX SHAMPOO 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CLOBEX SPRAY LIQUID 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
clocortolone pivalate cream 0.1 % external	1	
CLODAN SHAMPOO 0.05 % EXTERNAL	1	
CLODERM CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
CORDRAN CREAM 0.025 % EXTERNAL	3	
CORDRAN CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CORDRAN LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
CORDRAN OINTMENT 0.05 % EXTERNAL	3	
CORDRAN TAPE 4 MCG/SQCM EXTERNAL	3	
CUTIVATE LOTION 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
DERMA-SMOOTHE/FS BODY OIL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
DERMA-SMOOTHE/FS SCALP OIL 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
DESONATE GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
desonide cream 0.05 % external	1	
desonide gel 0.05 % external	1	
desonide gel 0.05 % external	1	MONY code issue
desonide lotion 0.05 % external	1	
desonide ointment 0.05 % external	1	
DESOWEN CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
desoximetasone cream 0.05 % external	1	
desoximetasone cream 0.05 % external	1	MONY Code
desoximetasone cream 0.25 % external	1	
desoximetasone gel 0.05 % external	1	
desoximetasone liquid 0.25 % external	1	
desoximetasone ointment 0.05 % external	1	
desoximetasone ointment 0.25 % external	1	
DESRX GEL 0.05 % EXTERNAL	1	

Drug Name	Tier	Notes
diflorasone diacetate cream 0.05 % external	Non-Formulary	
diflorasone diacetate ointment 0.05 % external	1	
DIPROLENE AF CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
DIPROLENE OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
fluocinolone acetonide body oil 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	
fluocinolone acetonide cream 0.01 % external	1	MONY code issue
fluocinolone acetonide cream 0.025 % external	1	
fluocinolone acetonide ointment 0.025 % external	1	
fluocinolone acetonide scalp oil 0.01 % external	1	
fluocinolone acetonide solution 0.01 % external	1	
fluocinonide cream 0.05 % external	1	
fluocinonide cream 0.1 % external	Non-Formulary	
fluocinonide emulsified base cream 0.05 % external	1	
fluocinonide gel 0.05 % external	1	
fluocinonide ointment 0.05 % external	1	
fluocinonide solution 0.05 % external	1	
flurandrenolide cream 0.05 % external	1	
flurandrenolide cream 0.05 % external	1	MONY code issue
flurandrenolide lotion 0.05 % external	1	
flurandrenolide lotion 0.05 % external	1	MONY code issue
flurandrenolide ointment 0.05 % external	1	
fluticasone propionate cream 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	
fluticasone propionate lotion 0.05 % external	1	MONY code issue
fluticasone propionate ointment 0.005 % external	1	
halcinonide cream 0.1 % external	1	
halobetasol propionate cream 0.05 % external	1	
halobetasol propionate foam 0.05 % external	Non-Formulary	
halobetasol propionate ointment 0.05 % external	1	
HALOG CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
HALOG OINTMENT 0.1 % EXTERNAL	3	
HALOG SOLUTION 0.1 % EXTERNAL	3	

Drug Name	Tier	Notes
hydrocort lotion complete kit therapy pack 2 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone butyr lipo base cream 0.1 % external	1	
hydrocortisone butyr lipo base cream 0.1 % external	1	MONY code issue
hydrocortisone butyrate cream 0.1 % external	1	MONY Code
hydrocortisone butyrate lotion 0.1 % external	1	
hydrocortisone butyrate ointment 0.1 % external	1	
hydrocortisone butyrate solution 0.1 % external	1	MONY Code
hydrocortisone complete kit therapy pack 2 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone cream 1 % external (rx)	1	
hydrocortisone cream 2.5 % external	1	
hydrocortisone lotion 2.5 % external	1	
hydrocortisone ointment 1 % external (rx)	1	
hydrocortisone ointment 2.5 % external	1	
hydrocortisone valerate cream 0.2 % external	1	
hydrocortisone valerate ointment 0.2 % external	1	
HYDROXATE GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROXYM CREAM 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROXYM GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
IMPEKLO LOTION 0.15 MG/ACT (0.05%) EXTERNAL	Non-Formulary	
IMPOYZ CREAM 0.025 % EXTERNAL	Non-Formulary	
KENALOG AEROSOL SOLUTION 0.147 MG/GM EXTERNAL	Non-Formulary	Formulary Exclusion
LEXETTE FOAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOCOID LIPOCREAM CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
LOCOID LOTION 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
LUXIQ FOAM 0.12 % EXTERNAL	Non-Formulary	Formulary Exclusion
mometasone furoate cream 0.1 % external	1	
mometasone furoate ointment 0.1 % external	1	
mometasone furoate solution 0.1 % external	1	
NOLIX CREAM 0.05 % EXTERNAL	1	
NOLIX LOTION 0.05 % EXTERNAL	1	
NUCORT LOTION 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
OLUX FOAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
OLUX-E FOAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
PANDEL CREAM 0.1 % EXTERNAL	Non-Formulary	
prednicarbate ointment 0.1 % external	1	MONY Code
SERNIVO EMULSION 0.05 % EXTERNAL	Non-Formulary	
SYNALAR CREAM 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
SYNALAR OINTMENT 0.025 % EXTERNAL	Non-Formulary	Formulary Exclusion
SYNALAR SOLUTION 0.01 % EXTERNAL	Non-Formulary	Formulary Exclusion
TASOPROL KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TEMOVATE CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TEMOVATE OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TEXACORT SOLUTION 2.5 % EXTERNAL	3	
TOPICORT CREAM 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT CREAM 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT GEL 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT OINTMENT 0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT OINTMENT 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOPICORT SPRAY LIQUID 0.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
TOVET FOAM 0.05 % EXTERNAL	1	
TOVET KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
triamcinolone acetonide aerosol solution 0.147 mg/gm external	1	
triamcinolone acetonide cream 0.025 % external	1	
triamcinolone acetonide cream 0.1 % external	1	
triamcinolone acetonide cream 0.5 % external	1	
triamcinolone acetonide lotion 0.025 % external	1	
triamcinolone acetonide lotion 0.1 % external	1	
triamcinolone acetonide ointment 0.025 % external	1	
triamcinolone acetonide ointment 0.05 % external	Non-Formulary	
triamcinolone acetonide ointment 0.1 % external	1	
triamcinolone acetonide ointment 0.5 % external	1	
triamcinolone acetonide ointment 0.5 % external	1	MONY Code

Drug Name	Tier	Notes
triamcinolone in absorbase ointment 0.05 % external	Non-Formulary	
TRIANEX OINTMENT 0.05 % EXTERNAL	Non-Formulary	
TRIDERM CREAM 0.1 % EXTERNAL	1	
TRIDERM CREAM 0.5 % EXTERNAL	1	
TRIDESILON CREAM 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
TRITOCIN OINTMENT 0.05 % EXTERNAL	Non-Formulary	
ULTRAVATE LOTION 0.05 % EXTERNAL	Non-Formulary	
VANOS CREAM 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
VERDESO FOAM 0.05 % EXTERNAL	3	
Depigmenting Agents*		
BLANCHE CREAM 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
hydroquinone cream 4 % external	Non-Formulary	Non FDA Exclusion
kaxm emulsion 4 % external	Non-Formulary	Non FDA Exclusion
keido emulsion 6 % external	Non-Formulary	Non FDA Exclusion
kexm emulsion 6 % external	Non-Formulary	Non FDA Exclusion
kutea emulsion 8 % external	Non-Formulary	Non FDA Exclusion
kuxm emulsion 8 % external	Non-Formulary	Non FDA Exclusion
Depigmenting Combinations*		
kataraxap emulsion 4-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
KATARVIA EMULSION 4-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
katarya emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kataryaxn emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
ketarya emulsion 6-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kevaraxap emulsion 6-0.05-0.025 % external	Non-Formulary	Non FDA Exclusion
kevartia emulsion 6-0.05 % external	Non-Formulary	Non FDA Exclusion
kevarya emulsion 6-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
keya emulsion 6-0.5 % external	Non-Formulary	Non FDA Exclusion
kotaraxap emulsion 5-0.025-0.025 % external	Non-Formulary	Non FDA Exclusion
kutar emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
kutarvia emulsion 8-0.025 % external	Non-Formulary	Non FDA Exclusion
kutaryaxm emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kutaryaxmpa emulsion 8-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
kuvarya emulsion 8-0.5-0.05 % external	Non-Formulary	Non FDA Exclusion
kuvarye emulsion 8-1-0.05 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
prooxia cream 10-4 % external	Non-Formulary	Non FDA Exclusion
TRI-LUMA CREAM 0.01-4-0.05 % EXTERNAL	Non-Formulary	Formulary Exclusion
yaxatarxyn emulsion 4-0.5-0.025 % external	Non-Formulary	Non FDA Exclusion
yokatar emulsion 4-2.5-0.025 % external	Non-Formulary	Non FDA Exclusion
Emollient Combinations*		
lactic acid e cream 10-3500 %-unt/30gm external (rx)	Non-Formulary	MONY Code; Formulary Exclusion
Emollient/Keratolytic Agents*		
CEM-UREA SOLUTION 45 % EXTERNAL	Non-Formulary	MONY Code; Formulary Exclusion
CEROVEL LOTION 40 % EXTERNAL	Non-Formulary	MONY Code; Formulary Exclusion
DERMACINRX UREA CREAM 41 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDRO 40 FOAM 40 % EXTERNAL	Non-Formulary	Formulary Exclusion
KERALAC CREAM 47 % EXTERNAL	Non-Formulary	Non FDA Exclusion
protexa cream 42 % external	Non-Formulary	Non FDA Exclusion
UMECTA MOUSSE FOAM 40 % EXTERNAL	Non-Formulary	Formulary Exclusion
URAMAXIN GEL 45 % EXTERNAL	Non-Formulary	Formulary Exclusion
urea cream 20 % external (rx)	Non-Formulary	Non FDA Exclusion
urea cream 39 % external	Non-Formulary	Non FDA Exclusion
urea cream 39 % external	Non-Formulary	Formulary Exclusion
urea cream 39.5 % external	Non-Formulary	Non FDA Exclusion
urea cream 40 % external	Non-Formulary	Non FDA Exclusion
urea cream 40 % external	Non-Formulary	Formulary Exclusion
urea cream 41 % external	Non-Formulary	Non FDA Exclusion
urea cream 41 % external	Non-Formulary	Non FDA Exclusion; MONY Code
urea cream 45 % external	Non-Formulary	MONY Code; Formulary Exclusion
urea cream 47 % external	Non-Formulary	Non FDA Exclusion; MONY code issue
urea cream 47 % external	Non-Formulary	MONY Code; Formulary Exclusion
urea foam 35 % external	Non-Formulary	Non FDA Exclusion
urea lotion 40 % external	Non-Formulary	Non FDA Exclusion
urea lotion 40 % external	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
urea nail gel 45 % external	Non-Formulary	Formulary Exclusion
UREDEB CREAM 39 % EXTERNAL	Non-Formulary	Non FDA Exclusion
uremez-40 cream 40 % external	Non-Formulary	Non FDA Exclusion
URESOL CREAM 42.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
UTOPIC CREAM 41 % EXTERNAL	Non-Formulary	Non FDA Exclusion
xurea cream 39 % external	Non-Formulary	Non FDA Exclusion
Emollient|Keratolytic Combinations		
PRONAL GEL 40-10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
urea hydrating foam 35 % external	Non-Formulary	MONY Code; Formulary Exclusion
Emollients		
ammonium lactate cream 12 % external (rx)	1	
ammonium lactate lotion 12 % external (rx)	1	
lactic acid lotion 10 % external	Non-Formulary	MONY Code; Formulary Exclusion
vitamin c brightening serum liquid external	Non-Formulary	Non FDA Exclusion
Enzymes - Topical		
NEXOBRID GEL 8.8 % EXTERNAL	Non-Formulary	Medical Only Exclusion
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	QL
Eyelid Cleansers & Lubricants		
ACUICYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
AVENOVA SOLUTION 0.01 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
Glabellar Lines (Frown Lines) Agents		
BOTOX COSMETIC SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
BOTOX COSMETIC SOLUTION RECONSTITUTED 50 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DAXXIFY SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
JEUVEAU SOLUTION RECONSTITUTED 100 UNIT INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
Hair Growth Agent - Combinations		
finapid solution 0.1-5 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
finapod solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
finapodtar solution 0.1-7-0.025 % external	Non-Formulary	Non FDA Exclusion
flyprogpidtar solution 0.1-0.1-5-0.025 % external	Non-Formulary	Non FDA Exclusion
oxopid solution 0.05-5 % external	Non-Formulary	Non FDA Exclusion
oxopidaxiaqup solution 0.05-5-2-0.5 % external	Non-Formulary	Non FDA Exclusion
oxopod solution 0.05-7 % external	Non-Formulary	Non FDA Exclusion
pidprogtar solution 5-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
podoxia solution 7-4 % external	Non-Formulary	Non FDA Exclusion
podprog solution 0.1-7 % external	Non-Formulary	Non FDA Exclusion
podprogtar solution 7-0.1-0.025 % external	Non-Formulary	Non FDA Exclusion
podtar solution 7-0.025 % external	Non-Formulary	Non FDA Exclusion
tetpidtar solution 0.01-5-0.025 % external	Non-Formulary	Non FDA Exclusion
Imidazole-Related Antifungals - Topical*		
clotrimazole cream 1 % external (rx)	1	
clotrimazole solution 1 % external (rx)	1	
econazole nitrate cream 1 % external	1	
ECOZA FOAM 1 % EXTERNAL	3	
ERTACZO CREAM 2 % EXTERNAL	Non-Formulary	
EXELDERM CREAM 1 % EXTERNAL	3	
EXELDERM SOLUTION 1 % EXTERNAL	3	
EXTINA FOAM 2 % EXTERNAL	Non-Formulary	Formulary Exclusion
JUBLIA SOLUTION 10 % EXTERNAL	2	
ketoconazole cream 2 % external	1	
ketoconazole foam 2 % external	Non-Formulary	
ketoconazole shampoo 2 % external	1	
KETODAN FOAM 2 % EXTERNAL	Non-Formulary	
KETODAN KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
luliconazole cream 1 % external	3	
LUZU CREAM 1 % EXTERNAL	3	
oxiconazole nitrate cream 1 % external	1	
OXISTAT CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
OXISTAT LOTION 1 % EXTERNAL	3	
sulconazole nitrate cream 1 % external	3	
sulconazole nitrate solution 1 % external	3	
XOLEGEL GEL 2 % EXTERNAL	Non-Formulary	

Drug Name	Tier	Notes
Immunomodulators Imidazoquinolinamines - Topical		
ALDARA CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
imiquimod cream 3.75 % external	1	
imiquimod cream 5 % external	1	
imiquimod pump cream 3.75 % external	1	
imiquimod pump cream 3.75 % external	1	MONY Code
ZYCLARA CREAM 3.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZYCLARA PUMP CREAM 2.5 % EXTERNAL	2	
ZYCLARA PUMP CREAM 3.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
Immunosuppressive Agents - Topical Combinations		
oxianuji ointment 4-0.03 % external	Non-Formulary	Non FDA Exclusion
oxianujo cream 4-0.1 % external	Non-Formulary	Non FDA Exclusion
oxianujo ointment 4-0.1 % external	Non-Formulary	Non FDA Exclusion
KeratolyticlAntimitoticlVesicant Agents		
ACNESIC GEL 0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
bensal hp ointment 3 % external	Non-Formulary	Non FDA Exclusion
cantharidin solution 0.7 % external	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CONDYLOX GEL 0.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
KERALYT GEL 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KERALYT SCALP KIT 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
KERALYT SHAMPOO 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PODOCON-25 SOLUTION 25 % EXTERNAL	Non-Formulary	Non FDA Exclusion
podofilox gel 0.5 % external	1	
podofilox solution 0.5 % external	1	
podofilox solution 0.5 % external	1	MONY code issue
rayasal cream 5.9 % external	Non-Formulary	Non FDA Exclusion
SALEX SHAMPOO 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SALICATE LIQUID 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
salicylic acid er solution 28.5 % external	Non-Formulary	Non FDA Exclusion; MONY Code
salicylic acid foam 6 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
salicylic acid gel 6 % external	Non-Formulary	Non FDA Exclusion
salicylic acid ointment 3 % external	Non-Formulary	Non FDA Exclusion
salicylic acid shampoo 6 % external	Non-Formulary	Non FDA Exclusion
salicylic acid solution 26 % external	Non-Formulary	Non FDA Exclusion; MONY Code
salicylic acid wart remover liquid 27.5 % external	Non-Formulary	Non FDA Exclusion
salicylic acid-cleanser kit 6 % cream external	Non-Formulary	Non FDA Exclusion
salimez cream 6 % external	Non-Formulary	Non FDA Exclusion; MONY Code
salimez forte cream 10 % external	Non-Formulary	Non FDA Exclusion
SALVAX FOAM 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SALYCIM CREAM 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
salyntra gel 6 % external	Non-Formulary	Non FDA Exclusion
ULTRASAL-ER SOLUTION 28.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
VIRASAL LIQUID 27.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XALIX SOLUTION 28 % EXTERNAL	Non-Formulary	Non FDA Exclusion
YCANTH SOLUTION 0.7 % EXTERNAL	Non-Formulary	Medical Only Exclusion
Keratolytic/Antimitotic/Vesicant Combinations*		
geametdray gel 5-2-17 % external	Non-Formulary	Non FDA Exclusion
GORDOFILM SOLUTION 16.7-16.7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
guanendrux cream 10-5-40 % external	Non-Formulary	Non FDA Exclusion
pyrogallic acid ointment 25-2 % external	Non-Formulary	Non FDA Exclusion
SALVAX DUO PLUS KIT 6 & 35 % EXTERNAL	Non-Formulary	Non FDA Exclusion
UREA-SALICYLIC ACID CREAM 39.5-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Liniment Combinations*		
fordagel kit 4-10-30 % external	Non-Formulary	Non FDA Exclusion
Liniments*		
methyl salicylate liquid external	Non-Formulary	Formulary Exclusion
turpentine spirit external	Non-Formulary	Formulary Exclusion
Local Anesthetics - Topical*		
7T LIDO GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
ANACAINE OINTMENT 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ASTERO GEL 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BRUSELIX CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
BRUSELIX GEL 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX LIDOGEL GEL 2.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
eha lotion 4 % external (rx)	Non-Formulary	Non FDA Exclusion; QL
enovarx-lidocaine hcl cream 10 % external	Non-Formulary	Non FDA Exclusion
enovarx-lidocaine hcl cream 5 % external	Non-Formulary	Non FDA Exclusion
gen7t lotion 3.5 % external	Non-Formulary	Non FDA Exclusion
gen7t patch 3.5 % external	Non-Formulary	Non FDA Exclusion
GLYDO PREFILLED SYRINGE 2 % EXTERNAL	Non-Formulary	Medical Only Exclusion; QL
LDO PLUS GEL 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidocaine hcl cream 3 % external (rx)	Non-Formulary	Non FDA Exclusion; QL
lidocaine hcl cream 4.12 % external	Non-Formulary	Non FDA Exclusion
lidocaine hcl lotion 3 % external	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution 4 % external	1	QL
lidocaine hcl urethral/mucosal gel 2 % external	Non-Formulary	Medical Only Exclusion; QL
lidocaine hcl urethral/mucosal prefilled syringe 2 % external	Non-Formulary	Medical Only Exclusion; QL
lidocaine ointment 5 % external	1	QL
lidocaine ointment 5 % external	Non-Formulary	Non FDA Exclusion; QL
lidocaine patch 5 % external	1	QL
LIDOCAN PATCH 5 % EXTERNAL	1	QL
lidocanna patch 4 % external	Non-Formulary	Non FDA Exclusion
LIDODERM PATCH 5 % EXTERNAL	Non-Formulary	Formulary Exclusion; QL
lidopin cream 3 % external	Non-Formulary	Non FDA Exclusion; QL
lidopin cream 3.25 % external	Non-Formulary	Non FDA Exclusion; QL
LIDOREX GEL 2.8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidorx gel 3 % external	Non-Formulary	Non FDA Exclusion
LIDO-SORB LOTION 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
LIDOTRAL GEL 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAN CREAM 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
LIDTOPIC CREAM 7.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDTOPIC MAX CREAM 10 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LYDEXA CREAM 4.12 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PRAMOX GEL 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
premium lidocaine ointment 5 % external	Non-Formulary	Non FDA Exclusion; QL
PROXIVOL GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion; QL
QUTENZA (2 PATCH) KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUTENZA (4 PATCH) KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
QUTENZA KIT 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIDACAINE PATCH 5 % EXTERNAL	1	QL
zionodil 100 lotion 3 % external	Non-Formulary	Non FDA Exclusion
zionodil lotion 3 % external	Non-Formulary	Non FDA Exclusion
ZTLIDO PATCH 1.8 % EXTERNAL	Non-Formulary	
ZYLOTROL-L KIT 4 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Macrolide Immunosuppressants - Topical*		
ELIDEL CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
HYFTOR GEL 0.2 % EXTERNAL	3	PA
nujo solution 0.1 % external	Non-Formulary	Non FDA Exclusion
nuju cream 0.1 % external	Non-Formulary	Non FDA Exclusion
pimecrolimus cream 1 % external	1	
PROTOPIC OINTMENT 0.03 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROTOPIC OINTMENT 0.1 % EXTERNAL	Non-Formulary	Formulary Exclusion
tacrolimus ointment 0.03 % external	1	
tacrolimus ointment 0.1 % external	1	
Melanocortin Receptor Agonists (Uv Protective)*		
SCENESSE IMPLANT 16 MG SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Microtubule Inhibitors - Topical*		
KLISYRI OINTMENT 1 % EXTERNAL	3	
Misc. Dermatological Products*		
ALADERM PLUS EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
alevamax cream external	Non-Formulary	Non FDA Exclusion
ALEVICYN ANTIPRURITIC GEL EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ALEVICYN ANTIPRURITIC SG GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
atopaderm cream external	Non-Formulary	Non FDA Exclusion
ATOPICLAIR CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
CERACADE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
CERAMAX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
CERAMAX LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMASO PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
DEXERYL CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
ELETONE CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
EMULSION SB EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
ENTTY SPRAY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICERAM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
GENADUR KIT COMBINATION	Non-Formulary	Non FDA Exclusion
GENADUR LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
HALUCORT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HPR PLUS HYDROGEL KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLAGUARD CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLATOPIC PLUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
HYLATOPIC PLUS LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
iliderm emulsion external	Non-Formulary	Non FDA Exclusion
KAMDOY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
KIVIK EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
LEVICYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
LOYON SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
MIMYX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOSALUS LOTION EXTERNAL	Non-Formulary	Non FDA Exclusion
NUVAIL SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
PENLEN EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
PHLAG SPRAY EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
PR CREAM KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
PRESERA FOAM EXTERNAL	Non-Formulary	Non FDA Exclusion
PRUCLAIR CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PRUMYX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
remigen cream external	Non-Formulary	Non FDA Exclusion
SEBUDERM GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA CTX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA MARK GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA XRT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
suvicort emulsion external	Non-Formulary	Non FDA Exclusion
SYNERDERM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
TETRIX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
XERALUX CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
Misc. Topical Combinations		
DERMACINRX CLORHEXACIN KIT 4 & 2 & 5 % (OINT) EXTERNAL	Non-Formulary	Non FDA Exclusion
dermacinrx surgical combopak kit combination	Non-Formulary	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE KIT 4 & 2 & 5 % (OINT) EXTERNAL	Non-Formulary	Non FDA Exclusion
PRE & POST SX POUCH THERAPY PACK 4 & 2 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Misc. Topical		
arnica flower tincture	Non-Formulary	Formulary Exclusion
boric acid granules external (rx)	Non-Formulary	Formulary Exclusion
DRYSOL SOLUTION 20 % EXTERNAL	Non-Formulary	Formulary Exclusion
PROSILK GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
QBREXZA PAD 2.4 % EXTERNAL	3	
Ornithine Decarboxylase (Odc) Inhibitors - Topical		
VANIQA CREAM 13.9 % EXTERNAL	Non-Formulary	Formulary Exclusion
Oxaborole-Related Antifungals - Topical		
KERYDIN SOLUTION 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
tavaborole solution 5 % external	Non-Formulary	Formulary Exclusion
Phosphodiesterase 4 (Pde4) Inhibitors - Topical		
EUCRISA OINTMENT 2 % EXTERNAL	2	PA
Photodynamic Therapy Agents - Topical		
AMELUZ GEL 10 % EXTERNAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LEVULAN KERASTICK SOLUTION RECONSTITUTED 20 % EXTERNAL	Non-Formulary	Formulary Exclusion
Prostaglandins - Topical*		
bimatoprost solution 0.03 % external	Non-Formulary	Formulary Exclusion
LATISSE SOLUTION 0.03 % EXTERNAL	Non-Formulary	Formulary Exclusion
Rosacea Agents*		
azelaic acid gel 15 % external	1	
brimonidine tartrate gel 0.33 % external	1	
dazomon gel 0.25 % external	Non-Formulary	Non FDA Exclusion
doxycycline capsule delayed release 40 mg oral	Non-Formulary	
doxycycline capsule delayed release 40 mg oral	Non-Formulary	MONY code issue
FINACEA FOAM 15 % EXTERNAL	Non-Formulary	Formulary Exclusion
FINACEA GEL 15 % EXTERNAL	Non-Formulary	Formulary Exclusion
ivermectin cream 1 % external	1	
METROCREAM CREAM 0.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
METROGEL GEL 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
METROLOTION LOTION 0.75 % EXTERNAL	Non-Formulary	Formulary Exclusion
metronidazole cream 0.75 % external	1	
metronidazole gel 0.75 % external	1	
metronidazole gel 1 % external	1	
metronidazole lotion 0.75 % external	Non-Formulary	Formulary Exclusion
MIRVASO GEL 0.33 % EXTERNAL	Non-Formulary	Formulary Exclusion
NORITATE CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL	Non-Formulary	
RHOFADE CREAM 1 % EXTERNAL	3	
ROSADAN CREAM 0.75 % EXTERNAL	1	
ROSADAN GEL 0.75 % EXTERNAL	1	
ROSADAN KIT 0.75 % CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
ROSADAN KIT 0.75 % GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SOOLANTRA CREAM 1 % EXTERNAL	Non-Formulary	Formulary Exclusion
ZILXI FOAM 1.5 % EXTERNAL	2	
Rosacea Combinations*		
aveida gel 1-1 % external	Non-Formulary	Non FDA Exclusion
aveidaoxia gel 1-1-4 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
dazaveidaoxia gel 0.25-1-1-4 % external	Non-Formulary	Non FDA Exclusion
idaoxia gel 1-4 % external	Non-Formulary	Non FDA Exclusion
Scabicides & Pediculicides*		
CROTAN LOTION 10 % EXTERNAL	1	MONY Code
ELIMITE CREAM 5 % EXTERNAL	Non-Formulary	Formulary Exclusion
ivermectin lotion 0.5 % external (rx)	1	MONY Code
lindane shampoo 1 % external	1	MONY Code
malathion lotion 0.5 % external	1	
NATROBA SUSPENSION 0.9 % EXTERNAL	3	
OVIDE LOTION 0.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
permethrin cream 5 % external	1	
SKLICE LOTION 0.5 % EXTERNAL (RX)	Non-Formulary	Formulary Exclusion
spinosad suspension 0.9 % external	1	MONY Code
sulfurated lime solution external	Non-Formulary	Non FDA Exclusion
Scar Treatment Products - Combinations*		
silipac kit external	Non-Formulary	Non FDA Exclusion
Scar Treatment Products*		
beau rx gel external	Non-Formulary	Non FDA Exclusion; MONY Code
CELACYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
COPASIL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMELLE GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
JUVAZIN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KELARX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
RECEDO GEL EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
scarcin gel external	Non-Formulary	Non FDA Exclusion; MONY Code
scarcin liquid external	Non-Formulary	Non FDA Exclusion
scarsilk gel external	Non-Formulary	Non FDA Exclusion
STRATA TRIZ GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
Seborrheic Keratosis Products		
ESKATA SOLUTION 40 % EXTERNAL	Non-Formulary	Medical Only Exclusion
Skin Cleansers*		
EPICYN SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
HYCLODEX SOLUTION 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN ANTIPRURITIC GEL 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPOCYN SOLUTION 0.012 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Skin Protectants*		
benzoin compound tincture external (rx)	Non-Formulary	Formulary Exclusion
benzoin tincture external (rx)	Non-Formulary	Formulary Exclusion
Steroid-Local Anesthetic Combinations*		
CORTANE-B LOTION 10-10-1 MG/ML EXTERNAL	Non-Formulary	Formulary Exclusion
EPIFOAM FOAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
hydrocortisone ace-pramoxine cream 2.5-1 % external	Non-Formulary	Non FDA Exclusion
hydrocortisone ace-pramoxine cream 2.5-1 % external	Non-Formulary	Formulary Exclusion
lidocaine-hydrocortisone ace cream 1-1 % external	Non-Formulary	Non FDA Exclusion; MONY Code
LIDOTRAL + HYDROCORTISONE CREAM 5-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACORT GEL 1-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRAMOSONE CREAM 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE CREAM 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE LOTION 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE LOTION 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE OINTMENT 1-1 % EXTERNAL	Non-Formulary	Formulary Exclusion
PRAMOSONE OINTMENT 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
pramoxine-hc cream 1-2.35 % external	Non-Formulary	Non FDA Exclusion
RADIAURA CREAM 3-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
Tar Products*		
coal tar solution 20 % external	Non-Formulary	Non FDA Exclusion
Tissue Replacements*		
AFFINITY SHEET 1.5 CM X 1.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
AFFINITY SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 12 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 16 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 6 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE SHEET 9 CM X 20 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOCORE HUMAN TISSUE SHEET 9 CM X 20 CM EXTERNAL	Non-Formulary	Formulary Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 160 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 20 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOFIX SUSPENSION RECONSTITUTED 40 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 10 CM X 10 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
AMNIOTEXT SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AMNIOTEXT SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
amphenol-40 suspension reconstituted 40 mg injection	Non-Formulary	Medical Only Exclusion
APLIGRAF DISK EXTERNAL	Non-Formulary	Medical Only Exclusion
BIOVANCE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOVANCE SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
CORETEXT SUSPENSION 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CORETEXT SUSPENSION 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPICORD SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICORD SHEET 3 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 14 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 18 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX DISK 24 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 100 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 160 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX MICRONIZED SUSPENSION RECONSTITUTED 40 MG INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIFIX SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
EPIFIX SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 3.5 CM X 3.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 4.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 5 CM X 5.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 5 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX SHEET 7 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 1.5CM X 2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 16MM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 3CM X 4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 16MM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 6 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX 100 SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
NEOX 100 SHEET 7 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 1.5 CM X 1.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 6 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K SHEET 8 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACHOR SHEET 1.5 CM X2.75 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NOVACHOR SHEET 2.5 CM X 2.5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUCEL INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUCEL INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUCEL INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUCEL INJECTABLE 2.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD DISK 1.6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 3.2 CM X 3.2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 4 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
NUSHIELD SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NUSHIELD SHEET 6 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 10 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OSTEOCONDUCTIVE MATRIX PLUS INJECTABLE 5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN FLOW INJECTABLE 4 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PALINGEN HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN INOVOFLO INJECTABLE 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN INOVOFLO INJECTABLE 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN MEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN MEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 1 CM X 1 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 1 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 2 CM X 9 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE SHEET 8 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PROTEXT SUSPENSION 0.25 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PROTEXT SUSPENSION 0.5 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PROTEXT SUSPENSION 1 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PROTEXT SUSPENSION 2 ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
STRATAGRAFT SHEET EXTERNAL	Non-Formulary	Medical Only Exclusion
STRAVIX SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
STRAVIX SHEET 6 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
TRANSCYTE SHEET EXTERNAL	Non-Formulary	Formulary Exclusion
TRUSKIN SHEET 2 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
TRUSKIN SHEET 4 CM X 8 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
Topical Anesthetic Combinations*		
1ST MEDX-PATCH/ LIDOCAINE PATCH 4-0.0375-5-20 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ACCUCAINE KIT 1 % COMBINATION	Non-Formulary	Medical Only Exclusion
agoneaze kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
anodyne lpt kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
APRIZIO PAK II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
APRIZIO PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CADIRAMD KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CETACAINE AEROSOL 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CETACAINE GEL 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion
CETACAINE LIQUID 2-2-14 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PHN THERAPY PACK 5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX ZRM THERAPY PACK 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
dermalid therapy pack 5 % external	Non-Formulary	Non FDA Exclusion
ELEMAR PATCH KIT 5-6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
EMPRICAINE-II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
emreal kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
enznonuty ointment 20-10-10 % external	Non-Formulary	Non FDA Exclusion
gen7t plus lotion 3.5-7 % external	Non-Formulary	Non FDA Exclusion
GEN7T PLUS PATCH 3.5-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
L.E.T. GEL 4-0.05-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
l.e.t. solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
levatio patch 0.03-5 % external	Non-Formulary	Non FDA Exclusion
LIDO BDK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidocaine-prilocaine cream 2.5-2.5 % external	1	QL
lidocaine-prilocaine kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
lidocaine-tetracaine cream 7-7 % external	Non-Formulary	QL
lido-epinephrine-tetracaine solution 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
lidolite kit 5 % external	Non-Formulary	Non FDA Exclusion
lidopac kit 5 % external	Non-Formulary	Non FDA Exclusion
lidopril kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
lidopril xr kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
LIDO-PRILO CAINE PACK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOPURE PATCH KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lido-racepinephrine-tetracaine gel 4-0.05-0.5 % external	Non-Formulary	Non FDA Exclusion
lidosol kit 5 % external	Non-Formulary	Non FDA Exclusion
lidosol-50 kit 5 % external	Non-Formulary	Non FDA Exclusion
lidostream kit 5 & 10 % external	Non-Formulary	Non FDA Exclusion
LIDOTHOL GEL 4.5-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTHOL PATCH 4.5-5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTOR KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL-MENTHOL LIQUID 5-3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
lidovix l kit 5 % external	Non-Formulary	Non FDA Exclusion; MONY code issue
LIVIXIL PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LM PLUS RELIEF PATCH 3.5-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LMR PLUS KIT 5 & 0.5-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MOXICAINE KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nendrux gel 5-40 % external	Non-Formulary	Non FDA Exclusion
NUVAKAAN-II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
nynutey cream 23-7 % external	Non-Formulary	Non FDA Exclusion
paingo kft kit 2.5-2.5-10-30 % external	Non-Formulary	Non FDA Exclusion
PLIAGLIS CREAM 7-7 % EXTERNAL	Non-Formulary	QL
PLIAGLIS KIT 7-7 % EXTERNAL	Non-Formulary	Non FDA Exclusion
premium scar patch 2-4-30 % external	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
prepiv supply kit 2.5-2.5 & 0.9 % combination	Non-Formulary	Non FDA Exclusion
PRILO PATCH II KIT 2.5-2.5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRILO PATCH KIT 2.5-2.5 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
priloheal plus 30 kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilolid kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix lite kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix lite plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix ultralite kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovix ultralite plus kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
prilovixil kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
PRIZOPAK II KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PRIZOTRAL-II KIT 2.5-2.5 & 3.88 % EXTERNAL	Non-Formulary	Non FDA Exclusion
REAL HEAL-I KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RELADOR PAK KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
RELADOR PAK PLUS KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SKYADERM-LP KIT 2.5-2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SOOTHEE PATCH 0.5-0.0375-5-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL GEL 0.18-4-0.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNERA PATCH 70-70 MG EXTERNAL	Non-Formulary	
topical l.e.t. gel 4-0.09-0.5 % external	Non-Formulary	Non FDA Exclusion
TRUBREXA PATCH 4.75-0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
valladerm-90 kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
VENIPUNCTURE PX1 PHLEBOTOMY KIT 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
vexatrol kit 2.5-2.5 % external	Non-Formulary	Non FDA Exclusion
wpr plus wound healing system therapy pack 4 & 10-30 % external	Non-Formulary	Non FDA Exclusion
XYLIDERM KIT 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
zeruvia patch 4-1 % external	Non-Formulary	Non FDA Exclusion
ZILACAINE PATCH THERAPY PACK 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
ziloval kit 5 % external	Non-Formulary	Non FDA Exclusion
Topical Anesthetic Gases		
CRYODOSE TA AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion
ethyl chloride aerosol external	Non-Formulary	Non FDA Exclusion
GEBAUERS PAIN EASE AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion
GEBAUERS SPRAY AND STRETCH AEROSOL EXTERNAL	Non-Formulary	Non FDA Exclusion
Topical Selective Retinoid X Receptor Agonists		
bexarotene gel 1 % external	Tier 4	PA; Specialty; QL
TARGRETIN GEL 1 % EXTERNAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Topical Steroid Combinations		
acioxia gel 0.5-0.1 % external	Non-Formulary	Non FDA Exclusion
BESER KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
calcipotriene-betameth diprop ointment 0.005-0.064 % external	1	
calcipotriene-betameth diprop suspension 0.005-0.064 % external	1	
chlohux shampoo 0.05-2 % external	Non-Formulary	Non FDA Exclusion
chlooxia cream 0.05-4 % external	Non-Formulary	Non FDA Exclusion
chlooxia ointment 0.05-4 % external	Non-Formulary	Non FDA Exclusion
chlooxia solution 0.05-4 % external	Non-Formulary	Non FDA Exclusion
clobetavix kit 0.05 % external	Non-Formulary	Non FDA Exclusion
CLODAN KIT 0.05 % EXTERNAL	Non-Formulary	Non FDA Exclusion
diochloy solution 0.005-0.05 % external	Non-Formulary	Non FDA Exclusion
DUOBRII LOTION 0.01-0.045 % EXTERNAL	3	
ENSTILAR FOAM 0.005-0.064 % EXTERNAL	2	
FLUOPAR KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
fluovix plus therapy pack 0.1 % external	Non-Formulary	Non FDA Exclusion
fluovix therapy pack 0.1 % external	Non-Formulary	Non FDA Exclusion
MOMETACURE THERAPY PACK 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
NUTRIARX CREAMPAK KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
oxiachlo solution 0.05-4 % external	Non-Formulary	Non FDA Exclusion
QUINIXIL THERAPY PACK 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
sanadermrx skin repair kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
SCALACORT DK KIT 2 & 2-2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SCARZEN SKIN REPAIR KIT 0.1 & 5 % (LOTION) EXTERNAL	Non-Formulary	Non FDA Exclusion
SILA III THERAPY PACK 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNALAR (CREAM) KIT 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNALAR (OINTMENT) KIT 0.025 % EXTERNAL	Non-Formulary	Non FDA Exclusion
SYNALAR TS KIT 0.01 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TACLONEX OINTMENT 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
tetoxia cream 0.01-4 % external	Non-Formulary	Non FDA Exclusion
triadime kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
triadime-80 kit 5-0.1 % external	Non-Formulary	Non FDA Exclusion
TRIASIL THERAPY PACK 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
triheal-80 kit 0.1 & 5 % external	Non-Formulary	Non FDA Exclusion
TRILOCICLO KIT 0.1 & 8 % EXTERNAL	Non-Formulary	Non FDA Exclusion
TRIVIX KIT 0.1 & 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
WYNZORA CREAM 0.005-0.064 % EXTERNAL	Non-Formulary	Formulary Exclusion
Type Ii 5-Alpha Reductase Inhibitors*		
finasteride tablet 1 mg oral	Non-Formulary	Formulary Exclusion
PROPECIA TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
Wound Care - Growth Factor Agents*		
REGRANEX GEL 0.01 % EXTERNAL	3	

Drug Name	Tier	Notes
Wound Care Combinations*		
b & c ointment external	Non-Formulary	Non FDA Exclusion
balsam peru-castor oil ointment external	Non-Formulary	Non FDA Exclusion
bpco ointment external	Non-Formulary	Non FDA Exclusion
LIDOTREX (ALOE VERA) GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
REGENECARE GEL 2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
REXASIL PATCH & VITAMIN E LIQ KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
VENELEX OINTMENT EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH PAD 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION GAUZE PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM OIL ROLL 4"X9' 3 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
xeroform petrolatum dres 4"x4" pad 3 % external	Non-Formulary	Non FDA Exclusion
xeroform petrolatum dres 5"x9" pad 3 % external	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Wound Cleansers|Decubitus Ulcer Therapy*		
ALEVICYN DERMAL SPRAY SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
ATRAPRO DERMAL SPRAY LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
DELUO SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
lavare wound wash gel external	Non-Formulary	Non FDA Exclusion
LEVICYN DERMAL SPRAY SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
MICROCYN GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
MICROCYN LIQUID 0.023 % EXTERNAL	Non-Formulary	Non FDA Exclusion
MICROCYN SKIN AND WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
VASHE CLEANSING SOLUTION EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion; MONY Code
VASHE WOUND SOLUTION 0.033 % EXTERNAL	Non-Formulary	Non FDA Exclusion
VASHE WOUND THERAPY SOLUTION EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
Wound Dressings*		
abravo emulsion external	Non-Formulary	Non FDA Exclusion
aceso ag pad 4"x4" external	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT 7 SHEET 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 4"X48" EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ACTICOAT FLEX 3 SHEET 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 1"X24" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7 SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 16"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X48" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 5"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SHEET 8"X16" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X10" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X13-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE PAD 7.5X7.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ALLEVYN AG GENTLE BORDER PAD 7.5X7.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9" EXTERNAL	Non-Formulary	Non FDA Exclusion
ALLEVYN GENTLE PAD EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
AQUACEL AG BURN PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ARIDA GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
atopavo emulsion external	Non-Formulary	Non FDA Exclusion
ATRAPRO CP KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
ATRAPRO HYDROGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
AVO CREAM EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
AZADROX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
BASADROX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
BIAFINE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
bilayer matrix wound dressing sheet 5 cm x 5 cm external	Non-Formulary	Non FDA Exclusion
BIONECT CREAM 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
BIONECT FOAM 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BIONECT GEL 0.2 % EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP AG SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP AG SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
BIOSTEP SHEET 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
COLLANEX POWDER EXTERNAL	Non-Formulary	Non FDA Exclusion
COLLATYL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
CURITY HYPERTONIC NACL STRIP EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
DERPIXA GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 3/4"X18" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER AG PAD 8"X11-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DURAFIBER PAD 4"X4-3/4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM 1/4" X 12" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2" PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5" PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X8" PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE SHEET 10X12.7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL TEMPLATE SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ENDOFORM DERMAL/FENESTRATED SHEET 10X12.7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
FILSUVEZ GEL 10 % EXTERNAL	Non-Formulary	New to Market Exclusion; Specialty
foraxa emulsion external	Non-Formulary	Non FDA Exclusion
haproderm gel external	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 6"X6" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE FOAM DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE READY FOAM PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
hygel gel 2.5 % external	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC DISK 15 MM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL AMORPHOUS WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
KENDALL HYDROGEL GAUZE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Non-Formulary	Non FDA Exclusion
KENDALL ZINC CA ALGINATE 4"X4" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAGELT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 10CMX10CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
KERASTAT CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
KERASTAT GEL 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
L-MESITRAN SOFT WOUND GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
LUXAMEND CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
LUXAMEND CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion; MONY Code
MEDIHONEY CA ALGINATE 2"X2" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5" PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND &BURN DRESSING PASTE EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING PASTE EXTERNAL	Non-Formulary	Non FDA Exclusion
MEPILEX AG PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 10 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 2 X 2 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
MIRO3D WOUND MATRIX 3 X 3 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 5 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 2X2CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 2X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 3X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 4X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 8X15CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT SHEET 8X8CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X3CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 4X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X15CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+ SHEET 8X8CM EXTERNAL	Non-Formulary	Non FDA Exclusion
NORMLGEL AG GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
OASIS ULTRA TRI-LAYER MATRIX SHEET 5X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X10CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX SHEET 7X20CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED SHEET 3X3.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED SHEET 3X7CM EXTERNAL	Non-Formulary	Non FDA Exclusion
OMEZA COLLAGEN MATRIX LIQUID 1.6 GM EXTERNAL	Non-Formulary	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Non-Formulary	Non FDA Exclusion
PROTYL AG GEL 1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY 1.6CM DISK EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICRO 3.76X3.76CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3.02CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 8X16CM SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 2X4CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 5X5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY SHEET 6X9CM EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 5X5CM SHEET 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 6X9CM SHEET 0.1 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PURAPLY XT ANTIMICROBIAL SHEET EXTERNAL	Non-Formulary	Non FDA Exclusion
RADIAPLEXRX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X4.75" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING PAD 6"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
RTD WOUND CARE DRESSING PAD EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 4"X4" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES PAD 6"X6" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING PAD 2"X3" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
SILVRSTAT WOUND DRESSING GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SOLOX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
SONAFINE EMULSION EXTERNAL	Non-Formulary	Non FDA Exclusion
STRATA GRT GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 2"X2" EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 4"X5" EXTERNAL	Non-Formulary	Non FDA Exclusion
TEGADERM AG MESH PAD 4"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
TEGADERM AG MESH PAD 8"X8" EXTERNAL	Non-Formulary	Non FDA Exclusion
vexasyn gel external	Non-Formulary	Non FDA Exclusion
WOUNDGELHA MATRIX GEL 2.5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
XCELLISTEM WOUND POWDER POWDER EXTERNAL	Non-Formulary	Non FDA Exclusion
zanabin hydrogel gel external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 2"x2" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 4"x5" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 6"x6" external	Non-Formulary	Non FDA Exclusion
zenifiber ag pad 8"x8" external	Non-Formulary	Non FDA Exclusion
zenifoam ag pad 2"x2" external	Non-Formulary	Non FDA Exclusion
zenifoam ag pad 4"x5" external	Non-Formulary	Non FDA Exclusion
zenphor wound gel gel external	Non-Formulary	Non FDA Exclusion
zenphor wound pad pad external	Non-Formulary	Non FDA Exclusion
Wound Treatment - Gene Therapy*		
VYJUVEK GEL 5000000000 PFU/2.5ML EXTERNAL	Non-Formulary	Medical Only Exclusion
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals*		
almond (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
almond (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
alternaria alternat (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american elm (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
american lobster (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
APLISOL SOLUTION 5 UNIT/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
apple (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
apple (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigat (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aspergillus fumigatus solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
atlantic cod (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
atlantic salmon (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
atlanticleastern oyster(diagn) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
aureobasidium pullulans solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
avocado (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
banana (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
banana (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
beef (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
beef (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
bipolaris sorokin (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black walnut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
black willow (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
blue crab (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
botrytis cinerea (diagnostic) solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
brazil nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
brown shrimp (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
candida albicans skn tst antgn solution 1:10 injection	Non-Formulary	Medical Only Exclusion
candida albicans skn tst antgn solution intradermal	Non-Formulary	Medical Only Exclusion; MONYCODE ISSUE
CANDIN SOLUTION INTRADERMAL	Non-Formulary	Medical Only Exclusion
cantaloupe (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
casein (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion
cashew nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
celery (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
chicken meat (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
chicken meat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cladosporium sphaer (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
cocoa bean (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
coconut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
corn (zea mays) (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
cow milk (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
crab (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
dog epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
eastern cottonwood(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
egg white (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion
english plantain (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
english walnut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
hazelnut (filbert)(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
horse epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
lambs quarters (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mosquito (diagnostic) solution 1:100 intradermal	Non-Formulary	Medical Only Exclusion
mountain cedar (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
mouse epithelium (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
nettle (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
northern quahog clam(diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
oat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
oat grain (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
orange (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
orange (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
peanut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
peanut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
pecan nut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pecan nut (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
penicillium notatum (diagnost) solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
pineapple (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
pistachio nut (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pork (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
pork (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
red maple (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
red oak (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
rice (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
rice (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
saccharomyces cerevisiae solution 1:20 intradermal	Non-Formulary	Medical Only Exclusion
sagebrush (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sea scallops (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sesame seed (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
sesame seed (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
shrimp (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
soybean (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
soybean (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
SPHERUSOL SOLUTION 127 MCG/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
strawberry (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
strawberry (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
sweet cherry (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sweet corn (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
tomato (diagnostic) solution 1:10 injection	Non-Formulary	Medical Only Exclusion
tomato (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
trichophyton mentag (diagnost) solution 1:20 subcutaneous	Non-Formulary	Medical Only Exclusion
TUBERSOL SOLUTION 5 UNIT/0.1ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
western juniper (diagnostic) solution 1:40 injection	Non-Formulary	Medical Only Exclusion
white alder (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white ash (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white birch (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
white potato (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
whole egg (diagnostic) solution 1:100 injection	Non-Formulary	Medical Only Exclusion
whole grain barley(diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
whole wheat (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
Diagnostic Drugs*		
adenosine (diagnostic) solution 3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
adenosine solution 3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ARIDOL KIT 0 & 5 & 10 & 20 & 40 MG INHALATION	Non-Formulary	Formulary Exclusion
BLUDIGO SOLUTION 8 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CHIRHOSTIM SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CORTROSYN SOLUTION RECONSTITUTED 0.25 MG INJECTION	Non-Formulary	Medical Only Exclusion
cosyntropin solution reconstituted 0.25 mg injection	Non-Formulary	Medical Only Exclusion
CYSVIEW SOLUTION RECONSTITUTED 100 MG INTRAVESICAL	Non-Formulary	Medical Only Exclusion
CYTALUX SOLUTION 3.2 MG/1.6ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dipyridamole solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
d-xylose powder (rx)	Non-Formulary	Formulary Exclusion
GLEOLAN SOLUTION RECONSTITUTED 1.5 GM ORAL	Non-Formulary	Medical Only Exclusion
GLUCAGEN DIAGNOSTIC SOLUTION RECONSTITUTED 1 MG INJECTION	Non-Formulary	Medical Only Exclusion
glucagon hcl (diagnostic) solution reconstituted 1 mg injection	Non-Formulary	Medical Only Exclusion
HISTATROL SOLUTION 0.275 MG/ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
HISTATROL SOLUTION 2.75 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
IC GREEN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indigo carmine solution 8 mg/ml injection	Non-Formulary	Non FDA Exclusion
indocyanine green solution reconstituted 25 mg intravenous	Non-Formulary	Medical Only Exclusion
indocyanine green solution reconstituted 25 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
isosulfan blue solution 1 % subcutaneous	Non-Formulary	Medical Only Exclusion
KINEVAC SOLUTION RECONSTITUTED 5 MCG INJECTION	Non-Formulary	Medical Only Exclusion
LEXISCAN SOLUTION 0.4 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
MACRILEN PACKET 60 MG ORAL	Non-Formulary	Medical Only Exclusion
methacholine chloride kit inhalation	Non-Formulary	Non FDA Exclusion
METOPIRONE CAPSULE 250 MG ORAL	Non-Formulary	Formulary Exclusion
PRE-PEN SOLUTION 0.25 ML INTRADERMAL	Non-Formulary	Medical Only Exclusion
PROVOCHOLINE KIT INHALATION	3	
PROVOCHOLINE SOLUTION RECONSTITUTED 100 MG INHALATION	Non-Formulary	Formulary Exclusion
regadenoson solution 0.4 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
R-GENE 10 SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SECREFLO SOLUTION RECONSTITUTED 16 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
sincalide solution reconstituted 5 mcg injection	Non-Formulary	Medical Only Exclusion
SPY AGENT GREEN SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
SPY- MIS KIT SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
SPY-PHI KIT SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
THYROGEN SOLUTION RECONSTITUTED 0.9 MG INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
Diagnostic Infection Test Combinations*		
BD VERITOR SARS-COV-2/FLU A+B KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA2 FLU+SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
STATUS COVID-19/FLU A&B KIT IN VITRO	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Diagnostic Radiopharmaceuticals - Brain*		
AMYVID SOLUTION 500-1900 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DATSCAN SOLUTION 185 MBQ/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
fluorodopa f 18 solution 37-1480 mbq/ml intravenous	Non-Formulary	Medical Only Exclusion
NEURACEQ SOLUTION 1.4-135 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAUVID SOLUTION 300-1900 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TAUVID SOLUTION 300-3700 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIZAMYL SOLUTION 4.05 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Cardiac*		
ammonia n 13 solution 3.75-37.5 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
CARDIOGEN-82 SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARDIOLITE KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MYOVIEW 30ML KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MYOVIEW KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
technetium tc 99m sestamibi kit intravenous	Non-Formulary	Medical Only Exclusion
thallous chloride tl 201 solution 2 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Endocrine*		
ADREVIEW SOLUTION 10 MCI/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DETECTNET SOLUTION 1 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTATOC GA 68 SOLUTION 0.5-4 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indium in 111 dtpa solution intrathecal	Non-Formulary	Medical Only Exclusion
NETSPOT KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Diagnostic Radiopharmaceuticals - Gases*		
xenon xe 133 gas 10 mci inhalation	Non-Formulary	Medical Only Exclusion
xenon xe 133 gas 20 mci inhalation	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Hepatobiliary*		
CHOLETEC KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
technetium tc 99m mebrofenin kit intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Lymphatic System		
LYMPHOSEEK KIT INJECTION	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Miscellaneous*		
CERIANNA SOLUTION 4-100 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-200 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-300 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
fludeoxyglucose f 18 solution 20-500 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
gallium citrate ga 67 solution 2 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
LEU TECHNELITE KIT COMBINATION	Non-Formulary	Medical Only Exclusion
NEUROLITE KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TECHNELITE KIT COMBINATION	Non-Formulary	Medical Only Exclusion
technet tc 99m sulfur colloid kit combination	Non-Formulary	Medical Only Exclusion
technetium tc 99m pyrophos kit intravenous	Non-Formulary	Medical Only Exclusion
volumex solution prefilled syringe 25 mcci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Prostatic*		
AXUMIN SOLUTION 9-221 MCI/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
gallium ga 68 gozetotide solution 0.5-5 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
ILLUCCIX CONFIGURATION A KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ILLUCCIX CONFIGURATION B KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LOCAMETZ KIT 25 MCG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
POSLUMA SOLUTION 296-5846 MBQ/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PYLARIFY SOLUTION PREFILLED SYRINGE 9 MCI INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals - Renal*		
dmsa kit intravenous	3	
Diagnostic Radiopharmaceuticals - Skeletal*		
sodium fluoride f 18 solution 10-200 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
technetium tc 99m medronate kit intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Radiopharmaceuticals- Immune Cell Radiolabeling		
CERETEC KIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
indium in 111 oxyquinoline solution 1 mci/ml intravenous	Non-Formulary	Medical Only Exclusion
Diagnostic Supplies*		
cervical specimen collection swab	Non-Formulary	Non FDA Exclusion
ultrasound gel gel external	Non-Formulary	Non FDA Exclusion
Diagnostic Tests*		
12-PANEL POC TOXICOLOGY SYSTEM KIT IN VITRO	Non-Formulary	Medical Only Exclusion
ACCU-CHEK AVIVA PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCU-CHEK GUIDE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ACCUTREND GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVANCE INTUITION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE REDI-CODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX AMP TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX JAZZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX KEYNOTE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX PRESTO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE 3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE 4 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE II CHECK STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE II STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PLATINUM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PRISM MULTI TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE PRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
AT LAST TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
BIOSCANNER GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
BIOTEL CARE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
blood glucose test strips 333 strip in vitro	Non-Formulary	Formulary Exclusion; QL
BLULINK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CAREONE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CARESENS N GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CARETOUCH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
cholesterol and lipid test diagnostic test in vitro	Non-Formulary	Non FDA Exclusion
CLEVER CHEK AUTO-CODE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK AUTO-CODE VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
CLEVER CHOICE AUTO-CODE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE MICRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE NO CODING STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE TALK SYSTEM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR NEXT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
COOL BLOOD GLUCOSE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
CVS ADVANCED GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
cvs glucose meter test strips strip in vitro	Non-Formulary	Formulary Exclusion; QL
D-CARE BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE+ GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
diatrue plus test strip in vitro	Non-Formulary	Formulary Exclusion; QL
DUO-CARE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
DX1 ORAGENOMIC DNA SCREEN KIT COMBINATION	Non-Formulary	Medical Only Exclusion
DX2 ORAGENOMIC DNA SCREEN KIT COMBINATION	Non-Formulary	Medical Only Exclusion
easy plus ii glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASY STEP TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
easy talk blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
easy talk plus ii test strips strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH HEALTHPRO GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
easy trak blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
easy trak ii glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EASYGLUCO PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYGLUCO STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
EASYMAX 15 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYMAX TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYPRO BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASYPRO PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
element compact test strip in vitro	Non-Formulary	Formulary Exclusion; QL
ELEMENT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
eq blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
EVENCARE + BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE G2 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE G3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE MINI GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVENCARE PROVIEW GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EVOLUTION AUTOCODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EXACTECH R-S-G TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
EXACTECH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
FORA D15G BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA D20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA G30/PREM V10 GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GD20 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V20 BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE GD40 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE PREMIUM V10 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORACARE TEST N GO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORTISCARE G1 TEST STRIP STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORTISCARE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FREESTYLE INSULINX TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FREESTYLE LITE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
FREESTYLE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ge100 blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GENULTIMATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ght test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD EXPRESSION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD SHINE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD VITAL TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD X-SENSOR STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCOCOM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
glucose meter test strip in vitro	Non-Formulary	Formulary Exclusion; QL
gnp easy touch glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
GNP TRUE METRIX GLUCOSE STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK SMART SYSTEM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD TEST STRIP/LANCETS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
goodsense blood glucose strip in vitro	Non-Formulary	Formulary Exclusion; QL
HARMONY BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
home pap kit kit 2.5 % in vitro	Non-Formulary	Medical Only Exclusion
HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
IGLUCOSE TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
IN TOUCH BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
INFINITY VOICE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
kroger blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
kroger premium glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
kroger test strip in vitro	Non-Formulary	Formulary Exclusion; QL
LIBERTY NEXT GENERATION TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
liberty test strip in vitro	Non-Formulary	Formulary Exclusion; QL
medicated dna collection 2 kit combination	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
medicated dna collection kit combination	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
medicated dna collection kit combination	Non-Formulary	Medical Only Exclusion
meijer blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
meijer essential glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
meijer premium glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
MEIJER TRUETEST TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MEIJER TRUETRACK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MICRODOT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
MYGLUCOHEALTH TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
NEUTEK 2TEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ON CALL PLUS BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ON CALL VIVID BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
one drop test strip in vitro	Non-Formulary	Formulary Exclusion; QL
ONETOUCH ULTRA STRIP IN VITRO	2	QL
ONETOUCH ULTRA TEST STRIP IN VITRO	2	QL
ONETOUCH VERIO STRIP IN VITRO	2	QL
OPTIUM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
OPTIUMEZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
OPTUMRX BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ph strips diagnostic test in vitro	3	
PHARMACIST CHOICE AUTOCODE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
pharmacist choice no coding strip in vitro	Non-Formulary	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
POCKETCHEM EZ TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES DIAGNOSTIC TEST IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION PCX PLUS TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION PCX STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION POINT OF CARE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION QID TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION SOF-TACT TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
premium blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
PRO DNA COLLECTION KIT 2 % COMBINATION	Non-Formulary	Medical Only Exclusion
pro voice v8/v9 glucose strip in vitro	Non-Formulary	Formulary Exclusion; QL
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
professional dna collection kit combination	Non-Formulary	Medical Only Exclusion
PTS PANELS EGLU TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
PTS PANELS GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
PTS PANELS LIPID PANEL+EGLU STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
QUICKTEK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
QUINTET AC BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
QUINTET BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION PREMIER TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION PRIME TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RELION ULTIMA TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
REVEAL BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
REXALL BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMART SENSE PREMIUM TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMART SENSE VALUE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
SOLUS V2 TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SUPREME TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SURE EDGE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SURECHEK BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
SURE-TEST EASYPLUS MINI TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
tgt blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS KIT IN VITRO	Non-Formulary	Medical Only Exclusion
true focus blood glucose strip strip in vitro	Non-Formulary	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
TRUETEST TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
TRUETRACK TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
udsx medicated system kit 20 mg combination	Non-Formulary	Non FDA Exclusion
udsxmp medicated system kit 20 mg combination	Non-Formulary	Non FDA Exclusion
ULTRATRAK PRO TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ULTRATRAK ULTIMATE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
UNISTRIP1 GENERIC STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
verasens blood glucose test strip in vitro	Non-Formulary	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
VOCAL POINT BLOOD GLUCOSE TEST STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
Digital Diagnostic Aids*		
CANVAS DX DIAGNOSIS AID AUTISM	Non-Formulary	Non FDA Exclusion
Infection Tests*		
ACCULA SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
BD VERITOR SYSTEM GROUP A STRP KIT IN VITRO	Non-Formulary	Non FDA Exclusion
BD VERITOR SYSTEM SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
BINAXNOW COVID-19 AG CARD KIT IN VITRO	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
COBAS LIAT SARS-COV-2 CONTROL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
covid-19 otc antigen 1-pack kit in vitro	Non-Formulary	Non FDA Exclusion
covid-19 otc antigen 2-pack kit in vitro	Non-Formulary	Non FDA Exclusion
covid-19 specimen collection kit	Non-Formulary	Non FDA Exclusion
CUE COVID-19 TEST CARTRIDGE IN VITRO	Non-Formulary	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM IN VITRO	Non-Formulary	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ECOTEST COVID-19 RAPID TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
EVERLYWELL COVID-19 HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
FASTEP COVID-19 RAPID TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 CONTROL KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 CONTR KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW RSV CONTROL SWAB KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW RSV KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB KIT IN VITRO	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LUCIRA CHECK IT COVID-19 TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY KIT IN VITRO	Non-Formulary	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
QUICKVUE + STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
QUICKVUE SARS ANTIGEN TEST KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA STREP A FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA STREP A+ FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
SOFIA2 SARS ANTIGEN FIA KIT IN VITRO	Non-Formulary	Non FDA Exclusion
XPERT XPRESS SARS-COV-2 KIT IN VITRO	Non-Formulary	Non FDA Exclusion
Miscellaneous Contrast Media*		
CLARISCAN SOLUTION 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 2.5 MMOL/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 50 MMOL/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLARISCAN SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
DEFINITY RT SUSPENSION 6.52 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DEFINITY SUSPENSION 6.52 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 2.5 MMOL/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 50 MMOL/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION PREFILLED SYRINGE 10 MMOL/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION PREFILLED SYRINGE 5 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DOTAREM SOLUTION PREFILLED SYRINGE 7.5 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELUCIREM SOLUTION 0.5 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EOVIST SOLUTION 0.25 MOL/L INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EXEM FOAM 10 ML INTRAUTERINE	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION 1 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 10 MMOL/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 15 MMOL/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GADAVIST SOLUTION PREFILLED SYRINGE 7.5 MMOL/7.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
gadobutrol solution 1 mmol/ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 10 mmol/20ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
gadoterate meglumine solution 2.5 mmol/5ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 5 mmol/10ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 50 mmol/100ml intravenous	Non-Formulary	Medical Only Exclusion
gadoterate meglumine solution 7.5 mmol/15ml intravenous	Non-Formulary	Medical Only Exclusion
LUMASON SUSPENSION RECONSTITUTED 60.7-25 MG INJECTION	Non-Formulary	Medical Only Exclusion
MULTIHANCE SOLUTION 529 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNISCAN INJECTABLE 287 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNISCAN SOLUTION 287 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OPTISON SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROHANCE SOLUTION 279.3 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VUEWAY SOLUTION 0.5 MMOL/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
XENOVIEW GAS 1 % INHALATION	Non-Formulary	Medical Only Exclusion
Multiple Skin Tests*		
cockroach mixed (diagnostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
sheep sorrel-dock (diagostic) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
short-giant ragweed (diagnost) solution 1:20 injection	Non-Formulary	Medical Only Exclusion
T.R.U.E. TEST DIAGNOSTIC TEST EXTERNAL	Non-Formulary	Formulary Exclusion
Radiographic Contrast Media - Barium*		
barium sulfate powder (rx)	Non-Formulary	Formulary Exclusion
ENTERO VU SUSPENSION 24 % ORAL	Non-Formulary	Formulary Exclusion
E-Z-DISK TABLET 700 MG ORAL	Non-Formulary	Formulary Exclusion
E-Z-HD SUSPENSION RECONSTITUTED 98 % ORAL	Non-Formulary	Formulary Exclusion
LIQUID E-Z-PAQUE SUSPENSION 60 % ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LIQUID POLIBAR PLUS SUSPENSION 105 % COMBINATION	Non-Formulary	Non FDA Exclusion
NEULUMEX SUSPENSION 0.1 % ORAL	Non-Formulary	Formulary Exclusion
READI-CAT 2 SUSPENSION 2 % ORAL	Non-Formulary	Formulary Exclusion
SITZMARKS CAPSULE ORAL (RX)	Non-Formulary	Non FDA Exclusion
SITZMARKS COMBO PACKAGE CAPSULE THERAPY PACK ORAL	Non-Formulary	Non FDA Exclusion
SITZMARKS FOR KIDS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
TAGITOL V SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VANILLA SILQ SUSPENSION 2.1 % COMBINATION	Non-Formulary	Non FDA Exclusion
VARIBAR NECTAR SUSPENSION 40 % ORAL	Non-Formulary	Formulary Exclusion
VARIBAR THIN LIQUID SUSPENSION RECONSTITUTED 40 % ORAL	Non-Formulary	Formulary Exclusion
Radiographic Contrast Media - Iodinated*		
CONRAY SOLUTION 60 % INJECTION	Non-Formulary	Medical Only Exclusion
CYSTO-CONRAY II SOLUTION 17.2 % URETHRAL	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN SOLUTION 30 % URETHRAL	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN-DILUTE SOLUTION 18 % URETHRAL	Non-Formulary	Medical Only Exclusion
GASTROGRAFIN SOLUTION 66-10 % ORAL	Non-Formulary	Formulary Exclusion
iodixanol solution 270 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
iodixanol solution 320 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
iohexol solution 240 mg/ml epidural	Non-Formulary	Non FDA Exclusion
iohexol solution 300 mg/ml epidural	Non-Formulary	Non FDA Exclusion
iopamidol solution 41 % injection	Non-Formulary	Medical Only Exclusion
iopamidol solution 61 % injection	Non-Formulary	Medical Only Exclusion
ISOVUE-200 SOLUTION 41 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-250 SOLUTION 51 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-300 SOLUTION 61 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOVUE-370 SOLUTION 76 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ISOVUE-M 200 SOLUTION 41 % INJECTION	Non-Formulary	Medical Only Exclusion
ISOVUE-M 300 SOLUTION 61 % INJECTION	Non-Formulary	Medical Only Exclusion
LIPIODOL OIL 480 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 12 MG/ML ORAL	Non-Formulary	Formulary Exclusion
OMNIPAQUE SOLUTION 140 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML COMBINATION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 350 MG/ML COMBINATION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 350 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 9 MG/ML ORAL	Non-Formulary	Formulary Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Medical Only Exclusion
VISIPAQUE SOLUTION 270 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VISIPAQUE SOLUTION 320 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
****Dietary Management Product Combinations******		
ASTAMED MYO CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AXONA PACKET ORAL	Non-Formulary	Non FDA Exclusion
CEREFOLIN NAC TABLET 6-90.314-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
CEREFOLIN TABLET 6-1-50-5 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN 15 CAPSULE 15-90.314 MG ORAL	Non-Formulary	Non FDA Exclusion
DEPLIN 7.5 CAPSULE 7.5-90.314 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE PLUS TABLET 3-35-2 MG ORAL	Non-Formulary	Non FDA Exclusion
ENLYTE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
FOLBIC RF TABLET 1.13-25-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTANX RF CAPSULE 3-90.314-2-35 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTANX TABLET 3-35-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLTX TABLET 1.13-25-2 MG ORAL	Non-Formulary	Non FDA Exclusion
FOSTEUM CAPSULE 27-20-200 MG-MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOSTEUM PLUS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
LDL CARE POWDER ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL250 CAPSULE 250-50 MG ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL500 CAPSULE 500-50 MG ORAL	Non-Formulary	Non FDA Exclusion
l-methylfolate ca me-cbl nac tablet 6-90.314-2-600 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate forte capsule 15-90.314 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate forte capsule 7.5-90.314 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate-algae capsule 15-90.314 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate-algae-b12-b6 capsule 3-90.314-2-35 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate-b6-b12 tablet 3-35-2 mg oral	Non-Formulary	Non FDA Exclusion
l-methyl-mc nac tablet 6-2-600 mg oral	Non-Formulary	Non FDA Exclusion
l-methyl-mc tablet 6-1-50-5 mg oral	Non-Formulary	Non FDA Exclusion
lormate capsule oral	Non-Formulary	Non FDA Exclusion
medactiv tablet oral	Non-Formulary	Non FDA Exclusion
METAFOLBIC PLUS RF TABLET 6-90.314-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
METAFOLBIC PLUS TABLET 6-2-600 MG ORAL	Non-Formulary	Non FDA Exclusion
METAFOLBIC TABLET 6-1-50-5 MG ORAL	Non-Formulary	Non FDA Exclusion
METANX CAPSULE 3-90.314-2-35 MG ORAL	Non-Formulary	Non FDA Exclusion
methaver capsule oral	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
methylfol-algae-b12-acetylcyst tablet 6-90.314-2-600 mg oral	Non-Formulary	Non FDA Exclusion
neoke bhb powder oral	Non-Formulary	Non FDA Exclusion
NICAPRIN TABLET ORAL	Non-Formulary	Non FDA Exclusion
nicazyme tablet oral	Non-Formulary	Non FDA Exclusion
omnivex tablet oral	Non-Formulary	Non FDA Exclusion
PODIAPN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
pro-critic packet oral	Non-Formulary	Non FDA Exclusion
PROLEEVA CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
proleva tablet oral	Non-Formulary	Non FDA Exclusion
PROTEOLIN TABLET ORAL	Non-Formulary	Non FDA Exclusion
RHEUMATE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
ribozel capsule oral	Non-Formulary	Non FDA Exclusion
TOBAKIENT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
VASCULERA TABLET ORAL	Non-Formulary	Non FDA Exclusion
vb6 p5p powder oral	Non-Formulary	Non FDA Exclusion
westab max tablet 2.5-25-2 mg oral	Non-Formulary	Non FDA Exclusion
xyzbac tablet oral	Non-Formulary	Non FDA Exclusion
zyvexol tablet oral	Non-Formulary	Non FDA Exclusion
Dietary Management Products		
AVAILNEX TABLET CHEWABLE 750 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE TABLET 15 MG ORAL	Non-Formulary	Non FDA Exclusion
ELFOLATE TABLET 7.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ENTERAGAM PACKET 5 GM ORAL	Non-Formulary	Non FDA Exclusion
GALAXTRA POWDER ORAL (RX)	Non-Formulary	Non FDA Exclusion
LIMBREL CAPSULE 250 MG ORAL	Non-Formulary	Non FDA Exclusion
LIMBREL CAPSULE 500 MG ORAL	Non-Formulary	Non FDA Exclusion
l-methylfolate calcium tablet 15 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate calcium tablet 15 mg oral	Non-Formulary	Non FDA Exclusion; MONY Code
l-methylfolate calcium tablet 7.5 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate tablet 15 mg oral	Non-Formulary	Non FDA Exclusion
l-methylfolate tablet 15 mg oral	Non-Formulary	Non FDA Exclusion; MONY Code
l-methylfolate tablet 7.5 mg oral	Non-Formulary	Non FDA Exclusion
VASCAZEN CAPSULE 1 GM ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
XAQUIL XR TABLET EXTENDED RELEASE 25.5 MG ORAL	Non-Formulary	Non FDA Exclusion
Nutritional Supplements - Diet Aids*		
APP SLIM RMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
Nutritional Supplements*		
AMINOPMRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
ASILNASALRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN BAR ORAL	Non-Formulary	Non FDA Exclusion
ENU NUTRITIONAL SHAKE LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
ENU PRO3 PLUS POWDER ORAL	Non-Formulary	Non FDA Exclusion
equacare jr powder oral	Non-Formulary	Non FDA Exclusion
ESSENTIAL CARE JR POWDER ORAL	Non-Formulary	Non FDA Exclusion
FIBERSOURCE HN LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
GLYTACTIN BETTERMILK 15 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BETTERMILK DE-LITE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 10PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN BURST PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE BAR ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 5 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 15 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD LITE 15 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15 PACKET ORAL	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
HCU EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
HCU EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
HCU EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
HOMACTIN AA PLUS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
HOMACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion
ISOVACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 LIQUID ENTERAL	Non-Formulary	Non FDA Exclusion
KATE FARMS STANDARD 1.4 LIQUID ENTERAL	Non-Formulary	Non FDA Exclusion
KETOVIE 3:1 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
KETOVIE 4:1 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
KETOVIE LIQUID ORAL	Non-Formulary	Non FDA Exclusion
KETOVIE PEPTIDE LIQUID ORAL	Non-Formulary	Non FDA Exclusion
MSUD EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
NOURISH LIQUID ORAL	Non-Formulary	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER POWDER ORAL	Non-Formulary	Non FDA Exclusion
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL	Non-Formulary	Non FDA Exclusion
PKU EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
PKU EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
PKU EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
PKU GO PACKET ORAL	Non-Formulary	Non FDA Exclusion
thrivacin 30 liquid oral	Non-Formulary	Non FDA Exclusion
thrivacin detox liquid oral	Non-Formulary	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE BAR ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 10 LIQUID ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 5PE PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYLACTIN RTD 15 LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion
TYR EASY TABLET ORAL	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 15 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 20 PLUS+ PACKET ORAL	Non-Formulary	Non FDA Exclusion
VILACTIN AA PLUS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
VILACTIN AA PLUS PACKET ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Sweeteners		
sodium saccharin granules (rx)	Non-Formulary	Formulary Exclusion
sodium saccharin powder (rx)	Non-Formulary	Formulary Exclusion
DIGESTIVE AIDS		
Digestive Enzyme Combinations		
enzadyne capsule oral	Non-Formulary	Non FDA Exclusion
Digestive Enzymes		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL	2	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT ORAL	Non-Formulary	Formulary Exclusion
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200-14200 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL	Non-Formulary	Formulary Exclusion
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 8000-28750 UNIT ORAL	Non-Formulary	Formulary Exclusion
VIOKACE TABLET 10440-39150 UNIT ORAL	Non-Formulary	Formulary Exclusion
VIOKACE TABLET 20880-78300 UNIT ORAL	Non-Formulary	Formulary Exclusion
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	2	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL	2	
DIURETICS		
****Carbonic Anhydrase Inhibitors******		
acetazolamide er capsule extended release 12 hour 500 mg oral	1	
acetazolamide sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
acetazolamide tablet 125 mg oral	1	
acetazolamide tablet 125 mg oral	1	MONY Code
acetazolamide tablet 250 mg oral	1	
dichlorphenamide tablet 50 mg oral	Tier 4	PA; Specialty
KEVEYIS TABLET 50 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
methazolamide tablet 25 mg oral	1	
methazolamide tablet 50 mg oral	1	
ORMALVI TABLET 50 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
Diuretic Combinations*		
ALDACTAZIDE TABLET 25-25 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTAZIDE TABLET 50-50 MG ORAL	3	
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	MONY code issue
DYAZIDE CAPSULE 37.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
MAXZIDE TABLET 75-50 MG ORAL	Non-Formulary	Formulary Exclusion
MAXZIDE-25 TABLET 37.5-25 MG ORAL	Non-Formulary	Formulary Exclusion
spironolactone-hctz tablet 25-25 mg oral	1	
triamterene-hctz capsule 37.5-25 mg oral	1	
triamterene-hctz tablet 37.5-25 mg oral	1	
triamterene-hctz tablet 75-50 mg oral	1	
Loop Diuretics*		
bumetanide solution 0.25 mg/ml injection	Non-Formulary	Medical Only Exclusion
bumetanide tablet 0.5 mg oral	1	
bumetanide tablet 1 mg oral	1	
bumetanide tablet 2 mg oral	1	
BUMEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
BUMEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
BUMEX TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
EDECRIN TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ethacrynate sodium solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
ethacrynic acid tablet 25 mg oral	1	
FUROSCIX CARTRIDGE KIT 80 MG/10ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion; QL
furosemide in sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Formulary Exclusion
furosemide solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
furosemide solution 10 mg/ml oral	1	
furosemide solution 8 mg/ml oral	3	
furosemide tablet 20 mg oral	1	
furosemide tablet 40 mg oral	1	
furosemide tablet 80 mg oral	1	
LASIX TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LASIX TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LASIX TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
SOAANZ TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
SOAANZ TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
SOAANZ TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
SODIUM EDECRIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
torsemide tablet 10 mg oral	1	
torsemide tablet 100 mg oral	1	
torsemide tablet 20 mg oral	2	
torsemide tablet 20 mg oral	1	
torsemide tablet 5 mg oral	1	
Osmotic Diuretics*		
mannitol solution 20 % intravenous	Non-Formulary	Medical Only Exclusion
mannitol solution 25 % intravenous	Non-Formulary	Medical Only Exclusion
OSMITROL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OSMITROL SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
OSMITROL SOLUTION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Potassium Sparing Diuretics*		
ALDACTONE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTONE TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ALDACTONE TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
amiloride hcl tablet 5 mg oral	1	
CAROSPIR SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
DYRENIUM CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
DYRENIUM CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
spironolactone suspension 25 mg/5ml oral	Non-Formulary	
spironolactone tablet 100 mg oral	1	
spironolactone tablet 25 mg oral	1	
spironolactone tablet 50 mg oral	1	
triamterene capsule 100 mg oral	1	
triamterene capsule 50 mg oral	1	

Drug Name	Tier	Notes
Thiazides And Thiazide-Like Diuretics*		
chlorothiazide sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
chlorthalidone tablet 25 mg oral	1	
chlorthalidone tablet 25 mg oral	1	MONY Code
chlorthalidone tablet 50 mg oral	1	
chlorthalidone tablet 50 mg oral	1	MONY Code
DIURIL SUSPENSION 250 MG/5ML ORAL	3	
hydrochlorothiazide capsule 12.5 mg oral	1	
hydrochlorothiazide tablet 12.5 mg oral	1	
hydrochlorothiazide tablet 25 mg oral	1	
hydrochlorothiazide tablet 50 mg oral	1	
indapamide tablet 1.25 mg oral	1	
indapamide tablet 2.5 mg oral	1	
metolazone tablet 10 mg oral	1	
metolazone tablet 2.5 mg oral	1	
metolazone tablet 5 mg oral	1	
SODIUM DIURIL SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THALITONE TABLET 15 MG ORAL	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
Abortifacient - Progesterone Receptor Antagonists*		
MIFEPREX TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion
mifepristone tablet 200 mg oral	Non-Formulary	Formulary Exclusion
Acid Sphingomyelinase Deficiency (Asmd) - Agents*		
XENPOZYME SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
XENPOZYME SOLUTION RECONSTITUTED 4 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Adenosine Deaminase Scid Treatment - Agents*		
REVCOVI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	Tier 4	PA; Specialty

Drug Name	Tier	Notes
Alpha-Mannosidosis Treatment - Agents*		
LAMZEDE SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Bisphosphonates*		
ACTONEL TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ACTONEL TABLET 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
alendronate sodium solution 70 mg/75ml oral	1	MONY code issue; QL
alendronate sodium solution 70 mg/75ml oral	1	QL
alendronate sodium tablet 10 mg oral	1	QL
alendronate sodium tablet 35 mg oral	1	QL
alendronate sodium tablet 5 mg oral	1	MONY Code; QL
alendronate sodium tablet 70 mg oral	1	QL
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	Non-Formulary	Formulary Exclusion; QL
BINOSTO TABLET EFFERVESCENT 70 MG ORAL	Non-Formulary	QL
BONIVA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL	Non-Formulary	QL
FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL	Non-Formulary	QL
FOSAMAX TABLET 70 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ibandronate sodium solution 3 mg/3ml intravenous	1	
ibandronate sodium tablet 150 mg oral	1	QL
pamidronate disodium solution 30 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
pamidronate disodium solution 6 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pamidronate disodium solution 90 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
risedronate sodium tablet 150 mg oral	1	QL
risedronate sodium tablet 30 mg oral	1	QL
risedronate sodium tablet 35 mg oral	1	QL
risedronate sodium tablet 5 mg oral	1	QL
risedronate sodium tablet delayed release 35 mg oral	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
zoledronic acid concentrate 4 mg/5ml intravenous	Tier 4	PA; Specialty
zoledronic acid solution 5 mg/100ml intravenous	Tier 4	PA; Specialty; QL
Calcimimetic Agents		
cinacalcet hcl tablet 30 mg oral	1	QL
cinacalcet hcl tablet 60 mg oral	1	QL
cinacalcet hcl tablet 90 mg oral	1	QL
PARSABIV SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARSABIV SOLUTION 2.5 MG/0.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PARSABIV SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SENSIPAR TABLET 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SENSIPAR TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SENSIPAR TABLET 90 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Calcitonins		
calcitonin (salmon) solution 200 unit/act nasal	1	QL
calcitonin (salmon) solution 200 unit/ml injection	1	QL
MIACALCIN SOLUTION 200 UNIT/ML INJECTION	Non-Formulary	Formulary Exclusion; QL
Carnitine Replenisher - Agents		
CARNITOR SF SOLUTION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARNITOR SOLUTION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARNITOR SOLUTION 200 MG/ML INTRAVENOUS	3	
CARNITOR TABLET 330 MG ORAL	Non-Formulary	Formulary Exclusion
levocarnitine sf solution 1 gm/10ml oral	1	
levocarnitine solution 1 gm/10ml oral	1	
levocarnitine solution 200 mg/ml intravenous	1	
levocarnitine solution 500 mg/ml injection	Non-Formulary	Non FDA Exclusion
levocarnitine tablet 330 mg oral	1	
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor		
XPHOZAH TABLET 20 MG ORAL	Non-Formulary	PA; Formulary Exclusion
XPHOZAH TABLET 30 MG ORAL	Non-Formulary	PA; Formulary Exclusion

Drug Name	Tier	Notes
Corticotropin*		
CORTROPHIN GEL 80 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Insufficient Evidence
Cortisol Synthesis Inhibitors*		
RECORLEV TABLET 150 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Dopamine Receptor Agonists*		
cabergoline tablet 0.5 mg oral	1	
Fabry Disease - Agents*		
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Gaa Deficiency Treatment - Agents*		
NEXVIAZYME SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
OPFOLDA CAPSULE 65 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
POMBILITI SOLUTION RECONSTITUTED 105 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Gnrh/Lhrh Antagonists*		
cetrorelix acetate kit 0.25 mg subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
CETROTIDE KIT 0.25 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
FYREMADEL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	Tier 4	PA; Specialty
ORILISSA TABLET 150 MG ORAL	2	PA; QL
ORILISSA TABLET 200 MG ORAL	2	PA; QL
Growth Hormone Releasing Hormones (Ghrh)*		
EGRIFTA SV SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS	3	QL

Drug Name	Tier	Notes
Growth Hormones*		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	Tier 4	PA; Specialty
GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	Tier 4	PA; Specialty
HUMATROPE CARTRIDGE 12 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
HUMATROPE CARTRIDGE 24 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
HUMATROPE CARTRIDGE 6 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
HUMATROPE SOLUTION RECONSTITUTED 5 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS	Tier 4	PA; Specialty
NORDITROPIN FLEXPRO SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SAIZENPREP SOLUTION RECONSTITUTED 8.8 MG INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	Non-Formulary	Formulary Exclusion
SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZOMACTON (FOR ZOMA-JET 10) SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZOMACTON SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZOMACTON SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZORBTIVE SOLUTION RECONSTITUTED 8.8 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
****Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents******		
nitisinone capsule 10 mg oral	Tier 4	PA; Specialty
nitisinone capsule 2 mg oral	Tier 4	PA; Specialty
nitisinone capsule 20 mg oral	Tier 4	PA; Specialty
nitisinone capsule 5 mg oral	Tier 4	PA; Specialty
NITYR TABLET 10 MG ORAL	Tier 4	PA; Specialty
NITYR TABLET 2 MG ORAL	Tier 4	PA; Specialty
NITYR TABLET 5 MG ORAL	Tier 4	PA; Specialty
ORFADIN CAPSULE 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ORFADIN CAPSULE 2 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ORFADIN CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ORFADIN CAPSULE 5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
ORFADIN SUSPENSION 4 MG/ML ORAL	Tier 4	PA; Specialty
****Homocystinuria Treatment - Agents******		
betaine powder oral	1	PA
betaine powder oral	Non-Formulary	PA; Non FDA Exclusion
CYSTADANE POWDER ORAL	Non-Formulary	PA; Formulary Exclusion

Drug Name	Tier	Notes
Hyperammonemia Treatment - Agents*		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
carglumic acid tablet soluble 200 mg oral	Tier 4	PA; Specialty
Hyperparathyroid Treatment - Vitamin D Analogs*		
calcitriol capsule 0.25 mcg oral	1	
calcitriol capsule 0.5 mcg oral	1	
calcitriol solution 1 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
calcitriol solution 1 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
calcitriol solution 1 mcg/ml oral	Non-Formulary	Formulary Exclusion
doxercalciferol capsule 0.5 mcg oral	Non-Formulary	Formulary Exclusion
doxercalciferol capsule 0.5 mcg oral	Non-Formulary	MONY code issue; Formulary Exclusion
doxercalciferol capsule 1 mcg oral	Non-Formulary	Formulary Exclusion
doxercalciferol capsule 1 mcg oral	Non-Formulary	MONY code issue; Formulary Exclusion
doxercalciferol capsule 2.5 mcg oral	Non-Formulary	Formulary Exclusion
doxercalciferol capsule 2.5 mcg oral	Non-Formulary	MONY code issue; Formulary Exclusion
doxercalciferol solution 4 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
HECTOROL SOLUTION 4 MCG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
paricalcitol capsule 1 mcg oral	Non-Formulary	Formulary Exclusion
paricalcitol capsule 2 mcg oral	Non-Formulary	Formulary Exclusion
paricalcitol capsule 4 mcg oral	Non-Formulary	Formulary Exclusion
paricalcitol solution 2 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
paricalcitol solution 5 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	3	
ROCALTROL CAPSULE 0.25 MCG ORAL	Non-Formulary	Formulary Exclusion
ROCALTROL CAPSULE 0.5 MCG ORAL	Non-Formulary	Formulary Exclusion
ROCALTROL SOLUTION 1 MCG/ML ORAL	Non-Formulary	Formulary Exclusion
ZEMPLAR CAPSULE 1 MCG ORAL	Non-Formulary	Formulary Exclusion
ZEMPLAR CAPSULE 2 MCG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Hypophosphatasia (Hpp) Agents		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	Tier 4	PA; Specialty
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	Tier 4	PA; Specialty
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	Tier 4	PA; Specialty
Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)		
TEPEZZA SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	Tier 4	PA; Specialty
Lhrh|Gnrh Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
TRIPTODUR SUSPENSION RECONSTITUTED ER 22.5 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Lysosomal Acid Lipase (Lal) Deficiency - Agents		
KANUMA SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis I (Mps I) - Agents		
ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis Iv (Mps Iv) - Agents		
VIMIZIM SOLUTION 5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis Vi (Mps Vi) - Agents		
NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Mucopolysaccharidosis Vii (Mps Vii) - Agents		
MEPSEVII SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Neurokinin 3 (Nk3) Receptor Antagonists		
VEOZAH TABLET 45 MG ORAL	Non-Formulary	Formulary Exclusion
Non-Steroidal Mineralocorticoid Receptor Antagonists		
KERENDIA TABLET 10 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
KERENDIA TABLET 20 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
Ovulation Stimulants-Gonadotropins		
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	Non-Formulary	PA; MONY code issue; Specialty; Formulary Exclusion
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	Tier 4	PA; Specialty
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	Tier 4	PA; Specialty
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	Tier 4	PA; Specialty

Drug Name	Tier	Notes
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNIT/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.75ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNIT/1.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GONAL-F RFF SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GONAL-F SOLUTION RECONSTITUTED 1050 UNIT INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
GONAL-F SOLUTION RECONSTITUTED 450 UNIT INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Non-Formulary	PA; MONY code issue; Specialty; Formulary Exclusion
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
OVIDREL INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Tier 4	PA; Specialty
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	Tier 4	PA; MONY Code; Specialty
Ovulation Stimulants-Synthetic		
CLOMID TABLET 50 MG ORAL	2	PA
clomiphene citrate tablet 50 mg oral	1	PA; MONY Code
Parathyroid Hormone And Derivatives		
FORTEO SOLUTION PEN-INJECTOR 600 MCG/2.4ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
teriparatide (recombinant) solution pen-injector 600 mcg/2.4ml subcutaneous	Tier 4	PA; Specialty; QL
teriparatide (recombinant) solution pen-injector 620 mcg/2.48ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous	Tier 4	PA; Specialty; QL
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
Phenylketonuria Treatment - Agents		
JAVYGTOR PACKET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JAVYGTOR PACKET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JAVYGTOR TABLET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
KUVAN PACKET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
KUVAN PACKET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
KUVAN TABLET 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
sapropterin dihydrochloride packet 100 mg oral	Tier 4	PA; Specialty
sapropterin dihydrochloride packet 500 mg oral	Tier 4	PA; Specialty
sapropterin dihydrochloride tablet 100 mg oral	Tier 4	PA; Specialty
Rank Ligand (Rankl) Inhibitors		
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL with criteria
Sclerostin Inhibitors		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
Selective Estrogen Receptor Modulators (Serms)		
EVISTA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion
OSPHENA TABLET 60 MG ORAL	3	
Selective Vasopressin V2-Receptor Antagonists		
SAMSCA TABLET 15 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
SAMSCA TABLET 30 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
tolvaptan tablet 15 mg oral	Tier 4	PA; Specialty; QL
tolvaptan tablet 30 mg oral	Tier 4	PA; Specialty; QL
Somatostatic Agents		
BYNFEZIA PEN SOLUTION PEN-INJECTOR 2500 MCG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
lanreotide acetate solution 120 mg/0.5ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
octreotide acetate solution 100 mcg/ml injection	Tier 4	PA; Specialty
octreotide acetate solution 1000 mcg/ml injection	Tier 4	PA; Specialty
octreotide acetate solution 200 mcg/ml injection	Tier 4	PA; Specialty
octreotide acetate solution 50 mcg/ml injection	Tier 4	PA; Specialty
octreotide acetate solution 500 mcg/ml injection	Tier 4	PA; Specialty
octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous	Tier 4	PA; Specialty
octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous	Tier 4	PA; Specialty
octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous	Tier 4	PA; Specialty
SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 10 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 20 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 30 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 40 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion
SIGNIFOR LAR SUSPENSION RECONSTITUTED ER 60 MG INTRAMUSCULAR	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	Tier 4	PA; Specialty
Tripeptidyl Peptidase 1 Deficiency Treatment - Agents		
BRINEURA KIT 2 X 150 MG/5ML	Non-Formulary	Medical Only Exclusion
Urea Cycle Disorder - Agents		
AMMONUL SOLUTION 10-10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BUPHENYL POWDER 3 GM/TSP ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
BUPHENYL TABLET 500 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
citrulline easy tablet extended release 1 gm oral (rx)	Non-Formulary	Non FDA Exclusion
OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
RAVICTI LIQUID 1.1 GM/ML ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
sod benz-sod phenylacet solution 10-10 % intravenous	Non-Formulary	Medical Only Exclusion
sodium phenylbutyrate powder 3 gm/tsp oral	Tier 4	PA; Specialty
sodium phenylbutyrate tablet 500 mg oral	Tier 4	PA; Specialty
V1a/V2-Arginine Vasopressin (Avp) Receptor Antagonists		
VAPRISOL SOLUTION 20-5 MG/100ML-% INTRAVENOUS	3	

Drug Name	Tier	Notes
Vasopressin*		
DDAVP PF SOLUTION 4 MCG/ML INJECTION	Non-Formulary	Formulary Exclusion
DDAVP SOLUTION 0.01 % NASAL	Non-Formulary	Formulary Exclusion
DDAVP SOLUTION 4 MCG/ML INJECTION	Non-Formulary	Formulary Exclusion
DDAVP TABLET 0.1 MG ORAL	Non-Formulary	Formulary Exclusion
DDAVP TABLET 0.2 MG ORAL	Non-Formulary	Formulary Exclusion
desmopressin ace spray refrig solution 0.01 % nasal	1	
desmopressin acetate pf solution 4 mcg/ml injection	1	
desmopressin acetate solution 1.5 mg/ml nasal	Non-Formulary	PA; Non FDA Exclusion
desmopressin acetate solution 4 mcg/ml injection	1	
desmopressin acetate spray solution 0.01 % nasal	1	
desmopressin acetate tablet 0.1 mg oral	1	
desmopressin acetate tablet 0.2 mg oral	1	
NOCDURNA TABLET SUBLINGUAL 27.7 MCG SUBLINGUAL	3	
NOCDURNA TABLET SUBLINGUAL 55.3 MCG SUBLINGUAL	3	
STIMATE SOLUTION 1.5 MG/ML NASAL	2	PA
TERLIVAZ SOLUTION RECONSTITUTED 0.85 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
vasopressin +rfid solution 20 unit/ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin solution 20 unit/ml intravenous	1	
vasopressin solution 20 unit/ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin solution prefilled syringe 5 unit/5ml intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-dextrose solution 20-5 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-dextrose solution 50-5 ut/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-dextrose solution prefilled syringe 5-5 unit/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
vasopressin-sodium chloride solution 20-0.9 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
vasopressin-sodium chloride solution 40-0.9 ut/100ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vasopressin-sodium chloride solution prefilled syringe 2-0.9 unit/2ml-% injection	Non-Formulary	Non FDA Exclusion
VASOSTRICT SOLUTION 0.2 UNIT/ML INTRAVENOUS	3	
VASOSTRICT SOLUTION 0.4 UNIT/ML INTRAVENOUS	3	
VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS	3	
ESTROGENS		
****Estrogen & Androgen******		
COVARYX HS TABLET 0.625-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
COVARYX TABLET 1.25-2.5 MG ORAL	Non-Formulary	Formulary Exclusion
EEMT HS TABLET 0.625-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
EEMT TABLET 1.25-2.5 MG ORAL	Non-Formulary	Formulary Exclusion
est estrogens-methyltest ds tablet 1.25-2.5 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest hs tablet 0.625-1.25 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest tablet 0.625-1.25 mg oral	Non-Formulary	Formulary Exclusion
est estrogens-methyltest tablet 1.25-2.5 mg oral	Non-Formulary	Formulary Exclusion
****Estrogen & Progestin******		
ACTIVELLA TABLET 1-0.5 MG ORAL	Non-Formulary	Formulary Exclusion
AMABELZ TABLET 0.5-0.1 MG ORAL	1	
AMABELZ TABLET 1-0.5 MG ORAL	1	
ANGELIQ TABLET 0.25-0.5 MG ORAL	3	
ANGELIQ TABLET 0.5-1 MG ORAL	3	
BIJUVA CAPSULE 0.5-100 MG ORAL	Non-Formulary	Formulary Exclusion
BIJUVA CAPSULE 1-100 MG ORAL	Non-Formulary	Formulary Exclusion
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	2	
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL	3	

Drug Name	Tier	Notes
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL	3	
estradiol-norethindrone acet tablet 0.5-0.1 mg oral	1	
estradiol-norethindrone acet tablet 1-0.5 mg oral	1	
FEMHRT TABLET 0.5-2.5 MG-MCG ORAL	Non-Formulary	Formulary Exclusion
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	1	
FYAVOLV TABLET 1-5 MG-MCG ORAL	1	
JINTELI TABLET 1-5 MG-MCG ORAL	1	
MIMVEY TABLET 1-0.5 MG ORAL	1	
norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral	1	
norethindrone-eth estradiol tablet 1-5 mg-mcg oral	1	
PREFEST TABLET 1/1-0.09 MG (15/15) ORAL	3	
PREMPHASE TABLET 0.625-5 MG ORAL	2	
PREMPRO TABLET 0.3-1.5 MG ORAL	2	
PREMPRO TABLET 0.45-1.5 MG ORAL	2	
PREMPRO TABLET 0.625-2.5 MG ORAL	2	
PREMPRO TABLET 0.625-5 MG ORAL	2	
Estrogen-Progestin-Gnrh Antagonist*		
MYFEMBREE TABLET 40-1-0.5 MG ORAL	2	PA
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	2	PA
Estrogens*		
ALORA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	3	
ALORA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	3	
ALORA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	3	
ALORA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	3	
CLIMARA PATCH WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CLIMARA PATCH WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.06 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
CLIMARA PATCH WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 10 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 20 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DELESTROGEN OIL 40 MG/ML INTRAMUSCULAR	Non-Formulary	Formulary Exclusion
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	3	
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 1 MG/GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	Non-Formulary	Formulary Exclusion
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	
ec-rx estradiol cream 0.4 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx estradiol cream 0.6 % transdermal	Non-Formulary	Non FDA Exclusion
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	

Drug Name	Tier	Notes
ESTRACE TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
ESTRACE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ESTRACE TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
estradiol gel 0.25 mg/0.25gm transdermal	1	
estradiol gel 0.5 mg/0.5gm transdermal	1	
estradiol gel 0.75 mg/0.75gm transdermal	1	
estradiol gel 1 mg/gm transdermal	1	
estradiol gel 1.25 mg/1.25gm transdermal	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	
estradiol patch weekly 0.025 mg/24hr transdermal	1	
estradiol patch weekly 0.0375 mg/24hr transdermal	1	
estradiol patch weekly 0.05 mg/24hr transdermal	1	
estradiol patch weekly 0.06 mg/24hr transdermal	1	
estradiol patch weekly 0.075 mg/24hr transdermal	1	
estradiol patch weekly 0.1 mg/24hr transdermal	1	
estradiol pellet 6 mg implant	Non-Formulary	Non FDA Exclusion
estradiol tablet 0.5 mg oral	1	
estradiol tablet 1 mg oral	1	
estradiol tablet 2 mg oral	1	
estradiol valerate oil 10 mg/ml intramuscular	1	
estradiol valerate oil 20 mg/ml intramuscular	1	
estradiol valerate oil 40 mg/ml intramuscular	1	
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	2	
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	
LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	

Drug Name	Tier	Notes
LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	
LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	
MENEST TABLET 0.3 MG ORAL	3	
MENEST TABLET 0.625 MG ORAL	3	
MENEST TABLET 1.25 MG ORAL	3	
MENEST TABLET 2.5 MG ORAL	3	
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3	
MINIVELLE PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
MINIVELLE PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	Non-Formulary	Medical Only Exclusion
PREMARIN TABLET 0.3 MG ORAL	2	
PREMARIN TABLET 0.45 MG ORAL	2	
PREMARIN TABLET 0.625 MG ORAL	2	
PREMARIN TABLET 0.9 MG ORAL	2	
PREMARIN TABLET 1.25 MG ORAL	2	
VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Estrogen-Selective Estrogen Receptor Modulator Comb*		
DUAVEE TABLET 0.45-20 MG ORAL	2	
FLUOROQUINOLONES		
Fluoroquinolones*		
BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BAXDELA TABLET 450 MG ORAL	3	QL
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	3	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	3	
CIPRO TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
CIPRO TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl tablet 100 mg oral	1	MONY Code
ciprofloxacin hcl tablet 250 mg oral	1	
ciprofloxacin hcl tablet 500 mg oral	1	
ciprofloxacin hcl tablet 750 mg oral	1	
ciprofloxacin in d5w solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
ciprofloxacin in d5w solution 400 mg/200ml intravenous	Non-Formulary	Medical Only Exclusion
ciprofloxacin suspension reconstituted 250 mg/5ml (5%) oral	1	
ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral	1	
levofloxacin in d5w solution 250 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin in d5w solution 500 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin in d5w solution 750 mg/150ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
levofloxacin solution 25 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
levofloxacin solution 25 mg/ml oral	1	MONY Code
levofloxacin solution 25 mg/ml oral	1	
levofloxacin solution 25 mg/ml oral	1	MONY CODE ISSUE
levofloxacin tablet 250 mg oral	1	

Drug Name	Tier	Notes
levofloxacin tablet 500 mg oral	1	
levofloxacin tablet 750 mg oral	1	
moxifloxacin hcl in nacl solution 400 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
moxifloxacin hcl solution 400 mg/250ml intravenous	Non-Formulary	Medical Only Exclusion
moxifloxacin hcl tablet 400 mg oral	1	
ofloxacin tablet 300 mg oral	1	MONY Code
ofloxacin tablet 400 mg oral	1	
GASTROINTESTINAL AGENTS - MISC.		
****5-Ht4 Receptor Agonists******		
MOTEGRITY TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MOTEGRITY TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
****Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists******		
TRULANCE TABLET 3 MG ORAL	2	
****Gallstone Solubilizing Agents******		
ACTIGALL CAPSULE 300 MG ORAL	Non-Formulary	Formulary Exclusion
CHENODAL TABLET 250 MG ORAL	Tier 4	PA; Specialty
RELTONE CAPSULE 200 MG ORAL	Non-Formulary	
RELTONE CAPSULE 400 MG ORAL	Non-Formulary	
URSO 250 TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
URSO FORTE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ursodiol capsule 200 mg oral	Non-Formulary	
ursodiol capsule 300 mg oral	1	
ursodiol capsule 400 mg oral	Non-Formulary	
ursodiol tablet 250 mg oral	1	
ursodiol tablet 500 mg oral	1	
URSODIOL+SYRSPEND SF SUSPENSION 30 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
****Gastrointestinal Antiallergy Agents******		
cromolyn sodium concentrate 100 mg/5ml oral	1	
GASTROCROM CONCENTRATE 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Gastrointestinal Chloride Channel Activators*		
AMITIZA CAPSULE 24 MCG ORAL	Non-Formulary	Formulary Exclusion; QL
AMITIZA CAPSULE 8 MCG ORAL	Non-Formulary	Formulary Exclusion; QL
lubiprostone capsule 24 mcg oral	1	QL
lubiprostone capsule 8 mcg oral	1	QL
Gastrointestinal Stimulants*		
dexpanthenol solution 250 mg/ml injection	Non-Formulary	Non FDA Exclusion
GIMOTI SOLUTION 15 MG/ACT NASAL	Non-Formulary	
metoclopramide hcl solution 10 mg/10ml oral	1	
metoclopramide hcl solution 5 mg/5ml oral	1	
metoclopramide hcl solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
metoclopramide hcl tablet 10 mg oral	1	
metoclopramide hcl tablet 5 mg oral	1	
metoclopramide hcl tablet dispersible 10 mg oral	3	
metoclopramide hcl tablet dispersible 5 mg oral	3	
REGLAN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
REGLAN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
Hepatotropics - Thyroid Hormone Receptor-Beta Agonists*		
REZDIFFRA TABLET 100 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
REZDIFFRA TABLET 60 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
REZDIFFRA TABLET 80 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
Ibs Agent - 5-Ht4 Receptor Partial Agonists*		
ZELNORM TABLET 6 MG ORAL	Non-Formulary	PA; Formulary Exclusion
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*		
LINZESS CAPSULE 145 MCG ORAL	2	QL
LINZESS CAPSULE 290 MCG ORAL	2	QL
LINZESS CAPSULE 72 MCG ORAL	2	QL
Ibs Agent - Mu-Opioid Receptor Agonists*		
VIBERZI TABLET 100 MG ORAL	2	QL

Drug Name	Tier	Notes
VIBERZI TABLET 75 MG ORAL	2	QL
Ibs Agent - Selective 5-Ht3 Receptor Antagonists*		
alosetron hcl tablet 0.5 mg oral	1	
alosetron hcl tablet 1 mg oral	1	
LOTRONEX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
LOTRONEX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*		
IBSRELA TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
Inflammatory Bowel Agents*		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	Non-Formulary	Formulary Exclusion
ASACOL HD TABLET DELAYED RELEASE 800 MG ORAL	Non-Formulary	Formulary Exclusion
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
AZULFIDINE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
balsalazide disodium capsule 750 mg oral	1	
CANASA SUPPOSITORY 1000 MG RECTAL	Non-Formulary	Formulary Exclusion
COLAZAL CAPSULE 750 MG ORAL	Non-Formulary	Formulary Exclusion
DELZICOL CAPSULE DELAYED RELEASE 400 MG ORAL	Non-Formulary	Formulary Exclusion
DIPENTUM CAPSULE 250 MG ORAL	3	
LIALDA TABLET DELAYED RELEASE 1.2 GM ORAL	Non-Formulary	Formulary Exclusion
mesalamine capsule delayed release 400 mg oral	1	
mesalamine enema 4 gm rectal	1	
mesalamine er capsule extended release 24 hour 0.375 gm oral	1	
mesalamine er capsule extended release 500 mg oral	1	
mesalamine suppository 1000 mg rectal	1	
mesalamine tablet delayed release 1.2 gm oral	1	
mesalamine tablet delayed release 800 mg oral	1	MONY code issue
mesalamine tablet delayed release 800 mg oral	1	MONY Code
mesalamine-cleanser kit 4 gm rectal	1	

Drug Name	Tier	Notes
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	3	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
ROWASA KIT 4 GM RECTAL	3	
SFROWASA ENEMA 4 GM/60ML RECTAL	3	
sulfasalazine tablet 500 mg oral	1	
sulfasalazine tablet delayed release 500 mg oral	1	
Integrin Receptor Antagonists*		
ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Interleukin Antagonists*		
OMVOH SOLUTION 300 MG/15ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS	Tier 4	PA; Specialty; QL
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
STELARA SOLUTION 130 MG/26ML INTRAVENOUS	Tier 4	PA; Specialty
Intestinal Acidifiers*		
enulose solution 10 gm/15ml oral	1	
generlac solution 10 gm/15ml oral	1	
lactulose encephalopathy solution 10 gm/15ml oral	1	
Live Fecal Microbiota (Human)*		
REBYOTA SUSPENSION 150 ML RECTAL	Non-Formulary	Medical Only Exclusion
VOWST CAPSULE ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
Peripheral Opioid Receptor Antagonists*		
MOVANTIK TABLET 12.5 MG ORAL	2	
MOVANTIK TABLET 25 MG ORAL	2	

Drug Name	Tier	Notes
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS	Non-Formulary	PA; Formulary Exclusion
RELISTOR TABLET 150 MG ORAL	Non-Formulary	PA; Formulary Exclusion
SYMPROIC TABLET 0.2 MG ORAL	2	
Phosphate Binder Agents*		
AURYXIA TABLET 1 GM 210 MG(FE) ORAL	3	PA
calcium acetate (phos binder) capsule 667 mg oral	1	PA
calcium acetate (phos binder) tablet 667 mg oral (rx)	1	PA
calcium acetate tablet 667 mg oral	1	PA
FOSRENOL PACKET 1000 MG ORAL	3	PA
FOSRENOL PACKET 750 MG ORAL	3	PA
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	Non-Formulary	PA; Formulary Exclusion
FOSRENOL TABLET CHEWABLE 500 MG ORAL	Non-Formulary	PA; Formulary Exclusion
FOSRENOL TABLET CHEWABLE 750 MG ORAL	Non-Formulary	PA; Formulary Exclusion
lanthanum carbonate tablet chewable 1000 mg oral	1	PA
lanthanum carbonate tablet chewable 500 mg oral	1	PA
lanthanum carbonate tablet chewable 750 mg oral	1	PA
PHOSLYRA SOLUTION 667 MG/5ML ORAL	3	PA
RENAGEL TABLET 800 MG ORAL	Non-Formulary	PA; Formulary Exclusion
RENVELA PACKET 0.8 GM ORAL	Non-Formulary	PA; Formulary Exclusion
RENVELA PACKET 2.4 GM ORAL	Non-Formulary	PA; Formulary Exclusion
RENVELA TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion
RENVELA TABLET 800 MG ORAL	Non-Formulary	PA; Formulary Exclusion
sevelamer carbonate packet 0.8 gm oral	1	PA
sevelamer carbonate packet 2.4 gm oral	1	PA
sevelamer carbonate tablet 800 mg oral	1	PA
sevelamer hcl tablet 400 mg oral	1	PA
sevelamer hcl tablet 400 mg oral	1	PA; MONY code issue

Drug Name	Tier	Notes
sevelamer hcl tablet 800 mg oral	1	PA
VELPHORO TABLET CHEWABLE 500 MG ORAL	2	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)*		
VELSIPITY TABLET 2 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Tumor Necrosis Factor Alpha Blockers*		
AVSOLA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Tier 4	PA; Specialty
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
infliximab solution reconstituted 100 mg intravenous	Non-Formulary	PA; Specialty; Formulary Exclusion
REMICADE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Tier 4	PA; Specialty
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
GENERAL ANESTHETICS		
Anesthetics - Misc.*		
AMIDATE SOLUTION 2 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
anesthesia s/i-40a kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
anesthesia s/i-40h kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
anesthesia s/i-40s kit 200 mg/20ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
DIPRIVAN EMULSION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 1000 MG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DIPRIVAN EMULSION 500 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
etomidate solution 2 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 2000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
fresenius propoven emulsion 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 10 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 100 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
KETALAR SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 0.6 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 10 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution 100 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 100 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 20 mg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 30 mg/3ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 30 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ketamine hcl solution prefilled syringe 300 mg/30ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl solution prefilled syringe 50 mg/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl troche 100 mg sublingual	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution 1000-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% injection	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% injection	Non-Formulary	Non FDA Exclusion
ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
propofol emulsion 1000 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
propofol emulsion 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
propofol emulsion 500 mg/50ml intravenous	Non-Formulary	Medical Only Exclusion
propofol-lipuro emulsion 1000 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Barbiturate Anesthetics		
BREVITAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Medical Only Exclusion
methohexital sodium solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
Volatile Anesthetics		
desflurane solution inhalation	Non-Formulary	Formulary Exclusion
FORANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
isoflurane solution inhalation	Non-Formulary	Formulary Exclusion
sevoflurane solution inhalation	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
SUPRANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
TERRELL SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
ULTANE SOLUTION INHALATION	Non-Formulary	Formulary Exclusion
GENITOURINARY AGENTS - MISCELLANEOUS		
****5-Alpha Reductase Inhibitors******		
AVODART CAPSULE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
dutasteride capsule 0.5 mg oral	1	
finasteride tablet 5 mg oral	1	
PROSCAR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
****Alpha 1-Adrenoceptor Antagonists******		
alfuzosin hcl er tablet extended release 24 hour 10 mg oral	1	
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	3	
FLOMAX CAPSULE 0.4 MG ORAL	Non-Formulary	Formulary Exclusion
RAPAFLO CAPSULE 4 MG ORAL	Non-Formulary	Formulary Exclusion
RAPAFLO CAPSULE 8 MG ORAL	Non-Formulary	Formulary Exclusion
silodosin capsule 4 mg oral	1	
silodosin capsule 8 mg oral	1	
tamsulosin hcl capsule 0.4 mg oral	1	
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
****Anti-Infective Genitourinary Irrigants******		
neomycin-polymyxin b gu solution 40-200000 irrigation	Non-Formulary	MONY Code; Formulary Exclusion
****Citrates******		
cytra k crystals packet 3300-1002 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
cytra-2 solution 500-334 mg/5ml oral	1	
ORACIT SOLUTION 490-640 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
oral citrate solution 490-640 mg/5ml oral	Non-Formulary	Formulary Exclusion
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	1	

Drug Name	Tier	Notes
pot & sod cit-cit ac solution 550-500-334 mg/5ml oral	Non-Formulary	MONY Code; Formulary Exclusion
potassium citrate er tablet extended release 10 meq (1080 mg) oral	1	
potassium citrate er tablet extended release 15 meq (1620 mg) oral	1	
potassium citrate er tablet extended release 5 meq (540 mg) oral	1	
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Non-Formulary	Formulary Exclusion
potassium citrate-citric acid solution 1100-334 mg/5ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 1.5-1 gm/15ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 3-2 gm/30ml oral	Non-Formulary	Non FDA Exclusion
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	Non-Formulary	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	Non-Formulary	Non FDA Exclusion
tricitrates solution 550-500-334 mg/5ml oral	Non-Formulary	MONY Code; Formulary Exclusion
UROCIT-K 10 TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ORAL	Non-Formulary	Formulary Exclusion
UROCIT-K 15 TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ORAL	Non-Formulary	Formulary Exclusion
UROCIT-K 5 TABLET EXTENDED RELEASE 5 MEQ (540 MG) ORAL	Non-Formulary	Formulary Exclusion
Cystinosis Agents		
CYSTAGON CAPSULE 150 MG ORAL	Tier 4	PA; Specialty
CYSTAGON CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
Genitourinary Irrigants		
acetic acid solution 0.25 % irrigation	Non-Formulary	Formulary Exclusion
ARGYLE STERILE SALINE SOLUTION 0.9 % IRRIGATION	Non-Formulary	Non FDA Exclusion
CURITY STERILE SALINE SOLUTION 0.9 % IRRIGATION	Non-Formulary	Non FDA Exclusion
glycine solution 1.5 % irrigation	Non-Formulary	Formulary Exclusion
glycine urologic solution 1.5 % irrigation	Non-Formulary	Formulary Exclusion
RENACIDIN SOLUTION IRRIGATION	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
sodium chloride solution 0.9 % irrigation	Non-Formulary	Non FDA Exclusion
sodium chloride solution 0.9 % irrigation	Non-Formulary	Formulary Exclusion
sorbitol solution 3 % irrigation	Non-Formulary	Formulary Exclusion
sorbitol-mannitol solution 2.7-0.54 gm/100ml irrigation	Non-Formulary	Formulary Exclusion
Interstitial Cystitis Agents		
ELMIRON CAPSULE 100 MG ORAL	3	
pentosan polysulfate sodium capsule delayed release 150 mg oral	Non-Formulary	Non FDA Exclusion
pentosan polysulfate sodium capsule delayed release 200 mg oral	Non-Formulary	Non FDA Exclusion
RIMSO-50 SOLUTION 50 % INTRAVESICAL	Non-Formulary	Formulary Exclusion
Phosphates		
K-PHOS NO 2 TABLET 305-700 MG ORAL	2	
Prostatic Hypertrophy Agent Combinations		
dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral	Non-Formulary	Formulary Exclusion
ENTADFI CAPSULE 5-5 MG ORAL	Non-Formulary	PA; Formulary Exclusion
JALYN CAPSULE 0.5-0.4 MG ORAL	Non-Formulary	Formulary Exclusion
Small Interfering Ribonucleic Acid Agents (Sirna)		
OXLUMO SOLUTION 94.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
Urinary Analgesics		
PHENAZO TABLET 200 MG ORAL	1	
phenazopyridine hcl tablet 100 mg oral	Non-Formulary	Non FDA Exclusion
phenazopyridine hcl tablet 100 mg oral	1	
phenazopyridine hcl tablet 200 mg oral	Non-Formulary	Non FDA Exclusion
phenazopyridine hcl tablet 200 mg oral	1	
PYRIDIUM TABLET 100 MG ORAL	3	

Drug Name	Tier	Notes
PYRIDIUM TABLET 200 MG ORAL	3	
Urinary Stone Agents*		
LITHOSTAT TABLET 250 MG ORAL	3	
THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL	Non-Formulary	PA; Formulary Exclusion
THIOLA TABLET 100 MG ORAL	Non-Formulary	PA; Formulary Exclusion
tiopronin tablet 100 mg oral	1	PA
tiopronin tablet delayed release 100 mg oral	1	PA
tiopronin tablet delayed release 300 mg oral	1	PA
Vesicoureteral Reflux (Vur) Agent Combinations*		
DEFLUX PREFILLED SYRINGE 50-15 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
GOUT AGENTS		
Gout Agent Combinations*		
colchicine-probenecid tablet 0.5-500 mg oral	1	
Gout Agents*		
allopurinol sodium solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
allopurinol tablet 100 mg oral	1	
allopurinol tablet 200 mg oral	Non-Formulary	Formulary Exclusion
allopurinol tablet 300 mg oral	1	
ALOPRIM SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
colchicine capsule 0.6 mg oral	1	
colchicine capsule 0.6 mg oral	1	MONY code issue
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	1	MONY Code
colchicine tablet 0.6 mg oral	1	MONY Code Issue
COLCRYS TABLET 0.6 MG ORAL	Non-Formulary	Formulary Exclusion
febuxostat tablet 40 mg oral	1	
febuxostat tablet 80 mg oral	1	
GLOPERBA SOLUTION 0.6 MG/5ML ORAL	Non-Formulary	
KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL

Drug Name	Tier	Notes
MITIGARE CAPSULE 0.6 MG ORAL	Non-Formulary	Formulary Exclusion
ULORIC TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
ULORIC TABLET 80 MG ORAL	Non-Formulary	Formulary Exclusion
ZYLOPRIM TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZYLOPRIM TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion
Uricosurics		
probenecid tablet 500 mg oral	1	
HEMATOLOGICAL AGENTS - MISC.		
Aminolevulinate Synthase 1-Directed Sirna		
GIVLAARI SOLUTION 189 MG/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Antihemophilic Products - Gene Therapy Agents		
HEMGENIX SUSPENSION THERAPY PACK 10 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 11 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 12 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 13 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 14 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 15 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 16 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 17 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 18 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 19 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 20 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 21 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 22 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 23 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 24 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 25 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 26 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 27 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 28 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 29 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 30 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 31 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 32 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 33 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 34 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 35 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 36 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 37 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 38 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 39 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 40 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 41 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 42 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HEMGENIX SUSPENSION THERAPY PACK 43 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 44 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 45 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 46 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 47 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HEMGENIX SUSPENSION THERAPY PACK 48 X 10 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ROCTAVIAN SUSPENSION 20000000000000 VG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Antihemophilic Products - Monoclonal Antibodies*		
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
Antihemophilic Products*		
ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 1000 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 1500 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 2000 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 250 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 3000 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 500 unit intravenous	Benefit Exclusion	PA; Specialty
adynovate solution reconstituted 750 unit intravenous	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 2500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
AFSTYLA KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
ALTUVIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ALTUVIIIO SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	Tier 4	PA; Specialty
BALFAXAR SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BALFAXAR SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BENEFIX KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
BENEFIX KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
BENEFIX KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
BENEFIX KIT 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
BENEFIX KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
COAGADEX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
COAGADEX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
CORIFACT KIT 1000-1600 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
FEIBA SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
FEIBA SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
FEIBA SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
FIBRYGA SOLUTION RECONSTITUTED INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KCENTRA KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
KCENTRA KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOGENATE FS KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
MONONINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 2500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ KIT 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
NUWIQ KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
obizur solution reconstituted 500 unit intravenous	Benefit Exclusion	PA; Specialty
PROFILNINE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
PROFILNINE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
PROFILNINE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
RECOMBINATE SOLUTION RECONSTITUTED 1241-1800 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
RECOMBINATE SOLUTION RECONSTITUTED 1801-2400 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
RECOMBINATE SOLUTION RECONSTITUTED 220-400 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
RECOMBINATE SOLUTION RECONSTITUTED 401-800 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
RECOMBINATE SOLUTION RECONSTITUTED 801-1240 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
RIASTAP SOLUTION RECONSTITUTED INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
rixubis solution reconstituted 1000 unit intravenous	Benefit Exclusion	PA; Specialty
rixubis solution reconstituted 2000 unit intravenous	Benefit Exclusion	PA; Specialty
rixubis solution reconstituted 250 unit intravenous	Benefit Exclusion	PA; Specialty
rixubis solution reconstituted 3000 unit intravenous	Benefit Exclusion	PA; Specialty
rixubis solution reconstituted 500 unit intravenous	Benefit Exclusion	PA; Specialty
SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
TRETTEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
WILATE KIT 1000-1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
WILATE KIT 500-500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	Tier 4	PA; Specialty
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	Tier 4	PA; Specialty
C1 Esterase Inhibitors		
BERINERT KIT 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	Benefit Exclusion	PA; Specialty
Complement C1 Inhibitors		
ENJAYMO SOLUTION 1100 MG/22ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Complement C3 Inhibitors		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
Complement C5 Inhibitors		
SOLIRIS SOLUTION 300 MG/30ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ULTOMIRIS SOLUTION 1100 MG/11ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ULTOMIRIS SOLUTION 300 MG/3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VEOPOZ SOLUTION 400 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
****Complement C5a Inhibitors******		
gohibic solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
****Complement Factor D Inhibitors******		
VOYDEYA TABLET 100 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
****Direct-Acting P2y12 Inhibitors******		
BRILINTA TABLET 60 MG ORAL	2	
BRILINTA TABLET 90 MG ORAL	2	
KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Glycoprotein IIb/IIIa Receptor Inhibitors******		
AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AGGRASTAT SOLUTION 12.5-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AGGRASTAT SOLUTION 5-0.9 MG/100ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
eptifibatide solution 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
eptifibatide solution 200 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
eptifibatide solution 75 mg/100ml intravenous	Non-Formulary	Medical Only Exclusion
tirofiban hcl in nacl solution 12.5-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
tirofiban hcl in nacl solution 5-0.9 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
Hematorheologic Agents*		
pentoxifylline er tablet extended release 400 mg oral	1	
Hemin*		
PANHEMATIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
Human Protein C*		
CEPROTIN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
CEPROTIN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
Phosphodiesterase Iii Inhibitors*		
cilostazol tablet 100 mg oral	1	
cilostazol tablet 50 mg oral	1	
Plasma Expanders*		
HESPAN SOLUTION 6-0.9 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
hetastarch-nacl solution 6-0.9 % intravenous	Non-Formulary	Medical Only Exclusion
HEXTEND SOLUTION 6 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LMD IN D5W SOLUTION 10-5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LMD IN NACL SOLUTION 10-0.9 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Plasma Kallikrein Inhibitors - Monoclonal Antibodies*		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	Tier 4	PA; Specialty
Plasma Kallikrein Inhibitors*		
ORLADEYO CAPSULE 110 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL

Drug Name	Tier	Notes
ORLADEYO CAPSULE 150 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Plasma Proteins*		
ALBUKED 25 SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
ALBUKED 5 SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
albumin human solution 25 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
albumin human solution 5 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
ALBUMINEX SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
ALBUMINEX SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
albumin-zlb solution 25 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
albumin-zlb solution 5 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
alburx solution 5 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ALBUTEIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
ALBUTEIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLEXBUMIN SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
FLEXBUMIN SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
HUMAN ALBUMIN GRIFOLS SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code

Drug Name	Tier	Notes
kedbumin solution 25 % intravenous	Benefit Exclusion	Medical Only Exclusion; MONY Code
OCTAPLAS BLOOD GROUP A SOLUTION INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP AB SOLUTION INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B SOLUTION INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O SOLUTION INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
PLASBUMIN-25 SOLUTION 25 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
PLASBUMIN-5 SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion; MONY Code
PLASMANATE SOLUTION 5 % INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
RYPLAZIM SOLUTION RECONSTITUTED 68.8 MG INTRAVENOUS	Benefit Exclusion	PA; Specialty
THROMBATE III SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
THROMBATE III SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	Benefit Exclusion	Medical Only Exclusion
Platelet Aggregation Inhibitor Combinations		
AGGRENOX CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ORAL	Non-Formulary	Formulary Exclusion
aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral	1	
aspirin-omeprazole tablet delayed release 325-40 mg oral	Non-Formulary	
aspirin-omeprazole tablet delayed release 81-40 mg oral	Non-Formulary	
YOSPRALA TABLET DELAYED RELEASE 325-40 MG ORAL	Non-Formulary	
YOSPRALA TABLET DELAYED RELEASE 81-40 MG ORAL	Non-Formulary	
Platelet Aggregation Inhibitors		
dipyridamole tablet 25 mg oral	1	
dipyridamole tablet 50 mg oral	1	

Drug Name	Tier	Notes
dipyridamole tablet 75 mg oral	1	
DURLAZA CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ORAL	Non-Formulary	
Protamine		
protamine sulfate solution 10 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
Protease-Activated Receptor-1 (Par-1) Antagonists		
ZONTIVITY TABLET 2.08 MG ORAL	3	
Quinazoline Agents		
AGRYLIN CAPSULE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
anagrelide hcl capsule 0.5 mg oral	1	
anagrelide hcl capsule 1 mg oral	1	
Thienopyridine Derivatives		
clopidogrel bisulfate tablet 300 mg oral	1	
clopidogrel bisulfate tablet 75 mg oral	1	
EFFIENT TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
EFFIENT TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
PLAVIX TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
prasugrel hcl tablet 10 mg oral	1	
prasugrel hcl tablet 5 mg oral	1	
Thrombolytic Agent - Misc		
DEFITELIO SOLUTION 200 MG/2.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Tissue Plasminogen Activators		
ACTIVASE SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ACTIVASE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CATHFLO ACTIVASE SOLUTION RECONSTITUTED 2 MG INJECTION	Non-Formulary	Medical Only Exclusion
RETAVASE HALF-KIT KIT 1 X 10 UNIT INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
RETAVASE KIT 2 X 10 UNIT INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
TNKASE KIT 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HEMATOPOIETIC AGENTS		
****Agents For Gaucher Disease******		
CERDELGA CAPSULE 84 MG ORAL	Tier 4	PA; Specialty; QL
CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
miglustat capsule 100 mg oral	Tier 4	PA; Specialty
VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
YARGESA CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
ZAVESCA CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
****Agents For Sickle Cell Disease - Autologous Gene Therapy******		
CASGEVY SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LYFGENIA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Cobalamin Combinations******		
ABANEU-SL TABLET SUBLINGUAL 600-600 MCG SUBLINGUAL	1	
BIOPAR DELTA-FORTE CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
FOLTRATE TABLET 500-1 MCG-MG ORAL	Non-Formulary	Formulary Exclusion
lipo-b solution intramuscular	Non-Formulary	Non FDA Exclusion
neurin-sl tablet sublingual 600-600 mcg sublingual	Non-Formulary	Formulary Exclusion
vit b12-methionine-inos-chol solution intramuscular	Non-Formulary	Non FDA Exclusion
****Cobalamins******		
cyanocobalamin solution 1000 mcg/ml injection	1	
cyanocobalamin solution 2000 mcg/ml injection	Non-Formulary	Non FDA Exclusion
cyanocobalamin solution 500 mcg/0.1ml nasal	Non-Formulary	
DODEX SOLUTION 1000 MCG/ML INJECTION	1	
hydroxocobalamin acetate solution 1000 mcg/ml intramuscular	3	
methylcobalamin solution 150 mg/30ml injection	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
methylcobalamin solution 30 mg/30ml injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution 300 mg/30ml injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution reconstituted 10000 mcg injection	Non-Formulary	Non FDA Exclusion
methylcobalamin solution reconstituted 50000 mcg injection	Non-Formulary	Non FDA Exclusion
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	Non-Formulary	Formulary Exclusion
physicians ez use b-12 kit 1000 mcg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vitamin deficiency system-b12 kit 1000 mcg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Cxcr4 Receptor Antagonist		
APHEXDA SOLUTION RECONSTITUTED 62 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
MOZOBIL SOLUTION 24 MG/1.2ML SUBCUTANEOUS	Tier 4	PA; Specialty
plerixafor solution 24 mg/1.2ml subcutaneous	Tier 4	PA; Specialty
Cytotoxic Agents		
DROXIA CAPSULE 200 MG ORAL	3	
DROXIA CAPSULE 300 MG ORAL	3	
DROXIA CAPSULE 400 MG ORAL	3	
SIKLOS TABLET 100 MG ORAL	3	
SIKLOS TABLET 1000 MG ORAL	3	
Erythroid Maturation Agents		
REBLOZYL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
REBLOZYL SOLUTION RECONSTITUTED 75 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Erythropoiesis-Stimulating Agents (Esas)		
ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION	Tier 4	PA; Specialty

Drug Name	Tier	Notes
ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 40 MCG/0.4ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 500 MCG/ML INJECTION	Tier 4	PA; Specialty
ARANESP (ALBUMIN FREE) SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML INJECTION	Tier 4	PA; Specialty
EPOGEN SOLUTION 10000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
EPOGEN SOLUTION 2000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
EPOGEN SOLUTION 20000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
EPOGEN SOLUTION 3000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
EPOGEN SOLUTION 4000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
MIRCERA SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 200 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 30 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 50 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
MIRCERA SOLUTION PREFILLED SYRINGE 75 MCG/0.3ML INJECTION	Non-Formulary	Medical Only Exclusion
PROCRIT SOLUTION 10000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
PROCRIT SOLUTION 2000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
PROCRIT SOLUTION 20000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
PROCRIT SOLUTION 3000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
PROCRIT SOLUTION 4000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
PROCRIT SOLUTION 40000 UNIT/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
RETACRIT SOLUTION 10000 UNIT/ML INJECTION	Tier 4	PA; Specialty
RETACRIT SOLUTION 2000 UNIT/ML INJECTION	Tier 4	PA; Specialty
RETACRIT SOLUTION 20000 UNIT/ML INJECTION	Tier 4	PA; Specialty
RETACRIT SOLUTION 3000 UNIT/ML INJECTION	Tier 4	PA; Specialty
RETACRIT SOLUTION 4000 UNIT/ML INJECTION	Tier 4	PA; Specialty
RETACRIT SOLUTION 40000 UNIT/ML INJECTION	Tier 4	PA; Specialty
Folic Acid/Folate Combinations*		
ANIMI-3 CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
ANIMI-3/VITAMIN D CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
b-6 folic acid capsule 8.333-100-1 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
bp vit 3 capsule 1 mg oral	Non-Formulary	Non FDA Exclusion; MONY Code
CENFOL TABLET 2.3-24.5-2 MG ORAL	Non-Formulary	Formulary Exclusion
cholecal df tablet 1-3800 mg-unit oral	Non-Formulary	Non FDA Exclusion
CIFEREX CAPSULE 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX DOTREMIN TABLET 1-10000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX FOLTAMIN TABLET 125-1 MCG-MG ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX PUREFOLIX TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
fabb tablet 2.2-25-1 mg oral	Non-Formulary	Non FDA Exclusion
FOLDITAM TABLET 1-10000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLGARD RX TABLET 2.2-25-1 MG ORAL	Non-Formulary	Formulary Exclusion
folic d3 capsule 1-3775 mg-unit oral	Non-Formulary	Non FDA Exclusion
FOLI-D TABLET 1-2000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
folite tablet oral	Non-Formulary	Non FDA Exclusion
FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLIXATE TABLET 1-125 MG-MCG ORAL	Non-Formulary	Non FDA Exclusion
FOLTREXYL TABLET 1-5000 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
FOLVITE-D TABLET 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
GENICIN VITA-D TABLET 1-3775 MG-UNIT ORAL	Non-Formulary	Non FDA Exclusion
ortho df capsule 1-3775 mg-unit oral	Non-Formulary	Non FDA Exclusion
ostachol tablet 1-3800 mg-unit oral	Non-Formulary	Non FDA Exclusion
OVEEZA CAPSULE 0.5 MG ORAL	Non-Formulary	Non FDA Exclusion
revesta capsule 1-5750 mg-unit oral	Non-Formulary	Non FDA Exclusion
TALIVA CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion
VITAMEZ CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion; MONY Code
westab mini tablet 2.2-25-1 mg oral	Non-Formulary	Non FDA Exclusion
Folic Acid/Folates		
folic acid solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Granulocyte Colony-Stimulating Factors (G-Csf)*		
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
NIVESTYM SOLUTION 300 MCG/ML INJECTION	Tier 4	PA; Specialty
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	Tier 4	PA; Specialty
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Tier 4	PA; Specialty
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Tier 4	PA; Specialty
NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
RELEUKO SOLUTION 300 MCG/ML INJECTION	Non-Formulary	PA; Specialty; Formulary Exclusion
releuko solution 480 mcg/1.6ml injection	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
releuko solution prefilled syringe 300 mcg/0.5ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
releuko solution prefilled syringe 480 mcg/0.8ml subcutaneous	Non-Formulary	PA; Specialty; Formulary Exclusion
ROLVEDON SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	New to Market Exclusion; Specialty
UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	Tier 4	PA; Specialty
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	Tier 4	PA; Specialty
ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	Tier 4	PA; Specialty
Hematopoietic Autologous Cellular Gene Therapy		
ZYNTEGLO SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors*		
JESDUVROQ TABLET 1 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JESDUVROQ TABLET 2 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JESDUVROQ TABLET 4 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JESDUVROQ TABLET 6 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
JESDUVROQ TABLET 8 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Iron Combinations*		
active fe tablet 75-1.25 mg oral	Non-Formulary	Non FDA Exclusion
CENTRATEX CAPSULE 106-1 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CHROMAGEN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
CORVITA 150 TABLET 150-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET ORAL	Non-Formulary	Non FDA Exclusion
corvite fe tablet oral	Non-Formulary	Non FDA Exclusion
feonyx tablet oral	Non-Formulary	Non FDA Exclusion
FERIVAFA CAPSULE 110-1 MG ORAL	Non-Formulary	Non FDA Exclusion
ferocon capsule oral	1	
ferotrinsic capsule oral	1	
FERROCITE PLUS TABLET 106-1 MG ORAL	1	
FERRO-PLEX TABLET 115-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLIVANE-PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
foltrin capsule oral	1	
FUSION PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
hematinic plus vit/minerals tablet 106-1 mg oral	1	
HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL	Non-Formulary	Formulary Exclusion
HEMATRON-AF (WITH DOCUSATE) TABLET 150-1 MG ORAL	Non-Formulary	Formulary Exclusion
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	Non-Formulary	Formulary Exclusion
ICAR-C PLUS TABLET 100-250-0.025-1 MG ORAL	Non-Formulary	Formulary Exclusion
IFEREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG ORAL	1	
INTEGRA PLUS CAPSULE ORAL	Non-Formulary	Formulary Exclusion
iron folate plus capsule oral	Non-Formulary	Non FDA Exclusion
iron folate-f capsule 125-1 mg oral	Non-Formulary	Non FDA Exclusion
IROSPAN 24/6 ORAL	Non-Formulary	Non FDA Exclusion
K-TAN PLUS CAPSULE 162-115.2-1 MG ORAL	1	
MULTIGEN FOLIC TABLET 70-150-2-1 MG ORAL	Non-Formulary	Formulary Exclusion
MULTIGEN PLUS TABLET 50-101-1 MG ORAL	Non-Formulary	Formulary Exclusion
MULTIGEN TABLET 70 MG ORAL	Non-Formulary	Formulary Exclusion
NEPHRON FA TABLET ORAL	Non-Formulary	Formulary Exclusion
NIFEREX TABLET ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
NUFERA TABLET ORAL	Non-Formulary	Non FDA Exclusion
poly-iron 150 forte capsule 150-25-1 mg-mcg-mg oral	1	
polysaccharide iron forte capsule 150-25-1 mg-mcg-mg oral	1	
purevit dualfe plus capsule 162-115.2-1 mg oral	Non-Formulary	Formulary Exclusion
se-tan plus capsule 162-115.2-1 mg oral	1	
TANDEM PLUS CAPSULE 162-115.2-1 MG ORAL	Non-Formulary	Non FDA Exclusion
taron forte capsule oral	Non-Formulary	Formulary Exclusion
tl-hem 150 tablet 150-1 mg oral	1	
TRICON CAPSULE ORAL	1	
trigels-f forte capsule 460-60-0.01-1 mg oral	1	
virt-fefa plus capsule oral	Non-Formulary	Non FDA Exclusion
Iron Wl Folic Acid*		
BENTIVITE TABLET 35-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FOLIVANE-F CAPSULE 125-1 MG ORAL	Non-Formulary	Formulary Exclusion
INTEGRA F CAPSULE 125-1 MG ORAL	Non-Formulary	Formulary Exclusion
tulivite tablet 35-1 mg oral	Non-Formulary	Non FDA Exclusion
Iron*		
ACCRUFER CAPSULE 30 MG ORAL	Non-Formulary	QL
BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL	1	
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ferrous sulfate solution 220 (44 fe) mg/5ml oral	1	
ferrous sulfate solution 300 (60 fe) mg/5ml oral	1	
ferrous sulfate solution 300 mg/6.8ml oral	1	
ferrous sulfate solution 75 (15 fe) mg/ml oral	1	
ferumoxytol solution 510 mg/17ml intravenous	Non-Formulary	Medical Only Exclusion
fe-vite iron solution 75 (15 fe) mg/ml oral	1	
INFED SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
INJECTAFER SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral	1	
iron infant & toddler solution 75 (15 fe) mg/ml oral	1	
iron infant/toddler solution 75 (15 fe) mg/ml oral	1	
iron supplement childrens solution 75 (15 fe) mg/ml oral	1	
iron supplement solution 15 mg/ml oral	1	
iron supplement solution 220 (44 fe) mg/5ml oral	1	
MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
pc pediatric iron drops solution 75 (15 fe) mg/ml oral	1	
TRIFERIC AVNU SOLUTION 6.75 MG/4.5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRIFERIC PACKET 272 MG HEMODIALYSIS	Non-Formulary	Medical Only Exclusion
TRIFERIC SOLUTION 27.2 MG/5ML HEMODIALYSIS	Non-Formulary	Medical Only Exclusion
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Iron-B12-Folate*		
FERIVA 21/7 TABLET 75-1 MG ORAL	Non-Formulary	Non FDA Exclusion
FERRALET 90 TABLET 90-1 MG ORAL	Non-Formulary	Formulary Exclusion
ferraplus 90 tablet 90-1 mg oral	Non-Formulary	Formulary Exclusion
Selectin Blockers*		
ADAKVEO SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Thrombopoietin (Tpo) Receptor Agonists*		
ALVAIZ TABLET 18 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
ALVAIZ TABLET 36 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
ALVAIZ TABLET 54 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty

Drug Name	Tier	Notes
ALVAIZ TABLET 9 MG ORAL	Non-Formulary	New to Market Exclusion; Specialty
DOPTELET TABLET 20 MG ORAL	Tier 4	PA; Specialty
MULPLETA TABLET 3 MG ORAL	Tier 4	PA; Specialty; QL with criteria
HEMOSTATICS		
****Hemostatic Combinations - Topical******		
ARTISS KIT 10 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS KIT 2 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS KIT 4 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
ARTISS SOLUTION EXTERNAL	Non-Formulary	Medical Only Exclusion
GEL-FLOW KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI POWDER KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI SPONGE KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
TISSEEL KIT 10 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL KIT 2 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL KIT 4 ML EXTERNAL	Non-Formulary	Medical Only Exclusion
TISSEEL SOLUTION EXTERNAL	Non-Formulary	Medical Only Exclusion
****Hemostatics - Systemic******		
AMICAR SOLUTION 0.25 GM/ML ORAL	Non-Formulary	Formulary Exclusion
AMICAR TABLET 1000 MG ORAL	Non-Formulary	Formulary Exclusion
AMICAR TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
aminocaproic acid solution 0.25 gm/ml oral	1	
aminocaproic acid solution 250 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
aminocaproic acid tablet 1000 mg oral	1	
aminocaproic acid tablet 500 mg oral	1	
CYKLOKAPRON SOLUTION 1000 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LYSTEDA TABLET 650 MG ORAL	Non-Formulary	Formulary Exclusion
tranexamic acid solution 1000 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
tranexamic acid tablet 650 mg oral	1	
tranexamic acid-nacl solution 1000-0.7 mg/100ml-% intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Hemostatics - Topical*		
ASTRINGYN SOLUTION 259 MG/GM EXTERNAL	Non-Formulary	Non FDA Exclusion
RECOTHROM SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
RECOTHROM SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
RECOTHROM SPRAY KIT SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
SURGICEL SNOW 1"X2" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGICEL SNOW 2"X4" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGICEL SNOW 4"X4" PAD EXTERNAL	Non-Formulary	Formulary Exclusion
SURGIFOAM POWDER	Non-Formulary	Non FDA Exclusion
THROMBIN-JMI EPISTAXIS KIT 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI KIT 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI KIT 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI SOLUTION RECONSTITUTED 20000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI SOLUTION RECONSTITUTED 5000 UNIT EXTERNAL	Non-Formulary	Medical Only Exclusion
THROMBOGEN KIT 10000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
THROMBOGEN SOLUTION RECONSTITUTED 1000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
THROMBOGEN SOLUTION RECONSTITUTED 10000 UNIT EXTERNAL	Non-Formulary	Non FDA Exclusion
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics*		
AMYTAL SODIUM SOLUTION RECONSTITUTED 500 MG INJECTION	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
NEMBUTAL SOLUTION 50 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
pentobarbital sodium solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital elixir 20 mg/5ml oral	1	
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenobarbital sodium solution 130 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
phenobarbital sodium solution 65 mg/ml injection	Non-Formulary	Medical Only Exclusion
phenobarbital tablet 100 mg oral	1	
phenobarbital tablet 100 mg oral	1	MONY Code
phenobarbital tablet 15 mg oral	1	
phenobarbital tablet 15 mg oral	1	MONY Code Issue
phenobarbital tablet 16.2 mg oral	1	
phenobarbital tablet 30 mg oral	1	
phenobarbital tablet 32.4 mg oral	1	
phenobarbital tablet 60 mg oral	1	
phenobarbital tablet 60 mg oral	1	MONY Code
phenobarbital tablet 64.8 mg oral	1	
phenobarbital tablet 97.2 mg oral	1	
SEZABY SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Benzodiazepine Hypnotics*		
BYFAVO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DORAL TABLET 15 MG ORAL	3	
estazolam tablet 1 mg oral	1	
estazolam tablet 2 mg oral	1	
flurazepam hcl capsule 15 mg oral	2	QL
flurazepam hcl capsule 15 mg oral	3	QL
flurazepam hcl capsule 15 mg oral	1	MONY Code; QL
flurazepam hcl capsule 30 mg oral	2	QL
flurazepam hcl capsule 30 mg oral	3	QL
flurazepam hcl capsule 30 mg oral	1	MONY Code; QL
HALCION TABLET 0.25 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
midazolam hcl (pf) solution 10 mg/2ml injection	1	
midazolam hcl (pf) solution 2 mg/2ml injection	1	
midazolam hcl (pf) solution 5 mg/5ml injection	1	
midazolam hcl (pf) solution 5 mg/ml injection	1	
midazolam hcl solution 10 mg/10ml injection	1	
midazolam hcl solution 10 mg/2ml injection	1	
midazolam hcl solution 150 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl solution 2 mg/2ml injection	1	
midazolam hcl solution 25 mg/5ml injection	1	
midazolam hcl solution 5 mg/5ml injection	1	
midazolam hcl solution 5 mg/ml injection	1	
midazolam hcl solution 50 mg/10ml injection	1	
midazolam hcl solution prefilled syringe 150 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl syrup 2 mg/ml oral	Non-Formulary	Formulary Exclusion
midazolam hcl-sodium chloride solution 100-0.8 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution 50-0.8 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 2-0.9 mg/2ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 5-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 55-0.9 mg/55ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam hcl-sodium chloride solution prefilled syringe 60-0.9 mg/30ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution 100 mg/100ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 2 mg/2ml injection	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
midazolam solution prefilled syringe 2 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 25 mg/25ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 3 mg/3ml injection	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 30 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 5 mg/5ml injection	Non-Formulary	Non FDA Exclusion
midazolam solution prefilled syringe 50 mg/50ml intravenous	Non-Formulary	Non FDA Exclusion
MIDAZOLAM+SYRSPEND SF SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
midazolam-sodium chloride (pf) solution 100-0.8 mg/100ml-% intravenous	3	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	1	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	3	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	Non-Formulary	Non FDA Exclusion
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	1	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	3	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
quazepam tablet 15 mg oral	1	MONY Code
quazepam tablet 15 mg oral	3	
RESTORIL CAPSULE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 22.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RESTORIL CAPSULE 7.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
temazepam capsule 15 mg oral	1	QL
temazepam capsule 22.5 mg oral	1	QL
temazepam capsule 30 mg oral	1	QL
temazepam capsule 7.5 mg oral	1	QL
triazolam tablet 0.125 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
triazolam tablet 0.125 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
triazolam tablet 0.25 mg oral	Non-Formulary	Formulary Exclusion
Hypnotic Combinations*		
mko melt dose pack troche 3-25-2 mg sublingual	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Hypnotics - Tricyclic Agents*		
doxepin hcl tablet 3 mg oral	Non-Formulary	Formulary Exclusion; QL
doxepin hcl tablet 6 mg oral	Non-Formulary	Formulary Exclusion; QL
SILENOR TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SILENOR TABLET 6 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Non-Benzodiazepine - Gaba-Receptor Modulators*		
AMBIEN CR TABLET EXTENDED RELEASE 12.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMBIEN CR TABLET EXTENDED RELEASE 6.25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMBIEN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMBIEN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
EDLUAR TABLET SUBLINGUAL 10 MG SUBLINGUAL	3	QL
EDLUAR TABLET SUBLINGUAL 5 MG SUBLINGUAL	3	QL
eszopiclone tablet 1 mg oral	1	QL
eszopiclone tablet 2 mg oral	1	QL
eszopiclone tablet 3 mg oral	1	QL
INTERMEZZO TABLET SUBLINGUAL 1.75 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion; QL
LUNESTA TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LUNESTA TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LUNESTA TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion; QL
zaleplon capsule 10 mg oral	1	QL
zaleplon capsule 5 mg oral	1	QL
zolpidem tartrate capsule 7.5 mg oral	Non-Formulary	Formulary Exclusion; QL
zolpidem tartrate er tablet extended release 12.5 mg oral	1	QL
zolpidem tartrate er tablet extended release 6.25 mg oral	1	QL
zolpidem tartrate tablet 10 mg oral	1	QL

Drug Name	Tier	Notes
zolpidem tartrate tablet 5 mg oral	1	QL
zolpidem tartrate tablet sublingual 1.75 mg sublingual	1	QL
zolpidem tartrate tablet sublingual 1.75 mg sublingual	1	MONY code issue; QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	1	QL
zolpidem tartrate tablet sublingual 3.5 mg sublingual	1	MONY code issue; QL
ZOLPIMIST SOLUTION 5 MG/ACT ORAL	3	QL
Orexin Receptor Antagonists*		
BELSOMRA TABLET 10 MG ORAL	2	QL
BELSOMRA TABLET 15 MG ORAL	2	QL
BELSOMRA TABLET 20 MG ORAL	2	QL
BELSOMRA TABLET 5 MG ORAL	2	QL
DAYVIGO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DAYVIGO TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QUVIVIQ TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
QUVIVIQ TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Selective Alpha2-Adrenoreceptor Agonist Sedatives*		
dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200-0.9 mcg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 200-0.9 mcg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl in nacl solution prefilled syringe 20-0.9 mcg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexmedetomidine hcl in nacl solution prefilled syringe 40-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
dexmedetomidine hcl solution 1000 mcg/10ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
dexmedetomidine hcl solution 200 mcg/2ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl solution 400 mcg/4ml intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl-dextrose solution 200mcg/50ml -5% intravenous	Non-Formulary	Medical Only Exclusion
dexmedetomidine hcl-dextrose solution 400mcg/100ml -5% intravenous	Non-Formulary	Medical Only Exclusion
IGALMI FILM 120 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
IGALMI FILM 180 MCG SUBLINGUAL	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 200 MCG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 200 MCG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 400 MCG/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PRECEDEX SOLUTION 80 MCG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Selective Melatonin Receptor Agonists*		
HETLIOZ CAPSULE 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ramelteon tablet 8 mg oral	Non-Formulary	Formulary Exclusion
ROZEREM TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
tasimelteon capsule 20 mg oral	Tier 4	PA; Specialty; QL
LAXATIVES		
Bowel Evacuant Combinations*		
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL	Non-Formulary	Formulary Exclusion
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/175ML ORAL	Non-Formulary	Formulary Exclusion
GOLYTELY SOLUTION RECONSTITUTED 236 GM ORAL	Non-Formulary	Formulary Exclusion
MOVIPREP SOLUTION RECONSTITUTED 100 GM ORAL	Non-Formulary	Formulary Exclusion
NULYTELY LEMON-LIME SOLUTION RECONSTITUTED 420 GM ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
NULYTELY WITH FLAVOR PACKS SOLUTION RECONSTITUTED 420 GM ORAL	Non-Formulary	Formulary Exclusion
peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral	Non-Formulary	Formulary Exclusion
peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral	Non-Formulary	Formulary Exclusion
PLENVU SOLUTION RECONSTITUTED 140 GM ORAL	Non-Formulary	Formulary Exclusion
SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL	Non-Formulary	Formulary Exclusion
SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	Non-Formulary	Formulary Exclusion
SUTAB TABLET 1479-225-188 MG ORAL	Non-Formulary	Formulary Exclusion
Laxatives - Miscellaneous		
constulose solution 10 gm/15ml oral	1	
GIALAX KIT ORAL	Non-Formulary	Non FDA Exclusion
KRISTALOSE PACKET 10 GM ORAL	3	
KRISTALOSE PACKET 20 GM ORAL	3	
lactulose packet 10 gm oral	3	
lactulose solution 10 gm/15ml oral	1	
lactulose solution 20 gm/30ml oral	1	
VIBRANT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
VIBRANT STARTER KIT KIT ORAL	Non-Formulary	Non FDA Exclusion
Lubricant Laxatives		
mineral oil heavy oil oral (rx)	Non-Formulary	Formulary Exclusion
Saline Laxative Mixtures		
OSMOPREP TABLET 1.102-0.398 GM ORAL	Non-Formulary	Formulary Exclusion
LOCAL ANESTHETICS-PARENTERAL		
Local Anesthetic & Sympathomimetic		
ARTICADENT DENTAL SOLUTION CARTRIDGE 4 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine (pf) solution 0.25% - 1:200000 injection	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine (pf) solution 0.5% - 1:200000 injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
bupivacaine-epinephrine solution 0.25% -1:200000 injection	Non-Formulary	Medical Only Exclusion
bupivacaine-epinephrine solution 0.5% -1:200000 injection	Non-Formulary	Medical Only Exclusion
lets kit	Non-Formulary	Non FDA Exclusion
lidocaine(bufferd)-epinephrine solution prefilled syringe 0.5 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine(bufferd)-epinephrine solution prefilled syringe 1 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine-epinephrine (3 ml) solution prefilled syringe 0.5 %-1:100000 injection	Non-Formulary	Non FDA Exclusion
lidocaine-epinephrine solution 0.5 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 1 %-1:100000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 1.5 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:100000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:200000 injection	Non-Formulary	Medical Only Exclusion
lidocaine-epinephrine solution 2 %-1:50000 injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
MARCAINE/EPINEPHRINE PF SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF SOLUTION 0.25-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.25-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
ORABLOC SOLUTION CARTRIDGE 4 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
ORABLOC SOLUTION CARTRIDGE 4 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE

Drug Name	Tier	Notes
reck solution prefilled syringe 123-0.25-0.04- 15 mg/50ml	Non-Formulary	Non FDA Exclusion
ropiv-clonidine-ketorolac solution prefilled syringe 123-0.04-15 mg/50ml	Non-Formulary	Non FDA Exclusion
SENSORCAINE/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
SENSORCAINE-MPF/EPINEPHRINE SOLUTION 0.75-1:200000 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 0.5 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE SOLUTION 2 %-1:100000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1.5 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	Non-Formulary	Medical Only Exclusion
Local Anesthetic Combinations*		
active injection lm-2 kit 1 & 0.25 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl-tetracaine hcl solution 0.4-0.2 % injection	Non-Formulary	Non FDA Exclusion
lidocaine-sodium bicarbonate solution prefilled syringe 1-8.4 % injection	Non-Formulary	Non FDA Exclusion
LIDOMAR SOLUTION 50-18.75 MG/5ML INJECTION	Non-Formulary	Non FDA Exclusion
marlido kit 2 & 0.5 % injection	Non-Formulary	Non FDA Exclusion
MARLIDO-25 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK KIT 0.5 % COMBINATION	Non-Formulary	Non FDA Exclusion
POINT OF CARE LM-2.2 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
POINT OF CARE LM-2.5 KIT 1 & 0.25 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
READYSHARP-A KIT 1 & 0.5 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Local Anesthetics - Amides*		
bupivacaine fisiopharma solution 2.5 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine fisiopharma solution 5 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl (pf) solution 0.25 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl (pf) solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl (pf) solution 0.75 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution 0.125 % injection	Non-Formulary	Non FDA Exclusion
bupivacaine hcl solution 0.25 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
bupivacaine hcl solution prefilled syringe 0.125 % (50 ml) injection	Non-Formulary	Non FDA Exclusion
bupivacaine hcl solution prefilled syringe 0.25 % (10 ml) injection	Non-Formulary	Non FDA Exclusion
bupivacaine hcl-nacl solution 0.125-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine hcl-nacl solution prefilled syringe 0.25-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bupivacaine in dextrose solution 0.75-8.25 % intrathecal	Non-Formulary	Medical Only Exclusion
bupivacaine spinal solution 0.75-8.25 % intrathecal	Non-Formulary	Medical Only Exclusion
CARBOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
EXPAREL SUSPENSION 1.3 % INJECTION	Non-Formulary	Medical Only Exclusion
lidocaine hcl (buffered) solution prefilled syringe 100 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl (pf) solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 1 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 1.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 2 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 4 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl (pf) solution 4 % injection	Non-Formulary	Medical Only Exclusion; MONY Code

Drug Name	Tier	Notes
lidocaine hcl jet-injector 0.5 mg intradermal	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 0.5 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine hcl solution 1 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution 2 % injection	Non-Formulary	Medical Only Exclusion
lidocaine hcl solution prefilled syringe 10 mg/ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/10ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 200 mg/10ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 60 mg/3ml injection	Non-Formulary	Non FDA Exclusion
lidocaine hcl solution prefilled syringe 9 mg/ml injection	Non-Formulary	Non FDA Exclusion
lidomark 1/5 kit 1 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidomark 2/5 kit 2 % injection	Non-Formulary	Non FDA Exclusion
MARCAINE PRESERVATIVE FREE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SOLUTION 0.75 % INJECTION	Non-Formulary	Medical Only Exclusion
MARCAINE SPINAL SOLUTION 0.75-8.25 % INTRATHECAL	Non-Formulary	Medical Only Exclusion
MONOJECT BONE MARROW BIOPSY KIT 1 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
NAROPIN SOLUTION 5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion; MONY code issue
POLOCAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
POLOCAINE-MPF SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion; MONY code issue
POLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion; MONY code issue
POLOCAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion; MONY code issue
POSIMIR SOLUTION 660 MG/5ML INJECTION	Non-Formulary	Medical Only Exclusion
READYSHARP LIDOCAINE KIT 1 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl solution 0.2 % epidural	Non-Formulary	Non FDA Exclusion
ropivacaine hcl solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution 2 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution 2 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl solution 5 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution 7.5 mg/ml injection	Non-Formulary	Medical Only Exclusion
ropivacaine hcl solution prefilled syringe 0.2 % injection	Non-Formulary	Non FDA Exclusion
ropivacaine hcl solution prefilled syringe 0.5 % injection	Non-Formulary	Non FDA Exclusion
ropivacaine hcl-nacl solution 0.15-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution 0.2-0.9 % epidural	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ropivacaine hcl-nacl solution 0.2-0.9 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
SENSORCAINE-MPF SOLUTION 0.25 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF SOLUTION 0.75 % INJECTION	Non-Formulary	Medical Only Exclusion
XARACOLL IMPLANT 3 X 100 MG IMPLANT	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 0.5 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 1.5 % INJECTION	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
ZINGO JET-INJECTOR 0.5 MG INTRADERMAL	Non-Formulary	Medical Only Exclusion
Local Anesthetics - Esters*		
chloroprocaine hcl (pf) solution 2 % injection	Non-Formulary	Medical Only Exclusion
chloroprocaine hcl (pf) solution 3 % injection	Non-Formulary	Medical Only Exclusion
CLOROTEKAL SOLUTION 50 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
NESACAINE SOLUTION 1 % INJECTION	Non-Formulary	Medical Only Exclusion
NESACAINE SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
NESACAINE-MPF SOLUTION 2 % INJECTION	Non-Formulary	Medical Only Exclusion
NESACAINE-MPF SOLUTION 3 % INJECTION	Non-Formulary	Medical Only Exclusion
tetracaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion
tetracaine hcl solution 1 % injection	Non-Formulary	Non FDA Exclusion; MONY Code
MACROLIDES		
Azithromycin*		
azithromycin packet 1 gm oral	2	

Drug Name	Tier	Notes
azithromycin solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
azithromycin suspension reconstituted 100 mg/5ml oral	1	
azithromycin suspension reconstituted 200 mg/5ml oral	1	
azithromycin tablet 250 mg oral	1	
azithromycin tablet 500 mg oral	1	
azithromycin tablet 600 mg oral	1	
ZITHROMAX PACKET 1 GM ORAL	3	
ZITHROMAX SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZITHROMAX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TRI-PAK TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX Z-PAK TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
Clarithromycin*		
clarithromycin er tablet extended release 24 hour 500 mg oral	1	
clarithromycin suspension reconstituted 125 mg/5ml oral	1	MONY Code
clarithromycin suspension reconstituted 250 mg/5ml oral	1	MONY Code
clarithromycin tablet 250 mg oral	1	
clarithromycin tablet 500 mg oral	1	
Erythromycins*		
E.E.S. 400 TABLET 400 MG ORAL	3	
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	1	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	1	
ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ERYTHROCIN STEARATE TABLET 250 MG ORAL	2	
erythromycin base capsule delayed release particles 250 mg oral	1	MONY Code
erythromycin base tablet 250 mg oral	1	
erythromycin base tablet 250 mg oral	1	MONY Code
erythromycin base tablet 500 mg oral	1	
erythromycin base tablet 500 mg oral	1	MONY Code
erythromycin base tablet delayed release 250 mg oral	1	
erythromycin base tablet delayed release 333 mg oral	1	
erythromycin base tablet delayed release 500 mg oral	1	
erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral	1	
erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral	1	
erythromycin ethylsuccinate tablet 400 mg oral	3	
erythromycin lactobionate solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
erythromycin tablet delayed release 250 mg oral	1	
erythromycin tablet delayed release 333 mg oral	1	
erythromycin tablet delayed release 500 mg oral	1	
Fidaxomicin*		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	2	
DIFICID TABLET 200 MG ORAL	2	

Drug Name	Tier	Notes
MEDICAL DEVICES AND SUPPLIES		
****Adhesive Bandages******		
CURITY WOUND CLOSURE 1/2"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	Non-Formulary	Non FDA Exclusion
****Catheters******		
apogee ic catheter 14fr/16"	Non-Formulary	Formulary Exclusion
vapro plus catheter 12fr/16"	Non-Formulary	Formulary Exclusion
****Elastic Bandages & Supports******		
SKINEEZ TED STOCKINGS (RX)	Non-Formulary	Non FDA Exclusion
****Embolization Supplies******		
ONCOZENE 100 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 100 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (2 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (3 ML) PREFILLED SYRINGE INJECTION	Non-Formulary	Non FDA Exclusion
****Foot Care Products******		
BIOFREQUENCY INSOLES	Non-Formulary	Non FDA Exclusion
****Gauze Pads & Dressings******		
AMD FOAM DRESSING PAD 3-1/2"X3"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING PAD 4"X4"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING PAD 6"X6"	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Non-Formulary	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 2"X2"	Non-Formulary	Non FDA Exclusion
BIOGUARD GAUZE SPONGES PAD 4"X4"	Non-Formulary	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X10"	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
BIOGUARD ISLAND DRESSINGS PAD 4"X14"	Non-Formulary	Non FDA Exclusion
BIOGUARD ISLAND DRESSINGS PAD 4"X5"	Non-Formulary	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X4"	Non-Formulary	Non FDA Exclusion
BIOGUARD NON-ADHERENT DRESSING PAD 3"X8"	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	Non-Formulary	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP (RX)	Non-Formulary	Non FDA Exclusion
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Non-Formulary	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	Non-Formulary	Non FDA Exclusion
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Non-Formulary	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X5"	Non-Formulary	Non FDA Exclusion
TELFA AMD ISLAND DRESSING PAD 4"X8"	Non-Formulary	Non FDA Exclusion
TELFA AMD NON-ADHERENT PAD 3"X8"	Non-Formulary	Non FDA Exclusion
Glucose Monitor & Blood Pressure Monitor Combinations*		
ADVOCATE DUO DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHEK AUTO-CODE DEVICE	Non-Formulary	Formulary Exclusion
DUO-CARE DEVICE	Non-Formulary	Formulary Exclusion
FORA D10 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA D15G 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA D20 2-IN-1 MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA D40 GLUCOSE/PRESSURE DEVICE	Non-Formulary	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE DEVICE	Non-Formulary	Formulary Exclusion
Glucose Monitor & Cholesterol Monitor Combinations*		
ACCUTREND PLUS DEVICE	3	

Drug Name	Tier	Notes
Glucose Monitoring Test Supplies*		
1st tier unilet comfortouch	2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK GUIDE ME KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
acti-lance 28g	2	
acti-lance lite lancets 28g	2	
acti-lance special lancets 17g	2	
acti-lance universal 23g	2	
adjustable lancing device	2	
ADVANCE INTUITION METER DEVICE	Non-Formulary	Formulary Exclusion
ADVANCE INTUITION MONITOR KIT	Non-Formulary	Formulary Exclusion
ADVANCE MICRO-DRAW METER DEVICE	Non-Formulary	Formulary Exclusion
advanced mobile lancet	2	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE REDI-CODE DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE REDI-CODE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE REDI-CODE+ DEVICE	Non-Formulary	Formulary Exclusion
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
AGAMATRIX AMP DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX PRESTO KIT W/DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
AGAMATRIX PRESTO PRO METER DEVICE	Non-Formulary	Formulary Exclusion
AGAMATRIX ULTRA-THIN LANCETS	2	
aimsco twist lancets 32g	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE 3 METER KIT	Non-Formulary	Formulary Exclusion
ASSURE 4 METER DEVICE	Non-Formulary	Formulary Exclusion
assure comfort lancets 28g	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE PLATINUM METER DEVICE	Non-Formulary	Formulary Exclusion
ASSURE PRISM MULTI METER DEVICE	Non-Formulary	Formulary Exclusion
ASSURE PRO BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
aurora lancet super thin 30g	2	
aurora lancet thin 23g	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD LATITUDE DIABETES KIT	Non-Formulary	Formulary Exclusion
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
BD MAGNI-GUIDE MAGNIFIER	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
BD MICROTAINER LANCETS (OTC)	2	
BD MICROTAINER LANCETS (RX)	2	
BIGFOOT UNITY PROGRAM KIT	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE	Non-Formulary	Formulary Exclusion
blood glucose monitor system kit w/device	Non-Formulary	Formulary Exclusion
blood glucose system pak kit	Non-Formulary	Formulary Exclusion
BLUESTAR DEVICE (OTC)	Non-Formulary	Formulary Exclusion
BLUESTAR DEVICE (RX)	Non-Formulary	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS DEVICE	Non-Formulary	Formulary Exclusion
CARDIOCOM LANCING DEVICE	2	
careone advanced lancing dev	2	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CAREONE LANCET SUPER THIN 30G	2	
careone lancet thin 23g	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ BT DEVICE	Non-Formulary	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CARESENS N VOICE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHEMSTRIP BG LOG BOOK	Non-Formulary	Formulary Exclusion
CLEANLET LANCETS 28G	2	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CLEVER CHEK AUTO-CODE VOICE DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHEK LANCETS	2	
CLEVER CHEK SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE MINI SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
CLEVER CHOICE TALK SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
COAGUCHEK LANCETS	2	
comfort assured lancets 28g	2	
comfort assured lancets 33g	2	
comfort lancets	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
CONTOUR CONTROL LIQUID HIGH IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR CONTROL LIQUID LOW IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR CONTROL LIQUID NORMAL IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR MONITOR DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT CONTROL SOLUTION LOW IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR NEXT CONTROL SOLUTION NORMAL IN VITRO	Non-Formulary	Formulary Exclusion
CONTOUR NEXT EZ KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT LINK KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CONTOUR NEXT ONE DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CONTOUR NEXT ONE KIT	Non-Formulary	Formulary Exclusion
COOL MONITOR DEVICE	Non-Formulary	Formulary Exclusion
COOL MONITOR KIT KIT W/DEVICE	Non-Formulary	Formulary Exclusion
CVS BLOOD GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
cvs lancets 21g	2	
cvs lancets micro thin 33g	2	
cvs lancets original	2	
cvs lancets thin 26g	2	
cvs lancets ultra thin 30g	2	
cvs lancets ultra-thin 30g	2	
cvs lancing device	2	
cvs ultra thin lancets	2	
D-CARE GLUCOMETER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	Non-Formulary	Formulary Exclusion; QL
DEXCOM G4 PLATINUM TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
DEXCOM G5 MOB/G4 PLAT SENSOR	2	QL
DEXCOM G5 MOBILE RECEIVER DEVICE	2	QL
DEXCOM G5 MOBILE TRANSMITTER	2	QL
DEXCOM G5 RECEIVER KIT DEVICE	2	QL
DEXCOM G6 RECEIVER DEVICE	2	QL
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	QL
DEXCOM G7 RECEIVER DEVICE	2	QL
DEXCOM G7 SENSOR	2	QL
DIATHRIVE BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	

Drug Name	Tier	Notes
DIATHRIVE+ GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
diatrue plus blood glucose device	Non-Formulary	Formulary Exclusion
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
drug mart lancets thin 26g	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
easy comfort lancets	2	
easy comfort lancets twist top	2	
easy plus ii glucose system device	Non-Formulary	Formulary Exclusion
EASY STEP GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
easy talk blood glucose system device	Non-Formulary	Formulary Exclusion
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
easy trak blood glucose system device	Non-Formulary	Formulary Exclusion
easy trak ii blood glucose sys device	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EASYGLUCO KIT	Non-Formulary	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EASYMAX V BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EASYPRO PLUS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
element compact glucose system device	Non-Formulary	Formulary Exclusion
element compact v glucose sys device	Non-Formulary	Formulary Exclusion
ELEMENT PLUS DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE TALK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
ENLITE GLUCOSE SENSOR	Non-Formulary	Formulary Exclusion; QL
eql color lancets 21g	2	
eql color lancets micro 33g	2	
eql super thin lancets 30g	2	
eql thin lancets 26g	2	
EVERSENSE SENSOR/HOLDER	Non-Formulary	Formulary Exclusion; QL
EVERSENSE SMART TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
EVOLUTION AUTOCODE DEVICE	Non-Formulary	Formulary Exclusion
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	

Drug Name	Tier	Notes
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA LANCETS	2	
FORA PREMIUM V10 BLE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA TEST N' GO MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORA TN'G VOICE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V10/V12/D10/D20 TEST KIT	Non-Formulary	Formulary Exclusion
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FORACARE GD40 MONITOR DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
FORACARE PREMIUM V10 DEVICE	Non-Formulary	Formulary Exclusion
FORACARE TEST N GO MONITOR DEVICE	Non-Formulary	Formulary Exclusion
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
freds pharmacy autolet lancing	2	
freds pharmacy unilet lanc 28g	2	
freds pharmacy unilet lanc 30g	2	
FREESTYLE FREEDOM LITE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 READER DEVICE	2	QL
FREESTYLE LIBRE 2 SENSOR	2	QL
FREESTYLE LIBRE 3 READER DEVICE	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
FREESTYLE LIBRE READER DEVICE	2	QL
FREESTYLE LIBRE SENSOR SYSTEM	2	QL
FREESTYLE LITE DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE LITE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
FREESTYLE UNISTICK II LANCETS	2	
ge100 blood glucose system device	Non-Formulary	Formulary Exclusion
ge100 blood glucose system kit w/device	Non-Formulary	Formulary Exclusion
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
ght blood glucose monitor kit w/device	Non-Formulary	Formulary Exclusion
global inject ease lancets 28g	2	
global inject ease lancets 30g	2	
GLUCO PERFECT 3 METER DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE CONNEX KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE EXPRESS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE XL DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD VITAL MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCARD X-METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCOM AUTOLINK TELEMONITOR	Non-Formulary	Formulary Exclusion
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOCOM MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GNP EASY TOUCH GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
gnp lancets 21g	2	
gnp lancets thin 26g	2	
gnp sterile lancets 28g	2	
gnp sterile lancets 30g	2	
gnp sterile lancets 33g	2	
GNP TRUE METRIX AIR METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
GOJJI STERILE LANCETS	2	
goodsense blood glucose kit w/device	Non-Formulary	Formulary Exclusion
goodsense color lancets 33g	2	

Drug Name	Tier	Notes
goodsense lancets 26g univ	2	
goodsense lancets 30g	2	
goodsense lancets 30g univ	2	
goodsense lancets 33g	2	
goodsense lancets 33g univ	2	
GUARDIAN 4 GLUCOSE SENSOR	Non-Formulary	Formulary Exclusion; QL
GUARDIAN 4 TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
GUARDIAN CONNECT TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
GUARDIAN LINK 3 TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
GUARDIAN REAL-TIME CHARGER	Non-Formulary	Formulary Exclusion
GUARDIAN REAL-TIME REPLACE PED DEVICE	Non-Formulary	Formulary Exclusion; QL
GUARDIAN REAL-TIME TEST PLUG	Non-Formulary	Formulary Exclusion
GUARDIAN SENSOR (3)	Non-Formulary	Formulary Exclusion; QL
guardian sensor 3	Non-Formulary	Formulary Exclusion; QL
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHPRO BLOOD GLUCOSE MONITO KIT W/DEVICE	Non-Formulary	Formulary Exclusion
healthy accents lancing device	2	
healthy accents unilet lancets	2	
h-e-b incontrol adv lancing	2	
h-e-b incontrol lancets 28g	2	
h-e-b incontrol lancets 30g	2	
h-e-b incontrol lancets 33g	2	
HM EMBRACE TALK SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
HW EMBRACE PRO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
HYPOLANCE AST LANCING KIT	2	
HY-VEE LANCETS	2	
hy-vee thin lancets	2	

Drug Name	Tier	Notes
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
IN TOUCH	Non-Formulary	Formulary Exclusion
IN TOUCH DEVICE	Non-Formulary	Formulary Exclusion
IN TOUCH STERILE LANCETS 30G	2	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
INFINITY VOICE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
INSUL-TOTE	Non-Formulary	Formulary Exclusion
INSUL-TOTE JR	Non-Formulary	Formulary Exclusion
INSUL-TOTE SUPPLIES	Non-Formulary	Formulary Exclusion
kinney lancets	2	
kinney thin lancets	2	
KROGER AUTOLET LANCING DEVICE	2	
kroger blood glucose kit w/device	Non-Formulary	Formulary Exclusion
KROGER HEALTHPRO LANCET 26G	2	
kroger lancets	2	
kroger lancets 21g	2	
kroger lancets micro thin 33g	2	
kroger lancets super thin	2	
kroger lancets thin	2	
kroger lancets thin 26g	2	
kroger lancets ultrathin 30g	2	
kroger lancing device	2	
kroger premium blood glucose kit w/device	Non-Formulary	Formulary Exclusion
lancet device with ejector	2	
lancet transporter case	2	
lancets	2	
lancets 28g	2	
lancets 30g	2	
lancets 33g	2	
lancets micro thin 33g	2	
lancets super thin 28g	2	
lancets thin	2	
LANCETS ULTRA THIN	2	
lancets ultra thin 30g	2	
lancing device	2	

Drug Name	Tier	Notes
LANZO	2	
leader advanced lancing device	2	
liberty blood glucose meter device	Non-Formulary	Formulary Exclusion
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LIBERTY NXT GENERATION MONITOR DEVICE	Non-Formulary	Formulary Exclusion
LIFESCAN UNISTIK 2	2	
LIFESCAN UNISTIK II LANCETS	2	
lite touch lancets	2	
LITETOUCH LANCETS	2	
live better adv lancing device	2	
live better lancet super thin	2	
live better lancet ultra thin	2	
longs lancets standard	2	
longs lancets thin	2	
longs lancets ultra thin	2	
medichoice safety lancet	2	
medichoice safety lancet extra	2	
medichoice safety lancet norm	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
meijer blood glucose kit w/device	Non-Formulary	Formulary Exclusion
meijer essential blood glucose kit w/device	Non-Formulary	Formulary Exclusion
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	

Drug Name	Tier	Notes
meijer premium blood glucose kit w/device	Non-Formulary	Formulary Exclusion
MEIJER SUPER THIN LANCETS	2	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
MINIMED 630G GUARDIAN PRESS	Non-Formulary	Formulary Exclusion; QL
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM REFILL KIT	Non-Formulary	Formulary Exclusion
MM BLULINK GLUCOSE MONIT SYS DEVICE	Non-Formulary	Formulary Exclusion
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MM TWIST LANCETS	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
mpd safety lancet 21g	2	
mpd safety lancet 23g	2	
mpd safety lancet 28g	2	
mpd safety lancet 30g	2	
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
MYGLUCOHEALTH LANCETS 30G	2	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
ON CALL LANCETS	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS LANCETS	2	
ON CALL PLUS LANCING DEVICE	2	
one drop blood glucose monitor kit w/device	Non-Formulary	Formulary Exclusion
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	3	
ONETOUCH ULTRA CONTROL LIQUID IN VITRO	3	
ONETOUCH ULTRA LIQUID IN VITRO	3	
ONETOUCH ULTRA MINI KIT W/DEVICE	3	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	
ONETOUCH VERIO LIQUID HIGH IN VITRO	3	
ONETOUCH VERIO LIQUID IN VITRO	3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	3	
oval tape	3	
PARADIGM REAL-TIME TRANSMITTER	Non-Formulary	Formulary Exclusion; QL
pc lancets super thin 30g	2	
PENLET II BLOOD SAMPLER KIT	2	
PENLET II REPLACEMENT CAP	2	
PERFECT LANCETS 28G	2	

Drug Name	Tier	Notes
PERFECT LANCETS 30G	2	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PHARMACIST CHOICE LANCETS	2	
PHARMACIST CHOICE MINI SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
PHARMACY COUNTER LANCETS	2	
pip lancets 28g	2	
pip lancets 30g	2	
POCKETCHEM EZ SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
PRECISION THINS GP LANCETS	2	
PRECISION XTRA KIT W/DEVICE	Non-Formulary	Formulary Exclusion
preferred plus lancets colored	2	
preferred plus lancets thin	2	
pressure activat safety lancet	2	
pro comfort lancets 30g	2	
pro comfort lancets 31g	2	
pro comfort safety lancets 30g	2	
pro voice v8 glucose system device	Non-Formulary	Formulary Exclusion
pro voice v9 glucose system device	Non-Formulary	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING BLOOD GLUC KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	

Drug Name	Tier	Notes
PSS SELECT SAFETY LANCETS	2	
pure comfort lancets 30g	2	
push button safety lancets	2	
px advanced lancing device	2	
px lancets microthin 33g	2	
px lancets ultra thin	2	
px lancets ultra thin 28g	2	
qc advanced lancing device	2	
qc lancets super thin 30g	2	
qc lancets ultra thin	2	
qc unilet lancets 28g	2	
qc unilet lancets micro thin	2	
QUICKTEK KIT	Non-Formulary	Formulary Exclusion
QUICKTEK/METER KIT	Non-Formulary	Formulary Exclusion
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
reality lancets	2	
reality trigger lancets	2	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ALL-IN-ONE DEVICE	Non-Formulary	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE KIT	2	
RELION MICRO KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER BLU MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER CLASSIC DEVICE	Non-Formulary	Formulary Exclusion
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
RELION PREMIER VOICE MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION PRIME MONITOR DEVICE	Non-Formulary	Formulary Exclusion
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
safety lancet 21g/pressure act	2	
safety lancet 28g/pressure act	2	
safety lancet 30g/pressure act	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
safety lancets 28g	2	
saps health plus lancets	2	
saps health twist top lancets	2	
saps twist top lancets	2	
sapscare twist top lancets	2	
sb lancets thin	2	
sb lancets ultra thin	2	
SHOPKO AUTOLET LANCING DEVICE	2	

Drug Name	Tier	Notes
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
side button safety lancet	2	
SINGLE-LET	2	
sm lancets 33g	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST EJECT DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST EJECT STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST LANCETS 28G	2	
SMARTEST PERSONA STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PRONTO STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE DEVICE	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE STARTER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
super thin lancets	2	
sure comfort lancets 18g	2	
sure comfort lancets 21g	2	
sure comfort lancets 23g	2	

Drug Name	Tier	Notes
sure comfort lancets 28g	2	
sure comfort lancets 30g	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	
SURELITE LANCETS	2	
SURESTEP PRO LINEARITY KIT	Non-Formulary	Formulary Exclusion
SURE-TOUCH LANCETS UNIVERSAL	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	2	
TEMPO REFILL KIT	Non-Formulary	Formulary Exclusion
TEMPO SMART BUTTON	Non-Formulary	Formulary Exclusion
TEMPO WELCOME KIT W/DEVICE	Non-Formulary	Formulary Exclusion
tgt blood glucose monitoring kit w/device	Non-Formulary	Formulary Exclusion
tgt lancet micro thin 33g	2	
tgt lancet thin 26g	2	
tgt lancet ultra thin 30g	2	
tgt lancing device	2	
THINLETS GP LANCETS	2	
todays health lancing device	2	
todays health thin lancets 28g	2	
todays health thin lancets 30g	2	
topcare lancets micro-thin 33g	2	
TRACER II 3 VOLT BATTERY	Non-Formulary	Formulary Exclusion
travel lancets	2	
TRAVEL LANCETS ADVANCED 28G	2	
true comfort safety lancets	2	
true comfort twist top lancets	2	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX METER DEVICE	Non-Formulary	Formulary Exclusion
TRUE METRIX METER KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE	Non-Formulary	Formulary Exclusion
TRUETRACK SMART SYSTEM KIT	Non-Formulary	Formulary Exclusion
twist top lancets 30g	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ultra thin lancets 31g	2	
ultra-care lancets 30g	2	
ULTRALANCE	2	
ULTRA-THIN II AUTO LANCET	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	

Drug Name	Tier	Notes
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
value plus lancet standard 21g	2	
value plus lancets super thin	2	
value plus lancets thin 26g	2	
valumark lancet super thin 30g	2	
valumark lancet ultra thin 28g	2	
verasens blood glucose meter device	Non-Formulary	Formulary Exclusion
verasens blood glucose system kit w/device	Non-Formulary	Formulary Exclusion
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	

Drug Name	Tier	Notes
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD INO GLUCOSE METER DEVICE	Non-Formulary	Formulary Exclusion
VIVAGUARD INO GLUCOSE METER KIT	Non-Formulary	Formulary Exclusion
VIVAGUARD INO SMART GLUC METER DEVICE	Non-Formulary	Formulary Exclusion
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
walgreens adv travel lancets	2	
WALGREENS LANCETS	2	
walgreens lancets micro thin	2	
walgreens lancets super thin	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
WAVESENSE AMP KIT W/DEVICE	Non-Formulary	Formulary Exclusion
zevrx twist top lancets 30g	2	
GlucoselKetone Monitoring Test Supplies*		
FORA TEST N' GO ADVANCE DEVICE	Non-Formulary	Formulary Exclusion
FORA TN'G ADVANCE PRO DEVICE	Non-Formulary	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Non-Formulary	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Non-Formulary	Formulary Exclusion
Incontinence Supplies*		
URESTA STARTER KIT	Non-Formulary	Non FDA Exclusion
Insulin Administration Supplies*		
ACCU-CHEK LINKASSIST	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ASPART	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/FIASP	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
BIGFOOT UNITY PEN CAP/LANTUS	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LYUMJEV	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	Non-Formulary	Formulary Exclusion
extended infusion set 23"/6mm	Non-Formulary	Formulary Exclusion
extended infusion set 23"/9mm	Non-Formulary	Formulary Exclusion
extended infusion set 32"/9mm	Non-Formulary	Formulary Exclusion
extended reservoir 3ml	Non-Formulary	Formulary Exclusion
ILET CONTACT DETACH	Non-Formulary	Formulary Exclusion
ILET INSET	Non-Formulary	Formulary Exclusion
ilet insulin pump device	Non-Formulary	Formulary Exclusion
MINIMED 770G INSULIN PUMP SYS KIT	Non-Formulary	Formulary Exclusion
MINIMED 780G INSULIN PUMP KIT	Non-Formulary	Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	Non-Formulary	Formulary Exclusion
MINIMED MIO INFUSION SET (RX)	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 18"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	Non-Formulary	Formulary Exclusion
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Non-Formulary	
OMNIPOD 5 G6 PODS (GEN 5)	Non-Formulary	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Benefit Exclusion	
OMNIPOD 5 G7 PODS (GEN 5)	Benefit Exclusion	
OMNIPOD CLASSIC PDM (GEN 3) KIT	Non-Formulary	Formulary Exclusion
OMNIPOD CLASSIC PODS (GEN 3)	Non-Formulary	
OMNIPOD DASH INTRO (GEN 4) KIT	Non-Formulary	
OMNIPOD DASH PODS (GEN 4)	Non-Formulary	
OMNIPOD GO KIT 10 UNIT/24HR	2	
OMNIPOD GO KIT 15 UNIT/24HR	2	
OMNIPOD GO KIT 20 UNIT/24HR	Benefit Exclusion	
OMNIPOD GO KIT 25 UNIT/24HR	2	
OMNIPOD GO KIT 30 UNIT/24HR	Benefit Exclusion	
OMNIPOD GO KIT 35 UNIT/24HR	2	
OMNIPOD GO KIT 40 UNIT/24HR	Benefit Exclusion	

Drug Name	Tier	Notes
OMNIPOD POD PALS	Non-Formulary	
SILHOUETTE 23" INFUSION SET	Non-Formulary	Formulary Exclusion
SILHOUETTE 43" INFUSION SET	Non-Formulary	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	Non-Formulary	Formulary Exclusion
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	Non-Formulary	Formulary Exclusion
T:SLIM X2 3ML CARTRIDGE	Non-Formulary	Formulary Exclusion
T:SLIM X2 BASAL-IQ PUMP DEVICE	Non-Formulary	Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Non-Formulary	Formulary Exclusion
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Non-Formulary	Formulary Exclusion
T:SLIM X2 CONTROL-IQ PUMP DEVICE	Non-Formulary	Formulary Exclusion
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Non-Formulary	Formulary Exclusion
V-GO 20 KIT 20 UNIT/24HR	Non-Formulary	
V-GO 30 KIT 30 UNIT/24HR	Non-Formulary	
V-GO 40 KIT 40 UNIT/24HR	Non-Formulary	
Masks*		
SAFE-SENSE EARLOOP FACE MASK	Non-Formulary	Non FDA Exclusion
Misc. Devices*		
CLEVER CHOICE PULSE OXIMETER	Non-Formulary	Non FDA Exclusion
face shield full length	Non-Formulary	Non FDA Exclusion
face shield full length/clear	Non-Formulary	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	Non-Formulary	Non FDA Exclusion
powder insufflator-#4 capsules	Non-Formulary	Non FDA Exclusion
suppository shells small 1.3ml	Non-Formulary	Non FDA Exclusion
vaginal suppository applicator	Non-Formulary	Non FDA Exclusion
Nebulizers*		
AEROECLIPSE II W/ELBOW ADAPTER	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
AEROECLIPSE II W/UNIV TUBING	Non-Formulary	Formulary Exclusion
AEROECLIPSE XL NEBULIZER	Non-Formulary	Formulary Exclusion
INNOSPIRE ELEGANCE NEBULIZER	Non-Formulary	Formulary Exclusion
MC 300 W/UNIVERSAL TUBING	Non-Formulary	Formulary Exclusion
MC 300-MOUTHPIECE	Non-Formulary	Formulary Exclusion
PARI BABY NEBULIZER SET	Non-Formulary	Formulary Exclusion
PULMONEB LT	Non-Formulary	Formulary Exclusion
Needles & Syringes*		
1st tier unifine pentips 29g x 12mm	2	
1st tier unifine pentips 31g x 5 mm	2	
1st tier unifine pentips 31g x 6 mm	2	
1st tier unifine pentips 31g x 8 mm	2	
1st tier unifine pentips 32g x 4 mm	2	
1st tier unifine pentips 32g x 6 mm	2	
1st tier unifine pentips 33g x 4 mm	2	
1st tier unifine pentips plus 29g x 12mm	2	
1st tier unifine pentips plus 31g x 5 mm	2	
1st tier unifine pentips plus 31g x 6 mm	2	
1st tier unifine pentips plus 31g x 8 mm	2	
1st tier unifine pentips plus 32g x 4 mm	2	
1st tier unifine pentips plus 33g x 4 mm	2	
ABOUTTIME PEN NEEDLE 30G X 8 MM	2	
ABOUTTIME PEN NEEDLE 31G X 5 MM	2	
ABOUTTIME PEN NEEDLE 31G X 8 MM	2	
ABOUTTIME PEN NEEDLE 32G X 4 MM	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	Non-Formulary	Formulary Exclusion
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	2	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	2	
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	2	
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	2	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	

Drug Name	Tier	Notes
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	2	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	2	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	2	
aq insulin syringe 29g x 1/2" 1 ml	2	
aq insulin syringe 30g x 5/16" 0.5 ml	2	
aq insulin syringe 31g x 5/16" 1 ml	2	
aqinject pen needle 31g x 5 mm	2	
aqinject pen needle 32g x 4 mm	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	3	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	2	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (RX)	2	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	2	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	3	
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	2	
ASSURE ID SAFETY PEN NEEDLES 31G X 5 MM	2	

Drug Name	Tier	Notes
aum insulin safety pen needle 31g x 4 mm	2	
aum insulin safety pen needle 31g x 5 mm	2	
aum mini insulin pen needle 32g x 4 mm	2	
aum mini insulin pen needle 32g x 5 mm	2	
aum mini insulin pen needle 32g x 6 mm	2	
aum mini insulin pen needle 32g x 8 mm	2	
aum mini insulin pen needle 33g x 4 mm	2	
aum mini insulin pen needle 33g x 5 mm	2	
aum mini insulin pen needle 33g x 6 mm	2	
aum pen needle 32g x 4 mm	2	
aum pen needle 32g x 5 mm	2	
aum pen needle 32g x 6 mm	2	
aum pen needle 33g x 4 mm	2	
aum pen needle 33g x 5 mm	2	
aum pen needle 33g x 6 mm	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM SAFETY PEN NEEDLE 31G X 5 MM	2	
aurora pen needles 29g x 12mm	2	
aurora pen needles 31g x 6 mm	2	
aurora pen needles 31g x 8 mm	2	
aurora unifine pentips 31g x 5 mm	2	
aurora unifine pentips 32g x 4 mm	2	
autopen device	2	
BD ALLERGIST TRAY KIT 27G X 1/2" 1 ML	2	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML	2	
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	2	
BD AUTOSHIELD 29G X 5MM	2	
BD AUTOSHIELD 29G X 8MM	2	
BD AUTOSHIELD DUO 30G X 5 MM	2	
BD DISP NEEDLE 27G X 1-1/4"	2	
BD DISP NEEDLE 30G X 1"	2	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2"	2	
BD ECLIPSE NEEDLE 18G X 1-1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	

Drug Name	Tier	Notes
BD ECLIPSE NEEDLE 25G X 1"	2	
BD ECLIPSE NEEDLE 25G X 1-1/2"	2	
BD ECLIPSE NEEDLE 25G X 5/8"	2	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	2	
BD ECLIPSE SYRINGE 22G X 1-1/2" 3 ML	2	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML	2	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1-1/2" 3 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML	2	
BD FILTER NEEDLE 18G X 1-1/2"	2	
BD HYPODERMIC NEEDLE 23G X 1"	2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	2	
BD INSULIN SYRINGE 25G X 1" 1 ML	2	
BD INSULIN SYRINGE 25G X 5/8" 1 ML	2	
BD INSULIN SYRINGE 26G X 1/2" 1 ML	2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	2	
BD INSULIN SYRINGE 27G X 1/2" 1 ML	2	
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE 29G X 1/2" 1 ML	2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	2	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML	2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	2	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	2	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	2	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	2	
BD INSULIN SYRINGE U-100 1 ML	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	2	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML	2	
BD INTEGRA SYRINGE 23G X 1" 3 ML	2	
BD INTEGRA SYRINGE 25G X 5/8" 3 ML	2	
BD LUER-LOK SYRINGE 10 ML	2	
BD LUER-LOK SYRINGE 20G X 1-1/2" 3 ML	2	
BD LUER-LOK SYRINGE 22G X 3/4" 3 ML	2	
BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX)	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	

Drug Name	Tier	Notes
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	2	
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
BD SAFETYGLIDE NEEDLE 21G X 1"	2	
BD SAFETYGLIDE NEEDLE 25G X 1"	2	
BD SAFETYGLIDE NEEDLE 27G X 5/8"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2"	2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	2	
BD SYRINGE LUER SLIP TIP 5 ML	2	
BD SYRINGE LUER-LOK 10 ML	2	
BD SYRINGE LUER-LOK 3 ML (RX)	2	
BD SYRINGE LUER-LOK 30 ML	2	
BD SYRINGE LUER-LOK 5 ML (OTC)	2	
BD SYRINGE SLIP TIP 1 ML	2	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	2	

Drug Name	Tier	Notes
BD SYRINGE SLIP TIP 3 ML (RX)	2	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML	2	
BD SYRINGE/NEEDLE 25G X 5/8" 3 ML	2	
BD TB SYRINGE 21G X 1" 1 ML	2	
BD TB SYRINGE 27G X 1/2" 0.5 ML	2	
BD TB SYRINGE 27G X 3/8" 1 ML	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	2	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	2	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	2	
CAREFINE PEN NEEDLES 29G X 12MM	2	
CAREFINE PEN NEEDLES 30G X 8 MM	2	
CAREFINE PEN NEEDLES 31G X 6 MM	2	
CAREFINE PEN NEEDLES 31G X 8 MM	2	
CAREFINE PEN NEEDLES 32G X 4 MM	2	
CAREFINE PEN NEEDLES 32G X 5 MM	2	
CAREFINE PEN NEEDLES 32G X 6 MM	2	
careone insulin syringe 30g x 1/2" 0.3 ml	2	
careone insulin syringe 30g x 1/2" 0.5 ml	2	
careone insulin syringe 30g x 1/2" 1 ml	2	
careone insulin syringe 31g x 5/16" 0.3 ml	2	
careone insulin syringe 31g x 5/16" 0.5 ml	2	
careone insulin syringe 31g x 5/16" 1 ml	2	
careone unifine pentips 29g x 12mm	2	
careone unifine pentips 31g x 5 mm	2	
careone unifine pentips 31g x 6 mm	2	
careone unifine pentips 31g x 8 mm	2	
careone unifine pentips 32g x 4 mm	2	
careone unifine pentips plus 29g x 12mm	2	
careone unifine pentips plus 31g x 5 mm	2	
careone unifine pentips plus 31g x 6 mm	2	
careone unifine pentips plus 31g x 8 mm	2	
careone unifine pentips plus 32g x 4 mm	2	
careone unifine pentips plus 33g x 4 mm	2	

Drug Name	Tier	Notes
carepoint poly hub needle 18g x 1"	2	
carepoint poly hub needle 18g x 1-1/2"	2	
carepoint poly hub needle 20g x 1"	2	
carepoint poly hub needle 21g x 1"	2	
carepoint poly hub needle 21g x 1-1/2"	2	
carepoint poly hub needle 22g x 1"	2	
carepoint poly hub needle 22g x 1-1/2"	2	
carepoint poly hub needle 23g x 1"	2	
carepoint poly hub needle 23g x 1-1/2"	2	
carepoint poly hub needle 25g x 1"	2	
carepoint poly hub needle 25g x 1-1/2"	2	
carepoint poly hub needle 25g x 5/8"	2	
carepoint poly hub needle 27g x 1/2"	2	
carepoint poly hub needle 30g x 1/2"	2	
carepoint safety 1st needle 23g x 1"	2	
carepoint safety 1st needle 23g x 1-1/2"	2	
carepoint safety 1st needle 25g x 1"	2	
carepoint safety 1st needle 25g x 1-1/2"	2	
carepoint safety 1st needle 25g x 5/8"	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 1 ML	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 1" 3 ML	2	
CAREPOINT SAFETY1ST SYR/NEEDLE 25G X 5/8" 3 ML	2	
carepoint syringe catheter tip 60 ml	2	
carepoint syringe luer lock 1 ml	2	
carepoint syringe luer lock 10 ml	2	
carepoint syringe luer lock 20 ml	2	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	2	

Drug Name	Tier	Notes
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML	2	
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML	2	
carepoint syringe luer lock 3 ml	2	
carepoint syringe luer lock 30 ml	2	
carepoint syringe luer lock 5 ml	2	
carepoint syringe luer lock 60 ml	2	
carepoint syringe luer slip 1 ml	2	
carepoint syringe luer slip 60 ml	2	
carepoint tubercln syr/luer sl 25g x 5/8" 1 ml	2	
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	2	
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	2	
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	
CARETOUCH LUER LOCK 10 ML	2	
CARETOUCH LUER SLIP 3 ML	2	
CARETOUCH PEN NEEDLES 29G X 12MM	2	
CARETOUCH PEN NEEDLES 31G X 5 MM	2	
CARETOUCH PEN NEEDLES 31G X 6 MM	2	
CARETOUCH PEN NEEDLES 31G X 8 MM	2	

Drug Name	Tier	Notes
CARETOUCH PEN NEEDLES 32G X 4 MM	2	
CARETOUCH PEN NEEDLES 32G X 5 MM	2	
CARETOUCH PEN NEEDLES 33G X 4 MM	2	
CEQUR SIMPLICITY 2U DEVICE	2	
CEQUR SIMPLICITY INSERTER	2	
CEQUR SIMPLICITY INSERTER	3	
CLEVER CHOICE COMFORT EZ 29G X 12MM	2	
CLEVER CHOICE COMFORT EZ 33G X 4 MM	2	
CLICKFINE PEN NEEDLES 31G X 5 MM	2	
CLICKFINE PEN NEEDLES 31G X 6 MM	2	
clickfine pen needles 31g x 8 mm	2	
CLICKFINE PEN NEEDLES 32G X 4 MM	2	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	2	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	2	

Drug Name	Tier	Notes
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	2	
COMFORT EZ PEN NEEDLES 31G X 5 MM	2	
COMFORT EZ PEN NEEDLES 31G X 6 MM	2	
COMFORT EZ PEN NEEDLES 31G X 8 MM	2	
COMFORT EZ PEN NEEDLES 32G X 4 MM	2	
COMFORT EZ PEN NEEDLES 32G X 5 MM	2	
COMFORT EZ PEN NEEDLES 32G X 6 MM	2	
COMFORT EZ PEN NEEDLES 32G X 8 MM	2	
COMFORT EZ PEN NEEDLES 33G X 4 MM	2	
COMFORT EZ PEN NEEDLES 33G X 5 MM	2	
COMFORT EZ PEN NEEDLES 33G X 6 MM	2	
COMFORT EZ PEN NEEDLES 33G X 8 MM	2	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	2	
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	2	
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	2	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	2	
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	2	

Drug Name	Tier	Notes
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	2	
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	2	
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	2	
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM	2	
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM	2	
DIATHRIVE PEN NEEDLE 31G X 5 MM	2	
DIATHRIVE PEN NEEDLE 31G X 6 MM	2	
DIATHRIVE PEN NEEDLE 31G X 8 MM	2	
DIATHRIVE PEN NEEDLE 32G X 4 MM	2	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	2	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	2	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	2	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	2	
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	2	

Drug Name	Tier	Notes
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	2	
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	2	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	2	
DROPLET MICRON 34G X 3.5 MM	2	
DROPLET PEN NEEDLES 29G X 10MM	2	
DROPLET PEN NEEDLES 29G X 12MM	2	
DROPLET PEN NEEDLES 30G X 8 MM	2	
DROPLET PEN NEEDLES 31G X 5 MM	2	
DROPLET PEN NEEDLES 31G X 6 MM	2	
DROPLET PEN NEEDLES 31G X 8 MM	2	
DROPLET PEN NEEDLES 32G X 4 MM	2	
DROPLET PEN NEEDLES 32G X 5 MM	2	
DROPLET PEN NEEDLES 32G X 6 MM	2	
DROPLET PEN NEEDLES 32G X 8 MM	2	
dropsafe safety pen needles 31g x 5 mm	2	
dropsafe safety pen needles 31g x 6 mm	2	
dropsafe safety pen needles 31g x 8 mm	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	2	

Drug Name	Tier	Notes
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	2	
drug mart unifine pentips 29g x 12mm	2	
drug mart unifine pentips 31g x 5 mm	2	
drug mart unifine pentips 31g x 6 mm	2	
drug mart unifine pentips 31g x 8 mm	2	
drug mart unifine pentips 32g x 4 mm	2	
drug mart unifine pentips plus 32g x 4 mm	2	
easy comfort insulin syringe 30g x 1/2" 0.5 ml	2	
easy comfort insulin syringe 30g x 1/2" 1 ml	2	
easy comfort insulin syringe 30g x 5/16" 0.5 ml	2	
easy comfort insulin syringe 30g x 5/16" 1 ml	2	
easy comfort insulin syringe 31g x 1/2" 0.3 ml	2	
easy comfort insulin syringe 31g x 5/16" 0.3 ml	2	
easy comfort insulin syringe 31g x 5/16" 0.5 ml	2	
easy comfort insulin syringe 31g x 5/16" 1 ml	2	
easy comfort insulin syringe 32g x 5/16" 0.5 ml	2	
easy comfort insulin syringe 32g x 5/16" 1 ml	2	
easy comfort pen needles 31g x 5 mm	2	
easy comfort pen needles 31g x 5 mm	3	
easy comfort pen needles 31g x 6 mm	2	
easy comfort pen needles 31g x 6 mm	3	
easy comfort pen needles 31g x 8 mm	2	
easy comfort pen needles 32g x 4 mm	2	
easy comfort pen needles 32g x 4 mm	3	
easy comfort pen needles 33g x 4 mm	2	
easy comfort pen needles 33g x 5 mm	2	
easy comfort pen needles 33g x 6 mm	2	
easy glide pen needles 33g x 4 mm	2	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	2	
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	2	

Drug Name	Tier	Notes
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	2	
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	2	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	2	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	

Drug Name	Tier	Notes
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	
EASY TOUCH PEN NEEDLES 29G X 12MM	2	
EASY TOUCH PEN NEEDLES 30G X 5 MM	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM	2	
EASY TOUCH PEN NEEDLES 30G X 8 MM	2	
EASY TOUCH PEN NEEDLES 31G X 5 MM	2	
EASY TOUCH PEN NEEDLES 31G X 6 MM	2	
EASY TOUCH PEN NEEDLES 31G X 8 MM	2	
EASY TOUCH PEN NEEDLES 32G X 4 MM	2	
EASY TOUCH PEN NEEDLES 32G X 5 MM	2	
EASY TOUCH PEN NEEDLES 32G X 6 MM	2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	2	
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	2	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	2	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	2	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	2	
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	2	
EASY TOUCH SYRINGE BARREL 10ML	2	
EASY TOUCH SYRINGE BARREL 1ML	2	
EASY TOUCH SYRINGE BARREL 3ML	2	

Drug Name	Tier	Notes
EASY TOUCH SYRINGE BARREL 5ML	2	
EASYPOINT NEEDLE 23G X 1" (RX)	2	
EASYPOINT NEEDLE 25G X 1" (RX)	2	
EASYPOINT NEEDLE 25G X 5/8" (RX)	2	
EASYPOINT NEEDLE/SYRINGE 18G X 1" 3 ML	2	
EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML	2	
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML	2	
EASYPOINT NEEDLE/SYRINGE 25G X 1" 3 ML	2	
EASYPOINT NEEDLE/SYRINGE 25G X 5/8" 3 ML	2	
elite-thin insulin syringe 28g x 1/2" 0.5 ml	2	
elite-thin insulin syringe 28g x 1/2" 1 ml	2	
elite-thin insulin syringe 28g x 5/16" 0.5 ml	2	
elite-thin insulin syringe 28g x 5/16" 1 ml	2	
elite-thin insulin syringe 29g x 1/2" 0.5 ml	2	
elite-thin insulin syringe 29g x 1/2" 1 ml	2	
elite-thin insulin syringe 29g x 5/16" 0.5 ml	2	
elite-thin insulin syringe 29g x 5/16" 1 ml	2	
elite-thin insulin syringe 30g x 5/16" 0.5 ml	2	
elite-thin insulin syringe 30g x 5/16" 1 ml	2	
elite-thin insulin syringe 31g x 5/16" 0.3 ml	2	
elite-thin insulin syringe 31g x 5/16" 0.5 ml	2	
elite-thin insulin syringe 31g x 5/16" 1 ml	2	
EMBRACE PEN NEEDLES 30G X 5 MM	2	
EMBRACE PEN NEEDLES 30G X 8 MM	2	
EMBRACE PEN NEEDLES 31G X 5 MM	2	
EMBRACE PEN NEEDLES 31G X 6 MM	2	
EMBRACE PEN NEEDLES 31G X 8 MM	2	
EMBRACE PEN NEEDLES 32G X 4 MM	2	
eql insulin syringe 29g x 1/2" 0.3 ml	2	
eql insulin syringe 29g x 1/2" 0.5 ml	2	
eql insulin syringe 29g x 1/2" 1 ml	2	
eql insulin syringe 30g x 5/16" 0.3 ml	2	
eql insulin syringe 30g x 5/16" 0.5 ml	2	

Drug Name	Tier	Notes
eql insulin syringe 30g x 5/16" 1 ml	2	
eql insulin syringe 31g x 5/16" 0.3 ml	2	
eql insulin syringe 31g x 5/16" 0.5 ml	2	
eql insulin syringe 31g x 5/16" 1 ml	2	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML	2	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML	2	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML	2	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML	2	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML	2	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML	2	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML	2	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML	2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM	2	
EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM	2	
EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM	2	
FIFTY50 PEN NEEDLES 31G X 5 MM	2	
FIFTY50 PEN NEEDLES 31G X 8 MM	2	
FIFTY50 PEN NEEDLES 32G X 4 MM	2	
FIFTY50 PEN NEEDLES 32G X 6 MM	2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML	2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML	2	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML	2	
freds pharmacy unifine pentip+ 31g x 5 mm	2	
freds pharmacy unifine pentip+ 31g x 8 mm	2	

Drug Name	Tier	Notes
freds pharmacy unifine pentips 32g x 4 mm	2	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	2	
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	2	
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	2	
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	2	
global ease inject pen needles 29g x 12mm	2	
global ease inject pen needles 31g x 5 mm	2	
global ease inject pen needles 31g x 8 mm	2	
global ease inject pen needles 32g x 4 mm	2	
global easy glide insulin syr 31g x 15/64" 0.3 ml	2	
global easy glide insulin syr 31g x 15/64" 0.5 ml	2	
global easy glide insulin syr 31g x 15/64" 1 ml	2	
global easy glide insulin syr 31g x 5/16" 0.3 ml	2	
global easy glide pen needles 32g x 4 mm	2	
global inject ease insulin syr 28g x 1/2" 0.5 ml	2	
global inject ease insulin syr 28g x 1/2" 1 ml	2	
global inject ease insulin syr 29g x 1/2" 0.3 ml	2	
global inject ease insulin syr 29g x 1/2" 0.5 ml	2	
global inject ease insulin syr 29g x 1/2" 1 ml	2	
global inject ease insulin syr 30g x 1/2" 0.3 ml	2	
global inject ease insulin syr 30g x 1/2" 0.5 ml	2	
global inject ease insulin syr 30g x 1/2" 1 ml	2	
global inject ease insulin syr 30g x 5/16" 0.3 ml	2	
global inject ease insulin syr 30g x 5/16" 0.5 ml	2	
global inject ease insulin syr 30g x 5/16" 1 ml	2	
global inject ease insulin syr 31g x 5/16" 0.3 ml	2	
global inject ease insulin syr 31g x 5/16" 0.5 ml	2	
global inject ease insulin syr 31g x 5/16" 1 ml	2	
global insulin syringes 30g x 1/2" 0.3 ml	2	
global insulin syringes 30g x 5/16" 0.3 ml	2	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	

Drug Name	Tier	Notes
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	2	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	2	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	2	
gnp clickfine pen needles 31g x 6 mm	2	
gnp clickfine pen needles 31g x 8 mm	2	
gnp insulin syringe 28g x 1/2" 0.5 ml	2	
gnp insulin syringe 29g x 1/2" 0.3 ml	2	
gnp insulin syringe 29g x 1/2" 0.5 ml	2	
gnp insulin syringe 29g x 1/2" 1 ml	2	
gnp insulin syringe 30g x 5/16" 0.3 ml	2	
gnp insulin syringe 30g x 5/16" 0.5 ml	2	
gnp insulin syringe 30g x 5/16" 1 ml	2	
gnp insulin syringe 31g x 5/16" 0.3 ml	2	
gnp insulin syringe 31g x 5/16" 0.5 ml	2	
gnp insulin syringe 31g x 5/16" 1 ml	2	
gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml	2	
gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml	2	
gnp insulin syringes 29gx1/2" 29g x 1/2" 1 ml	2	
gnp insulin syringes 30g x 5/16" 1 ml	2	
gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml	2	
gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml	2	
gnp ulticare pen needles 31g x 5 mm	2	
gnp ulticare pen needles 31g x 8 mm	2	
gnp ulticare pen needles 32g x 4 mm	2	
gnp ulticare pen needles 32g x 6 mm	2	

Drug Name	Tier	Notes
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM	2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM	2	
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM	2	
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM	2	
gnp ultra com insulin syringe 28g x 1/2" 1 ml	2	
goodsense clickfine pen needle 31g x 5 mm	2	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	2	
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	2	
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	2	
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	2	
healthwise insulin syr/needle 30g x 5/16" 0.3 ml	2	
healthwise insulin syr/needle 30g x 5/16" 0.5 ml	2	
healthwise insulin syr/needle 30g x 5/16" 1 ml	2	
healthwise insulin syr/needle 31g x 5/16" 0.3 ml	2	
healthwise insulin syr/needle 31g x 5/16" 0.5 ml	2	
healthwise insulin syr/needle 31g x 5/16" 1 ml	2	
healthwise micron pen needles 32g x 4 mm	2	
healthwise mini pen needles 31g x 6 mm	2	
healthwise pen needles 29g x 12mm	2	
healthwise short pen needles 31g x 5 mm	2	
healthwise short pen needles 31g x 8 mm	2	
healthwise unifine pentips 32g x 4 mm	2	
healthy accents unifine pentip 29g x 12mm	2	
healthy accents unifine pentip 31g x 5 mm	2	
healthy accents unifine pentip 31g x 6 mm	2	
healthy accents unifine pentip 31g x 8 mm	2	
healthy accents unifine pentip 32g x 4 mm	2	
h-e-b incontrol pen needles 29g x 12mm	2	
h-e-b incontrol pen needles 31g x 5 mm	2	
h-e-b incontrol pen needles 31g x 6 mm	2	
h-e-b incontrol pen needles 31g x 8 mm	2	

Drug Name	Tier	Notes
h-e-b incontrol pen needles 32g x 4 mm	2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM	2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM	2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM	2	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	2	
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM	2	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	2	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	2	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	2	
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	2	
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	
insulin syringe 28g x 1/2" 0.5 ml	2	
insulin syringe 29g x 1/2" 0.3 ml	2	
insulin syringe 29g x 1/2" 0.5 ml	2	
insulin syringe 29g x 1/2" 1 ml	2	

Drug Name	Tier	Notes
insulin syringe 30g x 5/16" 0.3 ml	2	
insulin syringe 30g x 5/16" 0.5 ml	2	
insulin syringe 30g x 5/16" 1 ml	2	
insulin syringe 31g x 5/16" 0.3 ml	2	
insulin syringe 31g x 5/16" 0.5 ml	2	
insulin syringe 31g x 5/16" 1 ml	2	
insulin syringe/needle 27g x 1/2" 0.5 ml	2	
insulin syringe/needle 28g x 1/2" 0.5 ml	2	
insulin syringe/needle 28g x 1/2" 1 ml	2	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml (otc)	2	
insulin syringe-needle u-100 27g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 27g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 27g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 28g x 1/2" 0.5 ml (otc)	2	
insulin syringe-needle u-100 28g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 28g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 28g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)	2	
insulin syringe-needle u-100 29g x 1/2" 0.5 ml (rx)	2	
insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 29g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 30g x 1/2" 1 ml (otc)	2	
insulin syringe-needle u-100 30g x 1/2" 1 ml (rx)	2	
insulin syringe-needle u-100 30g x 5/16" 0.3 ml	2	
insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)	2	
insulin syringe-needle u-100 30g x 5/16" 0.5 ml (rx)	2	
insulin syringe-needle u-100 30g x 5/16" 1 ml	2	
insulin syringe-needle u-100 31g x 1/4" 0.3 ml	2	

Drug Name	Tier	Notes
insulin syringe-needle u-100 31g x 1/4" 0.5 ml	2	
insulin syringe-needle u-100 31g x 1/4" 1 ml	2	
insulin syringe-needle u-100 31g x 5/16" 0.3 ml	2	
insulin syringe-needle u-100 31g x 5/16" 0.5 ml (otc)	2	
insulin syringe-needle u-100 31g x 5/16" 0.5 ml (rx)	2	
insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)	2	
insulin syringe-needle u-100 31g x 5/16" 1 ml (rx)	2	
insupen pen needles 29g x 12mm	2	
insupen pen needles 31g x 5 mm	2	
insupen pen needles 31g x 8 mm	2	
insupen pen needles 32g x 4 mm	2	
insupen pen needles 33g x 4 mm	2	
INSUPEN SENSITIVE 32G X 6 MM	2	
INSUPEN SENSITIVE 32G X 8 MM	2	
INSUPEN ULTRAFIN 30G X 8 MM	2	
INSUPEN ULTRAFIN 31G X 6 MM	2	
INSUPEN ULTRAFIN 31G X 8 MM	2	
kinray insulin syringe 29g x 1/2" 0.5 ml	2	
kinray insulin syringe 31g x 5/16" 0.3 ml	2	
kinray insulin syringe 31g x 5/16" 0.5 ml	2	
kinray insulin syringe 31g x 5/16" 1 ml	2	
kmart valu insulin syringe 29g u-100 0.5 ml	2	
kmart valu insulin syringe 29g u-100 1 ml	2	
kmart valu insulin syringe 30g u-100 0.3 ml	2	
kmart valu insulin syringe 30g u-100 0.5 ml	2	
kmart valu insulin syringe 30g u-100 1 ml	2	
kroger insulin syringe 29g x 1/2" 0.3 ml	2	
kroger insulin syringe 29g x 1/2" 0.5 ml	2	
kroger insulin syringe 29g x 1/2" 1 ml	2	
kroger insulin syringe 30g x 5/16" 0.3 ml	2	
kroger insulin syringe 30g x 5/16" 0.5 ml	2	
kroger insulin syringe 30g x 5/16" 1 ml	2	
kroger insulin syringe 31g x 5/16" 0.3 ml	2	
kroger insulin syringe 31g x 5/16" 0.5 ml	2	

Drug Name	Tier	Notes
kroger insulin syringe 31g x 5/16" 1 ml	2	
kroger pen needles 29g x 12mm	2	
kroger pen needles 31g x 5 mm	2	
kroger pen needles 31g x 6 mm	2	
kroger pen needles 31g x 8 mm	2	
kroger pen needles 32g x 4 mm	2	
kroger pen needles 33g x 4 mm	2	
leader insulin syringe 28g x 1/2" 0.5 ml	2	
leader insulin syringe 28g x 1/2" 1 ml	2	
leader insulin syringe 29g x 1/2" 0.3 ml	2	
leader insulin syringe 29g x 1/2" 0.5 ml	2	
leader insulin syringe 29g x 1/2" 1 ml	2	
leader insulin syringe 30g x 5/16" 0.3 ml	2	
leader insulin syringe 30g x 5/16" 0.5 ml	2	
leader insulin syringe 30g x 5/16" 1 ml	2	
leader insulin syringe 31g x 5/16" 0.3 ml	2	
leader insulin syringe 31g x 5/16" 0.5 ml	2	
leader insulin syringe 31g x 5/16" 1 ml	2	
LEADER UNIFINE PENTIPS 31G X 5 MM	2	
LEADER UNIFINE PENTIPS 32G X 4 MM	2	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	2	
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	2	
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM	2	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	2	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	2	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	

Drug Name	Tier	Notes
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	2	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	2	
LITETOUCH PEN NEEDLES 29G X 12.7MM	2	
LITETOUCH PEN NEEDLES 31G X 5 MM	2	
LITETOUCH PEN NEEDLES 31G X 6 MM	2	
LITETOUCH PEN NEEDLES 31G X 8 MM	2	
LITETOUCH PEN NEEDLES 32G X 4 MM	2	
longs insulin syringe 31g x 5/16" 0.5 ml	2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	2	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	2	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	2	
MAGELLAN SYRINGE-SAFETY NEEDLE 23G X 1" 1 ML	2	
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML	2	
MAGELLAN TUBERCULIN SYRINGE 28G X 1/2" 1 ML	2	
MARATHON MEDICAL PENTIPS 29G X 12MM	2	
MARATHON MEDICAL PENTIPS 31G X 5 MM	2	
MARATHON MEDICAL PENTIPS 31G X 8 MM	2	

Drug Name	Tier	Notes
MARATHON MEDICAL PENTIPS 32G X 4 MM	2	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	2	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	2	
medic insulin syringe 30g x 5/16" 0.3 ml	2	
medic insulin syringe 30g x 5/16" 0.5 ml	2	
medicine shoppe pen needles 29g x 12mm	2	
medicine shoppe pen needles 31g x 6 mm	2	
medicine shoppe pen needles 31g x 8 mm	2	
meijer pen needles 29g x 12mm	2	
meijer pen needles 31g x 6 mm	2	
meijer pen needles 31g x 8 mm	2	
MICRODOT PEN NEEDLE 31G X 6 MM	2	
MICRODOT PEN NEEDLE 32G X 4 MM	2	
MICRODOT PEN NEEDLE 33G X 4 MM	2	
mm insulin syringe/needle 30g x 5/16" 0.3 ml	2	
mm insulin syringe/needle 30g x 5/16" 0.5 ml	2	
mm insulin syringe/needle 30g x 5/16" 1 ml	2	
mm insulin syringe/needle 31g x 5/16" 0.3 ml	2	
mm insulin syringe/needle 31g x 5/16" 0.5 ml	2	
mm insulin syringe/needle 31g x 5/16" 1 ml	2	
MM PEN NEEDLES 31G X 5 MM	2	
MM PEN NEEDLES 31G X 6 MM	2	
MM PEN NEEDLES 31G X 8 MM	2	
MM PEN NEEDLES 32G X 4 MM	2	
MONOJECT ALLERGIST TRAY KIT 27G X 1/2" 1 ML	2	
MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 0.5 ML	2	

Drug Name	Tier	Notes
MONOJECT ALLERGIST TRAY KIT 28G X 1/2" 1 ML	2	
MONOJECT BLUNTIP CANNULA 20G X 1-1/2"	2	
MONOJECT BLUNTIP CANNULA 21G X 1"	2	
MONOJECT BLUNTIP SYR/CANNULA 3 ML	2	
MONOJECT BLUNTIP SYR/CANNULA 6 ML	2	
MONOJECT CONTROL SYRINGE 12 ML	2	
MONOJECT CONTROL SYRINGE 20 ML	2	
MONOJECT FILTER ASPIRATOR	2	
MONOJECT FILTER NEEDLE 18G X 1-1/2"	2	
MONOJECT FILTER NEEDLE 20G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 14G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 14G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 14G X 2"	2	
MONOJECT HYPODERMIC NEEDLE 16G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 16G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 16G X 3/4"	2	
MONOJECT HYPODERMIC NEEDLE 16G X 5/8"	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 19G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 20G X 1" (RX)	2	

Drug Name	Tier	Notes
MONOJECT HYPODERMIC NEEDLE 20G X 1-1/2" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 21G X 1" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 21G X 1-1/2" (RX)	2	
MONOJECT HYPODERMIC NEEDLE 21G X 2"	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 23G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 23G X 3/4"	2	
MONOJECT HYPODERMIC NEEDLE 25G X 1"	2	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 25G X 1-1/4"	2	
MONOJECT HYPODERMIC NEEDLE 25G X 2"	2	
MONOJECT HYPODERMIC NEEDLE 25G X 5/8"	2	
MONOJECT HYPODERMIC NEEDLE 26G X 1/2"	2	
MONOJECT HYPODERMIC NEEDLE 26G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 27G X 1/2"	2	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2"	2	
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/4"	2	
MONOJECT HYPODERMIC NEEDLE 30G X 3/4"	2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	2	

Drug Name	Tier	Notes
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	2	
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	2	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	2	
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	2	
MONOJECT INSULIN SYRINGE U-100 1 ML	2	
MONOJECT INTRODUCER NEEDLE 18G X 1-1/4"	2	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 12 ML	2	
MONOJECT LIFESHIELD SYRINGE 18G X 1" 3 ML	2	
MONOJECT MAGELLAN SAFETY NDL 18G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2"	2	
MONOJECT MAGELLAN SAFETY NDL 19G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 19G X 1-1/2"	2	
MONOJECT MAGELLAN SAFETY NDL 20G X 1"	2	

Drug Name	Tier	Notes
MONOJECT MAGELLAN SAFETY NDL 20G X 1-1/2"	2	
MONOJECT MAGELLAN SAFETY NDL 21G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 21G X 1-1/2"	2	
MONOJECT MAGELLAN SAFETY NDL 21G X 5/8"	2	
MONOJECT MAGELLAN SAFETY NDL 22G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 22G X 1-1/2"	2	
MONOJECT MAGELLAN SAFETY NDL 23G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 23G X 5/8"	2	
MONOJECT MAGELLAN SAFETY NDL 25G X 1"	2	
MONOJECT MAGELLAN SAFETY NDL 25G X 5/8"	2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML	2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML	2	
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML	2	
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	2	

Drug Name	Tier	Notes
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML	2	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML	2	
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML	2	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML	2	
MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML	2	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML	2	
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML	2	
MONOJECT PHARMACY TRAY 12 ML	2	
MONOJECT PHARMACY TRAY 20 ML	2	
MONOJECT PHARMACY TRAY 3 ML	2	
MONOJECT PHARMACY TRAY 35 ML	2	
MONOJECT PHARMACY TRAY 6 ML	2	
MONOJECT PHARMACY TRAY 60 ML	2	
MONOJECT PISTON SYRINGE 140 ML	2	
MONOJECT SYRINGE 12 ML	2	
MONOJECT SYRINGE 18G X 1" 12 ML (RX)	2	
MONOJECT SYRINGE 20G X 1" 3 ML	2	
MONOJECT SYRINGE 20G X 1-1/2" 3 ML	2	
MONOJECT SYRINGE 20G X 1-1/2" 6 ML	2	
MONOJECT SYRINGE 20G X 3/4" 3 ML (RX)	2	
MONOJECT SYRINGE 21G X 1" 3 ML	2	
MONOJECT SYRINGE 21G X 1" 6 ML	2	
MONOJECT SYRINGE 21G X 1-1/2" 3 ML	2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	2	
MONOJECT SYRINGE 22G X 1-1/2" 3 ML	2	
MONOJECT SYRINGE 22G X 1-1/2" 6 ML	2	
MONOJECT SYRINGE 23G X 1" 3 ML	2	

Drug Name	Tier	Notes
MONOJECT SYRINGE 25G X 1" 3 ML	2	
MONOJECT SYRINGE 25G X 1-1/4" 3 ML	2	
MONOJECT SYRINGE 25G X 5/8" 3 ML	2	
MONOJECT SYRINGE 27G X 1-1/4" 3 ML	2	
MONOJECT SYRINGE 3 ML	2	
MONOJECT SYRINGE 6 ML	2	
MONOJECT SYRINGE CATH TIP 35 ML	2	
MONOJECT SYRINGE CATH TIP 60 ML (RX)	2	
MONOJECT SYRINGE ECC LUER 20 ML	2	
MONOJECT SYRINGE ECC LUER 35 ML	2	
MONOJECT SYRINGE ECCENTRIC TIP 60 ML	2	
MONOJECT SYRINGE LUER LOCK 20 ML	2	
MONOJECT SYRINGE LUER LOCK 35 ML	2	
MONOJECT SYRINGE LUER LOCK 6 ML	2	
MONOJECT SYRINGE LUER LOCK 60 ML	2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	2	
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	2	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	2	
MONOJECT SYRINGE REG LUER 20 ML	2	
MONOJECT SYRINGE REG LUER 3 ML	2	
MONOJECT SYRINGE REG LUER 35 ML	2	
MONOJECT SYRINGE REG LUER 6 ML	2	
MONOJECT SYRINGE REGULAR TIP 20 ML	2	
MONOJECT SYRINGE REGULAR TIP 3 ML	2	
MONOJECT SYRINGE REGULAR TIP 6 ML	2	
MONOJECT SYRINGE REGULAR TIP 60 ML	2	
MONOJECT SYRINGE TOOMEY TYPE 60 ML	2	

Drug Name	Tier	Notes
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	2	
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML	2	
MONOJECT TB SYRINGE 1 ML (RX)	2	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (RX)	2	
MONOJECT TB SYRINGE 26G X 3/8" 1 ML (RX)	2	
MONOJECT TB SYRINGE 27G X 1/2" 1 ML	2	
MONOJECT TB SYRINGE 28G X 1/2" 0.5 ML	2	
MONOJECT TB SYRINGE 28G X 1/2" 1 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	2	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	2	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	2	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	2	
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	2	
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	2	
ms insulin syringe 31g x 5/16" 0.3 ml	2	

Drug Name	Tier	Notes
ms insulin syringe 31g x 5/16" 0.5 ml	2	
ms insulin syringe 31g x 5/16" 1 ml	2	
multi-draw needle 20g x 1"	2	
multi-draw needle 21g x 1"	2	
multi-draw needle 22g x 1"	2	
NORDIPEN 5 INJECTION DEVICE	2	
NORDIPEN DELIVERY SYSTEM	2	
NORM-JECT LUER SLIP SYRINGE 1 ML	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	
NOVOPEN ECHO DEVICE	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
OMNITROPE PEN 5 INJ DEVICE	2	
pc unifine pentips 29g x 12mm	2	
pc unifine pentips 31g x 5 mm	2	
pc unifine pentips 31g x 6 mm	2	
pc unifine pentips 31g x 8 mm	2	
pen needles 29g x 12mm	2	
pen needles 30g x 5 mm (otc)	2	
pen needles 30g x 5 mm (rx)	2	
pen needles 30g x 8 mm	2	
pen needles 31g x 5 mm (otc)	2	
pen needles 31g x 5 mm (rx)	2	
pen needles 31g x 6 mm	2	
pen needles 31g x 8 mm (otc)	2	
pen needles 31g x 8 mm (rx)	2	
pen needles 32g x 4 mm (otc)	2	
pen needles 32g x 4 mm (rx)	2	
pen needles 32g x 5 mm	2	
pen needles 32g x 6 mm	2	
pen needles 33g x 4 mm	2	
pen needles 5/16" 31g x 8 mm	2	
PENTIPS 29G X 12MM (OTC)	2	
PENTIPS 29G X 12MM (RX)	2	

Drug Name	Tier	Notes
PENTIPS 31G X 5 MM (OTC)	2	
PENTIPS 31G X 5 MM (RX)	2	
PENTIPS 31G X 6 MM	2	
PENTIPS 31G X 8 MM (OTC)	2	
PENTIPS 31G X 8 MM (RX)	2	
PENTIPS 32G X 4 MM (OTC)	2	
PENTIPS 32G X 4 MM (RX)	2	
PENTIPS 32G X 6 MM	2	
pip pen needles 31g x 5mm 31g x 5 mm	2	
pip pen needles 32g x 4mm 32g x 4 mm	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	2	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	2	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	2	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	2	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	2	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	2	
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	
preferred plus insulin syringe 28g x 1/2" 1 ml	2	
preferred plus insulin syringe 29g x 1/2" 0.3 ml	2	
preferred plus insulin syringe 29g x 1/2" 0.5 ml	2	
preferred plus insulin syringe 29g x 1/2" 1 ml	2	
preferred plus insulin syringe 30g x 5/16" 0.3 ml	2	
preferred plus insulin syringe 30g x 5/16" 0.5 ml	2	
preferred plus insulin syringe 30g x 5/16" 1 ml	2	
preferred plus unifine pentips 29g x 12mm	2	
preferred plus unifine pentips 31g x 5 mm	2	
preferred plus unifine pentips 31g x 6 mm	2	
preferred plus unifine pentips 31g x 8 mm	2	
preferred plus unifine pentips 32g x 4 mm	2	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	2	

Drug Name	Tier	Notes
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	2	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	2	
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	2	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	2	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	2	
pro comfort pen needles 31g x 8 mm	2	
pro comfort pen needles 32g x 4 mm	2	
pro comfort pen needles 32g x 5 mm	2	
pro comfort pen needles 32g x 6 mm	2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	2	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
pure comfort pen needle 32g x 4 mm	2	
pure comfort pen needle 32g x 5 mm	2	
pure comfort pen needle 32g x 6 mm	2	
pure comfort pen needle 32g x 8 mm	2	
pure comfort safety pen needle 31g x 5 mm	2	
pure comfort safety pen needle 31g x 6 mm	2	
pure comfort safety pen needle 32g x 4 mm	2	
px extra short pen needles 31g x 6 mm	2	
px insulin syringe 30g x 1/2" 0.5 ml	2	
px mini pen needles 31g x 5 mm	2	
px pen needle 29g x 12mm	2	
px pen needle 31g x 8 mm	2	

Drug Name	Tier	Notes
px shortlength pen needles 31g x 8 mm	2	
qc pen needles 29g x 12mm	2	
qc pen needles 31g x 6 mm	2	
qc pen needles 31g x 8 mm	2	
qc unifine pentips 32g x 4 mm	2	
ra insulin syringe 29g x 1/2" 0.5 ml	2	
ra insulin syringe 29g x 1/2" 1 ml	2	
ra insulin syringe 30g x 5/16" 0.5 ml	2	
ra insulin syringe 30g x 5/16" 1 ml	2	
ra pen needles 31g x 5 mm	2	
ra pen needles 31g x 8 mm	2	
raya sure pen needle 29g x 12mm	2	
raya sure pen needle 31g x 4 mm	2	
raya sure pen needle 31g x 5 mm	2	
raya sure pen needle 31g x 6 mm	2	
raya sure pen needle 31g x 8 mm	2	
reality insulin syringe 28g x 1/2" 0.5 ml	2	
reality insulin syringe 28g x 1/2" 1 ml	2	
reality insulin syringe 29g x 1/2" 0.5 ml	2	
reality insulin syringe 29g x 1/2" 1 ml	2	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	2	
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	2	
RELION MINI PEN NEEDLES 31G X 6 MM	2	
RELION PEN NEEDLES 29G X 12MM	2	
RELION PEN NEEDLES 31G X 6 MM	2	
RELION PEN NEEDLES 31G X 8 MM	2	

Drug Name	Tier	Notes
RELION PEN NEEDLES 32G X 4 MM	2	
RELION SHORT PEN NEEDLES 31G X 8 MM	2	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML	2	
SAFESNAP INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 29G X 1/2" 1 ML	2	
SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
safety insulin syringes 29g x 1/2" 0.5 ml	2	
safety insulin syringes 29g x 1/2" 1 ml	2	
safety insulin syringes 30g x 1/2" 1 ml	2	
safety insulin syringes 30g x 5/16" 0.5 ml	2	
safety pen needles 30g x 5 mm	2	
safety pen needles 30g x 8 mm	2	
sb insulin syringe 29g x 1/2" 0.5 ml	2	
sb insulin syringe 29g x 1/2" 1 ml	2	
sb insulin syringe 30g x 5/16" 0.5 ml	2	
sb insulin syringe 30g x 5/16" 1 ml	2	
sb insulin syringe 31g x 5/16" 1 ml	2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	2	
SHOPKO UNIFINE PENTIPS 29G X 12MM	2	
SHOPKO UNIFINE PENTIPS 31G X 5 MM	2	
SHOPKO UNIFINE PENTIPS 31G X 8 MM	2	
SHOPKO UNIFINE PENTIPS 32G X 4 MM	2	
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM	2	
SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM	2	
SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM	2	

Drug Name	Tier	Notes
SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM	2	
sure comfort insulin syringe 28g x 1/2" 0.5 ml	2	
sure comfort insulin syringe 28g x 1/2" 1 ml	2	
sure comfort insulin syringe 29g x 1/2" 0.3 ml	2	
sure comfort insulin syringe 29g x 1/2" 0.5 ml	2	
sure comfort insulin syringe 29g x 1/2" 1 ml	2	
sure comfort insulin syringe 30g x 1/2" 0.3 ml	2	
sure comfort insulin syringe 30g x 1/2" 0.5 ml (rx)	2	
sure comfort insulin syringe 30g x 1/2" 1 ml	2	
sure comfort insulin syringe 30g x 5/16" 0.3 ml (rx)	2	
sure comfort insulin syringe 30g x 5/16" 0.5 ml (rx)	2	
sure comfort insulin syringe 30g x 5/16" 1 ml (rx)	2	
sure comfort insulin syringe 31g x 1/4" 0.3 ml	2	
sure comfort insulin syringe 31g x 1/4" 0.5 ml	2	
sure comfort insulin syringe 31g x 1/4" 1 ml	2	
sure comfort insulin syringe 31g x 5/16" 0.3 ml (otc)	2	
sure comfort insulin syringe 31g x 5/16" 0.3 ml (rx)	2	
sure comfort insulin syringe 31g x 5/16" 0.5 ml	2	
sure comfort insulin syringe 31g x 5/16" 1 ml	2	
sure comfort pen needles 29g x 12.7mm	2	
sure comfort pen needles 30g x 8 mm	2	
sure comfort pen needles 31g x 5 mm	2	
sure comfort pen needles 31g x 6 mm	2	
sure comfort pen needles 31g x 8 mm	2	
sure comfort pen needles 32g x 4 mm (otc)	2	
sure comfort pen needles 32g x 4 mm (rx)	2	
sure comfort pen needles 32g x 6 mm	2	
SURE-FINE PEN NEEDLES 29G X 12.7MM	2	
SURE-FINE PEN NEEDLES 31G X 5 MM	2	
SURE-FINE PEN NEEDLES 31G X 8 MM	2	

Drug Name	Tier	Notes
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML	2	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML	2	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML	2	
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	2	
syringe luer lock 30 ml (rx)	2	
syringe luer slip 1 ml (rx)	2	
tb syringe 1 ml	2	
techlite insulin syringe 29g x 1/2" 0.3 ml	2	
techlite insulin syringe 29g x 1/2" 0.5 ml	2	
techlite insulin syringe 29g x 1/2" 1 ml	2	
techlite insulin syringe 30g x 1/2" 0.3 ml	2	
techlite insulin syringe 30g x 1/2" 0.5 ml	2	
techlite insulin syringe 30g x 1/2" 1 ml	2	
techlite insulin syringe 30g x 5/16" 0.3 ml	2	
techlite insulin syringe 30g x 5/16" 0.5 ml	2	
techlite insulin syringe 30g x 5/16" 1 ml	2	
techlite insulin syringe 31g x 15/64" 0.3 ml	2	
techlite insulin syringe 31g x 15/64" 0.5 ml	2	
techlite insulin syringe 31g x 15/64" 1 ml	2	
techlite insulin syringe 31g x 5/16" 0.3 ml	2	
techlite insulin syringe 31g x 5/16" 0.5 ml	2	
techlite insulin syringe 31g x 5/16" 1 ml	2	

Drug Name	Tier	Notes
TECHLITE PEN NEEDLES 29G X 10MM	2	
TECHLITE PEN NEEDLES 29G X 12MM	2	
TECHLITE PEN NEEDLES 31G X 5 MM	2	
TECHLITE PEN NEEDLES 31G X 6 MM	2	
TECHLITE PEN NEEDLES 31G X 8 MM	2	
TECHLITE PEN NEEDLES 32G X 4 MM	2	
TECHLITE PEN NEEDLES 32G X 6 MM	2	
TECHLITE PEN NEEDLES 32G X 8 MM	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	2	
todays health mini pen needles 31g x 6 mm	2	
todays health pen needles 29g x 12mm	2	
todays health short pen needle 31g x 8 mm	2	
toomey syringe 70 ml	2	
topcare clickfine pen needles 31g x 6 mm	2	
topcare clickfine pen needles 31g x 8 mm	2	
topcare ultra comfort ins syr 29g x 1/2" 0.3 ml	2	
topcare ultra comfort ins syr 29g x 1/2" 0.5 ml	2	
topcare ultra comfort ins syr 29g x 1/2" 1 ml	2	
topcare ultra comfort ins syr 30g x 5/16" 0.3 ml	2	
topcare ultra comfort ins syr 30g x 5/16" 0.5 ml	2	
topcare ultra comfort ins syr 30g x 5/16" 1 ml	2	
topcare ultra comfort ins syr 31g x 5/16" 0.3 ml	2	
topcare ultra comfort ins syr 31g x 5/16" 0.5 ml	2	
topcare ultra comfort ins syr 31g x 5/16" 1 ml	2	
true comfort insulin syringe 30g x 1/2" 0.5 ml	3	
true comfort insulin syringe 30g x 1/2" 1 ml	3	
true comfort insulin syringe 30g x 5/16" 0.5 ml	3	
true comfort insulin syringe 30g x 5/16" 1 ml	3	
true comfort insulin syringe 31g x 5/16" 0.5 ml	2	
true comfort insulin syringe 31g x 5/16" 0.5 ml	3	
true comfort insulin syringe 31g x 5/16" 1 ml	2	
true comfort insulin syringe 31g x 5/16" 1 ml	3	
true comfort insulin syringe 32g x 5/16" 1 ml	3	
true comfort pen needles 31g x 5 mm	2	
true comfort pen needles 31g x 6 mm	2	
true comfort pen needles 32g x 4 mm	2	

Drug Name	Tier	Notes
true comfort pro insulin syr 30g x 1/2" 0.5 ml	2	
true comfort pro insulin syr 30g x 1/2" 1 ml	2	
true comfort pro insulin syr 30g x 5/16" 0.5 ml	2	
true comfort pro insulin syr 30g x 5/16" 1 ml	2	
true comfort pro insulin syr 31g x 5/16" 0.5 ml	2	
true comfort pro insulin syr 31g x 5/16" 1 ml	2	
true comfort pro insulin syr 32g x 5/16" 0.5 ml	2	
true comfort pro insulin syr 32g x 5/16" 1 ml	2	
true comfort pro pen needles 31g x 5 mm	2	
true comfort pro pen needles 31g x 6 mm	2	
true comfort pro pen needles 31g x 8 mm	2	
true comfort pro pen needles 32g x 4 mm	2	
true comfort pro pen needles 32g x 5 mm	2	
true comfort pro pen needles 32g x 6 mm	2	
true comfort pro pen needles 33g x 4 mm	2	
true comfort pro pen needles 33g x 5 mm	2	
true comfort pro pen needles 33g x 6 mm	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	2	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	2	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	

Drug Name	Tier	Notes
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	2	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	2	
TRUEPLUS PEN NEEDLES 29G X 12MM	2	
TRUEPLUS PEN NEEDLES 31G X 5 MM	2	
TRUEPLUS PEN NEEDLES 31G X 6 MM	2	
TRUEPLUS PEN NEEDLES 31G X 8 MM	2	
TRUEPLUS PEN NEEDLES 32G X 4 MM	2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	2	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	2	
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	2	
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	2	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	2	
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	

Drug Name	Tier	Notes
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	2	
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	2	
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	2	
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	2	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM	2	
ULTICARE MICRO PEN NEEDLES 31G X 8 MM	2	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM	2	
ULTICARE MINI PEN NEEDLES 31G X 6 MM	2	
ULTICARE MINI PEN NEEDLES 32G X 6 MM	2	
ULTICARE PEN NEEDLES 29G X 12.7MM	2	
ULTICARE PEN NEEDLES 31G X 5 MM	2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	2	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	2	
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	2	

Drug Name	Tier	Notes
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	2	
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	2	
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	2	
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	2	
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	2	
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	2	
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	2	
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	2	

Drug Name	Tier	Notes
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	2	
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	2	
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	2	
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	2	
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	2	
ULTILET PEN NEEDLE 29G X 12.7MM	2	
ULTILET PEN NEEDLE 31G X 5 MM	2	
ULTILET PEN NEEDLE 31G X 8 MM	2	
ULTILET PEN NEEDLE 32G X 4 MM	2	
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	2	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM	2	
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	2	
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	2	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	2	
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	2	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	

Drug Name	Tier	Notes
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	2	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	2	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	2	
ULTRA THIN PEN NEEDLES 32G X 4 MM	2	
ultracare insulin syringe 30g x 1/2" 0.5 ml	2	
ultracare insulin syringe 30g x 1/2" 1 ml	2	
ultracare insulin syringe 30g x 5/16" 0.3 ml	2	
ultracare insulin syringe 30g x 5/16" 0.5 ml	2	
ultracare insulin syringe 30g x 5/16" 1 ml	2	
ultracare insulin syringe 31g x 5/16" 0.3 ml	2	
ultracare insulin syringe 31g x 5/16" 0.5 ml	2	
ultracare insulin syringe 31g x 5/16" 1 ml	2	
ultracare pen needles 31g x 5 mm	2	
ultracare pen needles 31g x 6 mm	2	
ultracare pen needles 31g x 8 mm	2	
ultracare pen needles 32g x 4 mm	2	
ultracare pen needles 32g x 5 mm	2	
ultracare pen needles 32g x 6 mm	2	
ultracare pen needles 33g x 4 mm	2	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	2	
UNIFINE PEN NEEDLES 32G X 4 MM	2	
UNIFINE PENTIPS 29G X 12MM	2	
UNIFINE PENTIPS 30G X 5 MM	2	
UNIFINE PENTIPS 31G X 5 MM	2	
UNIFINE PENTIPS 31G X 6 MM	2	
UNIFINE PENTIPS 31G X 8 MM	2	

Drug Name	Tier	Notes
UNIFINE PENTIPS 32G X 4 MM	2	
UNIFINE PENTIPS 32G X 6 MM	2	
UNIFINE PENTIPS 33G X 4 MM	2	
UNIFINE PENTIPS PLUS 29G X 12MM	2	
UNIFINE PENTIPS PLUS 30G X 5 MM	2	
UNIFINE PENTIPS PLUS 31G X 5 MM	2	
UNIFINE PENTIPS PLUS 31G X 6 MM	2	
UNIFINE PENTIPS PLUS 31G X 8 MM	2	
UNIFINE PENTIPS PLUS 32G X 4 MM	2	
UNIFINE PENTIPS PLUS 33G X 4 MM	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	3	
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	3	
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	3	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	2	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	2	
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	2	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	2	
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	2	
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	2	
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	2	
value health insulin syringe 29g x 1/2" 0.5 ml	2	
value health insulin syringe 29g x 1/2" 1 ml	2	
valumark pen needles 29g x 12mm	2	
valumark pen needles 31g x 6 mm	2	
valumark pen needles 31g x 8 mm	2	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	2	
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	2	

Drug Name	Tier	Notes
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML	2	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	2	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	2	
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	2	
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	2	
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML	2	
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML	2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	2	
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	2	
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	2	
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM	2	
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	2	
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	2	
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	2	
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	2	
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	2	
VIDA MIA UNIFINE PENTIPS 29G X 12MM	2	

Drug Name	Tier	Notes
VIDA MIA UNIFINE PENTIPS 31G X 6 MM	2	
VIDA MIA UNIFINE PENTIPS 31G X 8 MM	2	
VIDA MIA UNIFINE PENTIPS 32G X 4 MM	2	
vp insulin syringe 29g x 1/2" 0.3 ml	2	
wegmans unifine pentips plus 31g x 5 mm	2	
wegmans unifine pentips plus 31g x 6 mm	2	
wegmans unifine pentips plus 31g x 8 mm	2	
wegmans unifine pentips plus 32g x 4 mm	2	
zevrx insulin syringe 30g x 1/2" 0.5 ml	2	
zevrx insulin syringe 30g x 1/2" 1 ml	2	
zevrx insulin syringe 30g x 5/16" 0.5 ml	2	
zevrx insulin syringe 30g x 5/16" 1 ml	2	
zevrx pen needles 31g x 5 mm	2	
zevrx pen needles 31g x 6 mm	2	
zevrx pen needles 31g x 8 mm	2	
zevrx pen needles 32g x 4 mm	2	
Nerve Stimulators		
GAMMACORE DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE 31-DAY DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE D DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE DEVICE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE REFILL KIT	Non-Formulary	Non FDA Exclusion
NERIVIO DEVICE	Non-Formulary	Non FDA Exclusion
PONS MOUTHPIECE	Non-Formulary	Non FDA Exclusion
PONS SYSTEM DEVICE	Non-Formulary	Non FDA Exclusion
S.T. GENESIS NERVE STIMULATOR DEVICE	Non-Formulary	Non FDA Exclusion
Ocular Implants		
SUSVIMO OCULAR IMPLANT IMPLANT INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Peak Flow Meters		
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Respiratory Therapy Supplies*		
ACE AEROSOL CLOUD ENHANCER	Non-Formulary	Formulary Exclusion
adult mask device	2	
AEROBIKA DEVICE	2	
AEROBIKA OPEP W/MANOMETER KIT	Non-Formulary	Formulary Exclusion
AEROECLIPSE EZ TWIST TUBING	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK LARGE	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK MEDIUM	Non-Formulary	Formulary Exclusion
AEROECLIPSE MASK SMALL	Non-Formulary	Formulary Exclusion
ALL FLOW 1000 PFT FILTER DEVICE	2	
ALL FLOW 2000 PFT FILTER DEVICE	2	
ALL FLOW 3000 PFT FILTER DEVICE	2	
ALL FLOW 4000 PFT FILTER DEVICE	2	
ALL FLOW 5000 PFT FILTER DEVICE	2	
ALL FLOW 6000 PFT FILTER DEVICE	2	
ALL FLOW 7000 PFT FILTER DEVICE	2	
co monitor device	2	
IN-CHECK DIAL FLOW TRAINER DEVICE	2	
IN-CHECK INSPIRATORY FLOW MTR DEVICE	2	
nebulizer mask adult	Non-Formulary	Formulary Exclusion
nebulizer mask child	Non-Formulary	Formulary Exclusion
OMBRA COMPRESSOR ADULT KIT	Non-Formulary	Formulary Exclusion
OMBRA COMPRESSOR CHILD KIT	Non-Formulary	Formulary Exclusion
OMBRA TABLE TOP COMPRESSOR DEVICE	2	
ONE FLOW SPIROMETER DEVICE	2	
PARI MANUAL INTERRUPTER DEVICE	2	
PARI TREK S COMBO PACK DEVICE	2	
QUAKE DEVICE	2	
REUSABLE COMFORTSEAL MASK-LRG	Non-Formulary	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-MED	Non-Formulary	Formulary Exclusion
REUSABLE COMFORTSEAL MASK-SML	Non-Formulary	Formulary Exclusion
silicone mask/adult	Non-Formulary	Formulary Exclusion
silicone mask/infant	Non-Formulary	Formulary Exclusion
silicone mask/pediatric	Non-Formulary	Formulary Exclusion
spiro pd device	2	

Drug Name	Tier	Notes
THRESHOLD PEP DEVICE	2	
VERSAPAP DEVICE	Non-Formulary	Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING DEVICE	Non-Formulary	Formulary Exclusion
Scar Treatments*		
cellpad sheet	Non-Formulary	Non FDA Exclusion
CICASIL SHEET	Non-Formulary	Non FDA Exclusion
coatamax patch sheet	Non-Formulary	Non FDA Exclusion
KELOTOP SHEET	Non-Formulary	Non FDA Exclusion
NUVA III SHEET	Non-Formulary	Non FDA Exclusion
NUVAGEL SHEET	Non-Formulary	Non FDA Exclusion
NUVAZIL II SHEET	Non-Formulary	Non FDA Exclusion
NUVAZIL SHEET	Non-Formulary	Non FDA Exclusion
polytoza patch sheet	Non-Formulary	Non FDA Exclusion
PROSILK SHEET	Non-Formulary	Non FDA Exclusion
realsil-6 sheet	Non-Formulary	Non FDA Exclusion
realsil-8 sheet	Non-Formulary	Non FDA Exclusion
scarcin pad plus sheet	Non-Formulary	Non FDA Exclusion
scarcinpad sheet	Non-Formulary	Non FDA Exclusion
scarheal sheet	Non-Formulary	Non FDA Exclusion
scarsilk sheet	Non-Formulary	Non FDA Exclusion
SILADERM SHEET	Non-Formulary	Non FDA Exclusion
siladone scar patch sheet	Non-Formulary	Non FDA Exclusion
silinoin 8 day supply sheet	Non-Formulary	Non FDA Exclusion
silivex sheet	Non-Formulary	Non FDA Exclusion
SILTREX SHEET	Non-Formulary	Non FDA Exclusion
skarlite sheet	Non-Formulary	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY SHEET	Non-Formulary	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY SHEET	Non-Formulary	Non FDA Exclusion
SpacerlAerosol-Holding Chambers & Supplies*		
AEROCHAMBER HOLDING CHAMBER DEVICE	2	
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	

Drug Name	Tier	Notes
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROVENT PLUS DEVICE	2	
breathe comfort chamber/adult device	2	
breathe comfort chamber/child device	2	
breathe ease large device	2	
breathe ease medium device	2	
breathe ease small device	2	
BREATHERITE	2	
BREATHERITE COLL SPACER ADULT	2	
BREATHERITE COLL SPACER CHILD	2	
BREATHERITE COLL SPACER INFANT	2	
BREATHERITE RIGID SPACER/MASK	2	
BREATHERITE SPACER NEONATE	2	
BREATHERITE SPACER SMALL CHILD	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	
BREATHERITE/LARGE MASK	2	
BREATHERITE/MEDIUM MASK	2	
BREATHERITE/SMALL MASK	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (OTC)	2	

Drug Name	Tier	Notes
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
eq space chamber anti-static device	2	
eq space chamber anti-static l device	2	
eq space chamber anti-static m device	2	
eq space chamber anti-static s device	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FLEXICHAMBER DEVICE	2	
INSPIRACHAMBER/LARGE DEVICE	2	
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE	2	
INSPIREASE RESERVOIR BAGS	2	
LITEAIRE DEVICE	2	
MASK VORTEX/CHILD/FROG	2	
MASK VORTEX/TODDLER/LADYBUG	2	
MICROCHAMBER	2	
MICROCHAMBER DEVICE	2	
MICROSPACER	2	
OPTICHAMBER ADVANTAGE	2	
OPTICHAMBER ADVANTAGE-LG MASK	2	
OPTICHAMBER ADVANTAGE-MED MASK	2	

Drug Name	Tier	Notes
OPTICHAMBER ADVANTAGE-SM MASK	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND DEVICE	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTICHAMBER FACE MASK-LARGE	2	
OPTICHAMBER FACE MASK-MEDIUM	2	
OPTICHAMBER FACE MASK-SMALL	2	
OPTIHALER	2	
OPTIHALER DEVICE	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
pro comfort spacer adult	2	
pro comfort spacer child	2	
pro comfort spacer infant device	2	
procare spacer/adult mask device	2	
procare spacer/child mask device	2	
prochamber vhc device	2	
pure comfort spacer chamber device	2	
RITEFLO DEVICE	2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
WATCHHALER DEVICE	2	
Transcranial Magnetic Stimulators*		
SAVI DUAL DEVICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Tumor Treating Fields Products (Ttfields)		
OPTUNE DEVICE	Non-Formulary	Non FDA Exclusion
OPTUNE LUA DEVICE	Non-Formulary	Non FDA Exclusion
MIGRAINE PRODUCTS		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)		
NURTEC TABLET DISPERSIBLE 75 MG ORAL	2	PA; QL
QULIPTA TABLET 10 MG ORAL	2	PA; QL
QULIPTA TABLET 30 MG ORAL	2	PA; QL
QULIPTA TABLET 60 MG ORAL	2	PA; QL
UBRELVY TABLET 100 MG ORAL	2	PA; QL
UBRELVY TABLET 50 MG ORAL	2	PA; QL
ZAVZPRET SOLUTION 10 MG/ACT NASAL	Non-Formulary	PA; Formulary Exclusion; QL
Cgrp Receptor Antagonists - Monocolonal Antibodies		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	PA; QL
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	2	PA; QL
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	2	PA; QL
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	2	PA; QL
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	2	PA
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	2	PA
VYEPTI SOLUTION 100 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Ergot Combinations		
CAFERGOT TABLET 1-100 MG ORAL	Non-Formulary	Formulary Exclusion
ergotamine-caffeine tablet 1-100 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ergotamine-caffeine tablet 1-100 mg oral	Non-Formulary	MONY code issue; Formulary Exclusion
MIGERGOT SUPPOSITORY 2-100 MG RECTAL	3	PA
Migraine Combinations*		
MIGRAINE PACK THERAPY PACK 50 MG COMBINATION	Non-Formulary	Non FDA Exclusion
MIGRANOW THERAPY PACK 50 & 4-10 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
SUMANSETRON TABLET THERAPY PACK 50 & 4 MG ORAL	Non-Formulary	Non FDA Exclusion
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*		
ELYXYB SOLUTION 120 MG/4.8ML ORAL	Non-Formulary	
Migraine Products - Nsaids*		
CAMBIA PACKET 50 MG ORAL	Non-Formulary	Formulary Exclusion
diclofenac potassium(migraine) packet 50 mg oral	Non-Formulary	
Migraine Products*		
D.H.E. 45 SOLUTION 1 MG/ML INJECTION	Non-Formulary	Formulary Exclusion
dihydroergotamine mesylate solution 1 mg/ml injection	1	
dihydroergotamine mesylate solution 4 mg/ml nasal	1	PA
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	PA
MIGRANAL SOLUTION 4 MG/ML NASAL	Non-Formulary	PA; Formulary Exclusion
TRUDHESA AEROSOL SOLUTION 0.725 MG/ACT NASAL	Non-Formulary	PA; Formulary Exclusion
Selective Serotonin Agonist-Nsaid Combinations*		
sumatriptan-naproxen sodium tablet 85-500 mg oral	Non-Formulary	QL
TREXIMET TABLET 85-500 MG ORAL	Non-Formulary	Formulary Exclusion; QL
Selective Serotonin Agonists 5-Ht(1)*		
almotriptan malate tablet 12.5 mg oral	1	QL

Drug Name	Tier	Notes
almotriptan malate tablet 6.25 mg oral	1	QL
AMERGE TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion; QL
AMERGE TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
eletriptan hydrobromide tablet 20 mg oral	1	QL
eletriptan hydrobromide tablet 40 mg oral	1	QL
FROVA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
frovatriptan succinate tablet 2.5 mg oral	1	QL
IMITREX SOLUTION 20 MG/ACT NASAL	Non-Formulary	Formulary Exclusion; QL
IMITREX SOLUTION 5 MG/ACT NASAL	Non-Formulary	Formulary Exclusion; QL
IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 4 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 6 MG/0.5ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
IMITREX TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
IMITREX TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
IMITREX TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MAXALT TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
naratriptan hcl tablet 1 mg oral	1	QL
naratriptan hcl tablet 2.5 mg oral	1	QL
ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL	3	QL
RELPAX TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RELPAX TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
rizatriptan benzoate tablet 10 mg oral	1	QL
rizatriptan benzoate tablet 5 mg oral	1	QL
rizatriptan benzoate tablet dispersible 10 mg oral	1	QL
rizatriptan benzoate tablet dispersible 5 mg oral	1	QL

Drug Name	Tier	Notes
sumatriptan solution 20 mg/act nasal	1	QL
sumatriptan solution 5 mg/act nasal	1	QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous	1	MONY code issue; QL
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous	1	MONY code issue; QL
sumatriptan succinate solution 6 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous	1	QL
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous	2	QL
sumatriptan succinate tablet 100 mg oral	1	QL
sumatriptan succinate tablet 25 mg oral	1	QL
sumatriptan succinate tablet 50 mg oral	1	QL
TOSYMRA SOLUTION 10 MG/ACT NASAL	3	
ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	3	PA; QL
zolmitriptan solution 2.5 mg nasal	3	QL
zolmitriptan solution 5 mg nasal	1	QL
zolmitriptan tablet 2.5 mg oral	1	QL
zolmitriptan tablet 5 mg oral	1	QL
zolmitriptan tablet dispersible 2.5 mg oral	Non-Formulary	Formulary Exclusion; QL
zolmitriptan tablet dispersible 5 mg oral	Non-Formulary	Formulary Exclusion; QL
ZOMIG SOLUTION 2.5 MG NASAL	3	QL
ZOMIG SOLUTION 5 MG NASAL	Non-Formulary	Formulary Exclusion; QL
ZOMIG TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZOMIG TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
Selective Serotonin Agonists 5-Ht(1F)		
REYVOW TABLET 100 MG ORAL	2	PA; QL
REYVOW TABLET 50 MG ORAL	2	PA; QL
MINERALS & ELECTROLYTES		
Bicarbonates		
sodium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
sodium acetate solution 4 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
sodium acetate solution 4 meq/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
sodium bicarbonate solution 4.2 % intravenous	Non-Formulary	Medical Only Exclusion
sodium bicarbonate solution 7.5 % intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
sodium bicarbonate solution 8.4 % intravenous	Non-Formulary	Medical Only Exclusion
sodium bicarbonate solution 8.4 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	Non-Formulary	Formulary Exclusion
sodium bicarbonate-dextrose solution 150-5 meq/l-% intravenous	Non-Formulary	Non FDA Exclusion
THAM SOLUTION 30 MEQ/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
tromethamine solution 30 meq/100ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Calcium Combinations		
CALCIFOL WAFER 1342-1.6 MG ORAL	Non-Formulary	Formulary Exclusion
calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous	Non-Formulary	Formulary Exclusion
calcium-folic acid plus d wafer 1342-1 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Calcium*		
calcium chloride solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
calcium gluconate solution 10 % intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
calcium gluconate solution prefilled syringe 1000 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Electrolytes & Dextrose*		
dextrose 5%/electrolyte #48 solution intravenous	3	
dextrose in lactated ringers solution 5 % intravenous	1	
dextrose-sodium chloride solution 10-0.2 % intravenous	3	
dextrose-sodium chloride solution 10-0.45 % intravenous	2	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	1	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	1	MONY CODE ISSUE
dextrose-sodium chloride solution 5-0.2 % intravenous	1	
dextrose-sodium chloride solution 5-0.225 % intravenous	1	
dextrose-sodium chloride solution 5-0.225 % intravenous	1	MONY Code
dextrose-sodium chloride solution 5-0.3 % intravenous	1	
dextrose-sodium chloride solution 5-0.3 % intravenous	1	MONY Code
dextrose-sodium chloride solution 5-0.3 % intravenous	3	
dextrose-sodium chloride solution 5-0.33 % intravenous	1	
dextrose-sodium chloride solution 5-0.33 % intravenous	1	MONY code issue
dextrose-sodium chloride solution 5-0.45 % intravenous	1	
dextrose-sodium chloride solution 5-0.9 % intravenous	1	
ELLIOTTS B SOLUTION INTRATHECAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
IONOSOL-MB IN D5W SOLUTION INTRAVENOUS	3	
ISOLYTE-P IN D5W SOLUTION INTRAVENOUS	3	
kcl in dextrose-nacl solution 10-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.2 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.225 meq/l-%-% intravenous	3	
kcl in dextrose-nacl solution 20-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 20-5-0.9 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 30-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 40-5-0.45 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	1	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	3	
kcl-lactated ringers-d5w solution 20 meq/l intravenous	3	
NORMOSOL-M IN D5W SOLUTION INTRAVENOUS	3	
NORMOSOL-R IN D5W SOLUTION INTRAVENOUS	3	
potassium cl in dextrose 5% solution 10 meq/l intravenous	Non-Formulary	Medical Only Exclusion
potassium cl in dextrose 5% solution 20 meq/l intravenous	Non-Formulary	Medical Only Exclusion
Electrolytes Parenteral*		
HYPERLYTE-CR CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
ISOLYTE-S PH 7.4 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ISOLYTE-S SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue

Drug Name	Tier	Notes
kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
kcl (in nacl 0.9%) solution 40 meq/500ml intravenous	Non-Formulary	Non FDA Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Non-Formulary	Formulary Exclusion
kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous	Non-Formulary	Non FDA Exclusion
lactated ringers solution intravenous	Non-Formulary	Medical Only Exclusion
lactated ringers solution intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
multiple electro type 1 ph 5.5 solution intravenous	Non-Formulary	Medical Only Exclusion
multiple electro type 1 ph 7.4 solution intravenous	Non-Formulary	Medical Only Exclusion
NORMOSOL-R PH 7.4 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NORMOSOL-R SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE 148 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE A SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 20 meq/250ml intravenous	Non-Formulary	Non FDA Exclusion
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
ringers solution intravenous	Non-Formulary	Medical Only Exclusion
TPN ELECTROLYTES CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
TPN ELECTROLYTES CONCENTRATE INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
Fluoride Combinations*		
FLORIVA LIQUID 0.25-400 MG-UNIT/ML ORAL	3	
Iodine Products*		
iodine strong solution 5 % oral	Non-Formulary	Formulary Exclusion
Magnesium*		
magnesium chloride solution 200 mg/ml injection	Non-Formulary	MONY Code; Formulary Exclusion
magnesium sulfate in d5w solution 1-5 gm/100ml-% intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 2 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 20 gm/500ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 4 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 4 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 40 gm/1000ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
magnesium sulfate solution 40 gm/1000ml intravenous	Non-Formulary	Medical Only Exclusion
magnesium sulfate solution 50 % injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
magnesium sulfate solution 50 % injection	Non-Formulary	Medical Only Exclusion
magnesium sulfate-nacl solution 2-0.9 gm/50ml-% intravenous	Non-Formulary	Formulary Exclusion
Manganese*		
manganese chloride solution 0.1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
Phosphate*		
GLYCOPHOS SOLUTION 1 MMOLE/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
K-PHOS TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL	Non-Formulary	Formulary Exclusion
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	1	

Drug Name	Tier	Notes
phosphorous tablet 155-852-130 mg oral	1	
PHOSPHO-TRIN 250 NEUTRAL TABLET 155-852-130 MG ORAL	1	
PHOSPHO-TRIN K500 TABLET 500 MG ORAL	1	
potassium phosphates solution 15 mmole/5ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates solution 15 mmole/5ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
potassium phosphates solution 150 mmole/50ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates solution 150 mmole/50ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates(66 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
potassium phosphates(71 meq k) solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
potassium phosphates-nacl solution 15 mmol/250ml intravenous	Non-Formulary	Non FDA Exclusion
sodium phosphates solution 15 mmole/5ml intravenous	Non-Formulary	Formulary Exclusion
sodium phosphates solution 150 mmole/50ml intravenous	3	
sodium phosphates solution 45 mmole/15ml intravenous	Non-Formulary	Medical Only Exclusion
virt-phos 250 neutral tablet 155-852-130 mg oral	1	
wes-phos 250 neutral tablet 155-852-130 mg oral	1	
Potassium Combinations		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	Non-Formulary	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Formulary Exclusion
Potassium		
EFFER-K TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	

Drug Name	Tier	Notes
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	1	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON PACKET 20 MEQ ORAL	1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	1	
KLOR-CON/EF TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-PRIME TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	Non-Formulary	Formulary Exclusion
K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL	3	
POKONZA PACKET 10 MEQ ORAL	3	
potassium acetate solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
potassium acetate solution 2 meq/ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
potassium chloride crys er tablet extended release 10 meq oral	1	
potassium chloride crys er tablet extended release 15 meq oral	1	
potassium chloride crys er tablet extended release 20 meq oral	1	
potassium chloride er capsule extended release 10 meq oral	1	
potassium chloride er capsule extended release 8 meq oral	1	
potassium chloride er tablet extended release 10 meq oral	1	
potassium chloride er tablet extended release 15 meq oral	1	
potassium chloride er tablet extended release 20 meq oral	1	
potassium chloride er tablet extended release 20 meq oral	1	MONY Code

Drug Name	Tier	Notes
potassium chloride er tablet extended release 8 meq oral	1	
potassium chloride er tablet extended release 8 meq oral	1	MONY Code
potassium chloride packet 20 meq oral	1	
potassium chloride solution 10 % oral	1	
potassium chloride solution 10 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 10 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
potassium chloride solution 10 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 2 meq/ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
potassium chloride solution 20 meq/15ml (10%) oral	1	
potassium chloride solution 20 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 20 meq/50ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
potassium chloride solution 40 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion
potassium chloride solution 40 meq/100ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
potassium chloride solution 40 meq/15ml (20%) oral	1	
potassium chloride solution 40 meq/15ml (20%) oral	1	MONY Code
potassium chloride solution prefilled syringe 100 meq/50ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
Sodium*		
AQUASTAT SFR SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
AQUASTAT SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
BD POSIFLUSH SAFESCRUB SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
BD POSIFLUSH SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
MONOJECT FLUSH SYRINGE SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
MONOJECT SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Non-Formulary	Formulary Exclusion
normal saline flush solution 0.9 % intravenous	Non-Formulary	Formulary Exclusion
sodium chloride (pf) solution 0.9 % injection	1	
sodium chloride flush solution 0.9 % intravenous	Non-Formulary	Formulary Exclusion
sodium chloride solution 0.45 % intravenous	1	
sodium chloride solution 0.9 % intravenous	1	
sodium chloride solution 0.9 % intravenous	1	MONY code issue
sodium chloride solution 2.5 meq/ml injection	1	
sodium chloride solution 3 % intravenous	1	
sodium chloride solution 4 meq/ml intravenous	Non-Formulary	Non FDA Exclusion
sodium chloride solution 4 meq/ml intravenous	1	
sodium chloride solution 5 % intravenous	1	
Trace Mineral Combinations		
MULTITRACE-4 NEONATAL SOLUTION 100-25-1500 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
MULTITRACE-4 PEDIATRIC SOLUTION 1-100-25-1000 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
MULTRYS SOLUTION 60-3-6-1000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THE LIQUILIFT TRACE KIT 10-1000-500-60 MCG/ML INTRAVENOUS	Non-Formulary	Non FDA Exclusion
TRACE ELEMENTS 4/PEDIATRIC SOLUTION 1-100-30-500 MCG/ML INTRAVENOUS	Non-Formulary	Formulary Exclusion
TRALEMENT SOLUTION 300-55-60-3000 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Trace Minerals		
chromic chloride solution 40 mcg/10ml intravenous	Non-Formulary	Medical Only Exclusion
cupric chloride solution 0.4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
selenious acid solution 12 mcg/2ml intravenous	Non-Formulary	Formulary Exclusion
selenious acid solution 60 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
Zinc		
GALZIN CAPSULE 25 MG ORAL	3	

Drug Name	Tier	Notes
GALZIN CAPSULE 50 MG ORAL	3	
WILZIN CAPSULE 25 MG ORAL	Non-Formulary	Non FDA Exclusion
zinc chloride solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 3 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
zinc sulfate solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
MISCELLANEOUS THERAPEUTIC CLASSES		
****Allogeneic Thymus Tissue******		
RETHYMIC IMPLANT INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
****Antileprotics******		
THALOMID CAPSULE 100 MG ORAL	Tier 4	PA; Specialty
THALOMID CAPSULE 150 MG ORAL	Tier 4	PA; Specialty
THALOMID CAPSULE 200 MG ORAL	Tier 4	PA; Specialty
THALOMID CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
****Chelating Agents******		
CLOVIQUE CAPSULE 250 MG ORAL	Tier 4	PA; Specialty
CUPRIMINE CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
CUVRIOR TABLET 300 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
DEPEN TITRATABS TABLET 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
edetate disodium solution 150 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
penicillamine capsule 250 mg oral	Non-Formulary	PA; Specialty; Formulary Exclusion
penicillamine tablet 250 mg oral	Tier 4	PA; Specialty
SYPRINE CAPSULE 250 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
trientine hcl capsule 250 mg oral	Tier 4	PA; Specialty
****Continuous Renal Replacement Therapy (Crrt) Solutions******		
phoxillum b22k4/0 solution 22-4-1 meq-mmol/l extracorporeal	3	
PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L EXTRACORPOREAL	Non-Formulary	Medical Only Exclusion
REGIOCIT SOLUTION 0.529 % EXTRACORPOREAL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
trisodium citrate/crrt solution extracorporeal	Non-Formulary	Non FDA Exclusion
Cyclosporine Analogs*		
cyclosporine capsule 100 mg oral	1	
cyclosporine capsule 25 mg oral	1	
cyclosporine modified capsule 100 mg oral	1	
cyclosporine modified capsule 25 mg oral	1	
cyclosporine modified capsule 50 mg oral	1	
cyclosporine modified capsule 50 mg oral	1	MONY Code
cyclosporine modified solution 100 mg/ml oral	1	
cyclosporine solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
GENGRAF CAPSULE 100 MG ORAL	1	
GENGRAF CAPSULE 25 MG ORAL	1	
GENGRAF SOLUTION 100 MG/ML ORAL	1	
NEORAL CAPSULE 100 MG ORAL	3	
NEORAL CAPSULE 25 MG ORAL	3	
NEORAL SOLUTION 100 MG/ML ORAL	3	
SANDIMMUNE CAPSULE 100 MG ORAL	3	
SANDIMMUNE CAPSULE 25 MG ORAL	3	
SANDIMMUNE SOLUTION 100 MG/ML ORAL	3	
SANDIMMUNE SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Digital Therapy Application - Behavior & Mental Health*		
ENDEAVORRX	Non-Formulary	Non FDA Exclusion
MODIA	Non-Formulary	Non FDA Exclusion
RESET	Non-Formulary	Non FDA Exclusion
RESET FOR IOS OR ANDROID APP	Non-Formulary	Non FDA Exclusion
RESET NON-MONETARY CM	Non-Formulary	Non FDA Exclusion
RESET-O	Non-Formulary	Non FDA Exclusion
RESET-O FOR IOS OR ANDROID APP	Non-Formulary	Non FDA Exclusion
RESET-O NON-MONETARY CM	Non-Formulary	Non FDA Exclusion
SOMRYST	Non-Formulary	Non FDA Exclusion
VORVIDA	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Gastrointestinal*		
MAHANA IBS	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Digital Therapy Application - Genitourinary*		
LEVA PELVIC HEALTH SYSTEM KIT	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Type 2 Diabetes*		
ASPYRERX	Non-Formulary	Non FDA Exclusion
Digital Therapy Application - Visual*		
LUMINOPIA	Non-Formulary	Non FDA Exclusion
Enzymes*		
AMPHADASE SOLUTION 150 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HYLENEX SOLUTION 150 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
VITRASE SOLUTION 200 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
Farnesyltransferase Inhibitors*		
ZOKINVY CAPSULE 50 MG ORAL	Tier 4	PA; Specialty
ZOKINVY CAPSULE 75 MG ORAL	Tier 4	PA; Specialty
Fecal Incontinence Bulking Agent - Combinations*		
SOLESTA GEL 50-15 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
Homeopathic Products*		
ACUNOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
bhi uri-control tablet oral	Non-Formulary	Non FDA Exclusion
COLCIGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
ECZEMOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
HYLAFEM SUPPOSITORY VAGINAL	Non-Formulary	Non FDA Exclusion
morcin cream external	Non-Formulary	Non FDA Exclusion
PSORIZIDE FORTE TABLET 30-1-15 MG ORAL	Non-Formulary	Non FDA Exclusion
PSORIZIDE ULTRA TABLET ORAL	Non-Formulary	Non FDA Exclusion
SPEEDGEL RX GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
streptococcinum 30c pellet sublingual	Non-Formulary	Non FDA Exclusion
TRANZGEL GEL EXTERNAL	Non-Formulary	Non FDA Exclusion
TRAUMEEL OINTMENT EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
TRAUMEEL TABLET ORAL (RX)	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
WELLMIND VERTIGO TABLET ORAL (RX)	Non-Formulary	Non FDA Exclusion
Immune Globulin Immunosuppressants*		
ATGAM INJECTABLE 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Immunomodulators - Combinations*		
VYVGART HYTRULO SOLUTION 180-2000 MG-UNIT/ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
Immunomodulators For Myelodysplastic Syndromes*		
lenalidomide capsule 10 mg oral	Tier 4	PA; Specialty
lenalidomide capsule 15 mg oral	Tier 4	PA; Specialty
lenalidomide capsule 2.5 mg oral	Tier 4	PA; Specialty
lenalidomide capsule 20 mg oral	Tier 4	PA; Specialty
lenalidomide capsule 25 mg oral	Tier 4	PA; Specialty
lenalidomide capsule 5 mg oral	Tier 4	PA; Specialty
REVLIMID CAPSULE 10 MG ORAL	Tier 4	PA; Specialty
REVLIMID CAPSULE 15 MG ORAL	Tier 4	PA; Specialty
REVLIMID CAPSULE 2.5 MG ORAL	Tier 4	PA; Specialty
REVLIMID CAPSULE 20 MG ORAL	Tier 4	PA; Specialty
REVLIMID CAPSULE 25 MG ORAL	Tier 4	PA; Specialty
REVLIMID CAPSULE 5 MG ORAL	Tier 4	PA; Specialty
Inosine Monophosphate Dehydrogenase Inhibitors*		
CELLCEPT CAPSULE 250 MG ORAL	3	
CELLCEPT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	3	
CELLCEPT TABLET 500 MG ORAL	3	
mycophenolate mofetil capsule 250 mg oral	1	
mycophenolate mofetil hcl solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
mycophenolate mofetil solution reconstituted 500 mg intravenous	Non-Formulary	Medical Only Exclusion
mycophenolate mofetil suspension reconstituted 200 mg/ml oral	1	
mycophenolate mofetil tablet 500 mg oral	1	
mycophenolate sodium tablet delayed release 180 mg oral	1	
mycophenolate sodium tablet delayed release 360 mg oral	1	
mycophenolic acid tablet delayed release 180 mg oral	1	
mycophenolic acid tablet delayed release 360 mg oral	1	
MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL	3	
MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL	3	
Interleukin-6 (Il-6) Antagonists*		
SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Irrigation Solutions*		
PHYSIOLYTE SOLUTION IRRIGATION	Non-Formulary	Medical Only Exclusion
PHYSIOSOL IRRIGATION SOLUTION IRRIGATION	Non-Formulary	Medical Only Exclusion
sterile water for irrigation solution irrigation	Non-Formulary	Formulary Exclusion
Macrolide Immunosuppressants*		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	3	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	3	
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	3	
everolimus tablet 0.25 mg oral	1	

Drug Name	Tier	Notes
everolimus tablet 0.5 mg oral	1	
everolimus tablet 0.75 mg oral	1	
everolimus tablet 1 mg oral	1	
PROGRAF CAPSULE 0.5 MG ORAL	3	
PROGRAF CAPSULE 1 MG ORAL	3	
PROGRAF CAPSULE 5 MG ORAL	3	
PROGRAF PACKET 0.2 MG ORAL	3	
PROGRAF PACKET 1 MG ORAL	3	
PROGRAF SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RAPAMUNE SOLUTION 1 MG/ML ORAL	3	
RAPAMUNE TABLET 0.5 MG ORAL	3	
RAPAMUNE TABLET 1 MG ORAL	3	
RAPAMUNE TABLET 2 MG ORAL	3	
sirolimus solution 1 mg/ml oral	1	
sirolimus tablet 0.5 mg oral	1	
sirolimus tablet 1 mg oral	1	
sirolimus tablet 2 mg oral	1	
tacrolimus capsule 0.5 mg oral	1	
tacrolimus capsule 1 mg oral	1	
tacrolimus capsule 5 mg oral	1	
ZORTRESS TABLET 0.25 MG ORAL	3	
ZORTRESS TABLET 0.5 MG ORAL	3	
ZORTRESS TABLET 0.75 MG ORAL	3	
ZORTRESS TABLET 1 MG ORAL	3	
Misc Natural Products		
azalgia capsule oral	Non-Formulary	Non FDA Exclusion
ultra hers rx capsule oral	Non-Formulary	Non FDA Exclusion
ultra his capsule oral	Non-Formulary	Non FDA Exclusion
ultra pcos capsule oral	Non-Formulary	Non FDA Exclusion
xyzmune capsule oral	Non-Formulary	Non FDA Exclusion
Miscellaneous Therapeutic Classes		
NEXAVIR SOLUTION 25.5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
phenol solution 6 % injection	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Monoclonal Antibodies*		
GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UPLIZNA SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Neonatal Fc Receptor (Fcrn) Antagonists*		
RYSTIGGO SOLUTION 280 MG/2ML SUBCUTANEOUS	Non-Formulary	Medical Only Exclusion
VYVGART SOLUTION 400 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Patient Assessment Services - No Drug Dispensed*		
eua patient assessment	Non-Formulary	New to Market Exclusion
Peritoneal Dialysis Solutions*		
DELFLEX-LC/1.5% DEXTROSE SOLUTION 344 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion; MONY code issue
DELFLEX-LC/2.5% DEXTROSE SOLUTION 394 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-SM/1.5% DEXTROSE SOLUTION 347 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DELFLEX-SM/2.5% DEXTROSE SOLUTION 398 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/1.5% DEX SOLUTION 344 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/2.5% DEX SOLUTION 395 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/1.5% DEXTROSE SOLUTION 346 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/2.5% DEXTROSE SOLUTION 396 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/4.25% DEXTROSE SOLUTION 485 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
EXTRANEAL SOLUTION 7.5 % INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/1.5% DEX SOLUTION 346 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/2.5% DEX SOLUTION 396 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/4.25%DEX SOLUTION 485 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/1.5% DEXTROSE SOLUTION 344 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/2.5% DEXTROSE SOLUTION 395 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/4.25% DEX SOLUTION 483 MOSM/L INTRAPERITONEAL	Non-Formulary	Medical Only Exclusion
****Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib******		
VIJOICE TABLET THERAPY PACK 125 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL	Tier 4	PA; Specialty
VIJOICE TABLET THERAPY PACK 50 MG ORAL	Tier 4	PA; Specialty
Potassium Removing Agents*		
LOKELMA PACKET 10 GM ORAL	2	
LOKELMA PACKET 5 GM ORAL	2	
sodium polystyrene sulfonate powder oral	1	
SPS SUSPENSION 15 GM/60ML ORAL	1	MONY Code
VELTASSA PACKET 16.8 GM ORAL	2	
VELTASSA PACKET 25.2 GM ORAL	2	
VELTASSA PACKET 8.4 GM ORAL	2	
Prostaglandins*		
alprostadil solution 500 mcg/ml injection	1	
PROSTIN VR SOLUTION 500 MCG/ML INJECTION	3	
Purine Analogs*		
AZASAN TABLET 100 MG ORAL	1	
AZASAN TABLET 75 MG ORAL	1	
azathioprine sodium solution reconstituted 100 mg injection	Non-Formulary	Formulary Exclusion
azathioprine tablet 100 mg oral	1	
azathioprine tablet 50 mg oral	1	
azathioprine tablet 75 mg oral	1	
IMURAN TABLET 50 MG ORAL	3	
Sclerosing Agents*		
ASCLERA SOLUTION 0.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ASCLERA SOLUTION 1 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ETHAMOLIN SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
polidocanol solution 5 % intravenous	Non-Formulary	Non FDA Exclusion
sodium tetradecyl sulfate solution 3 % intravenous	Non-Formulary	Medical Only Exclusion
SOTRADECOL SOLUTION 1 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SOTRADECOL SOLUTION 3 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
VARITHENA FOAM 180 MG/18ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Selective T-Cell Costimulation Blockers*		
NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Type I Interferon (Ifn) Receptor Antagonists*		
SAPHNELO SOLUTION 300 MG/2ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Uremic Pruritus Agents*		
KORSUVA SOLUTION 65 MCG/1.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral - Combinations*		
FIRST-MOUTHWASH BLM SUSPENSION MOUTH/THROAT	3	
Anesthetics Topical Oral*		
lidocaine hcl solution 4 % mouth/throat	Non-Formulary	MONY Code; Formulary Exclusion
lidocaine viscous hcl solution 2 % mouth/throat	1	
Anti-Infectives - Throat*		
clotrimazole troche 10 mg mouth/throat	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
ORAVIG TABLET 50 MG BUCCAL	3	
Antiseptic Combinations - Mouth/Throat*		
DEBACTEROL SOLUTION 30-50 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
Antiseptics - Mouth/Throat*		
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
PERIDEX SOLUTION 0.12 % MOUTH/THROAT	Non-Formulary	Formulary Exclusion
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	

Drug Name	Tier	Notes
Dental Products - Combinations*		
denta 5000 plus sensitive paste 1.1-5 % dental	2	
FLUORIDEX SENSITIVITY RELIEF PASTE 1.1-5 % DENTAL	1	MONY code issue
FLUORIMAX 5000 SENSITIVE PASTE 1.1-5 % DENTAL	3	
fraiche 5000 previ gel 1.1-3 % dental	Non-Formulary	Non FDA Exclusion
fraiche 5000 sensitive gel 1.1-4.5 % dental	Non-Formulary	Non FDA Exclusion
NAFRINSE DAILY ACIDULATED SOLUTION RECONSTITUTED 1 MG/5ML MOUTH/THROAT	3	
PREVIDENT 5000 ENAMEL PROTECT GEL 1.1-5 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 SENSITIVE GEL 1.1-5 % DENTAL	Non-Formulary	Formulary Exclusion
sodium fluoride 5000 enamel gel 1.1-5 % dental	1	
sodium fluoride 5000 sensitive gel 1.1-5 % dental	1	
Dry Mouth Agents And Artificial Saliva*		
AQUORAL SOLUTION MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
BOCASAL PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
MUCOSITISRX PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
NEUTRASAL PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
NUMOISYN LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
NUMOISYN LOZENGE MOUTH/THROAT	Non-Formulary	Formulary Exclusion
SALIVAMAX PACKET MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
XEROSTOMIA RELIEF SPRAY SOLUTION MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
Fluoride Dental Products*		
EASYGEL GEL 0.4 % DENTAL (OTC)	1	
EASYGEL GEL 0.4 % DENTAL (RX)	1	
FLUORIDEX DAILY RENEWAL CONCENTRATE 0.63 % MOUTH/THROAT	1	
JUST FOR KIDS GEL 0.4 % DENTAL	1	
PERIOMED CONCENTRATE 0.63 % MOUTH/THROAT	1	

Drug Name	Tier	Notes
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 DRY MOUTH GEL 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 PLUS CREAM 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
PREVIDENT GEL 1.1 % DENTAL	Non-Formulary	Formulary Exclusion
VANISH LIQUID EXTENDED RELEASE 5 % DENTAL	Non-Formulary	Non FDA Exclusion
Periodontal Anti-Infectives		
ARESTIN 1 MG DENTAL	Non-Formulary	Medical Only Exclusion
Protectants - Mouth/Throat		
EPISIL LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
GELCLAIR GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
GELX GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
MUCOTROL WAFER MOUTH/THROAT	Non-Formulary	Formulary Exclusion
MUGARD LIQUID MOUTH/THROAT	Non-Formulary	Formulary Exclusion
ORAFATE PASTE 10 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
ORAMAGICRX SUSPENSION RECONSTITUTED MOUTH/THROAT	Non-Formulary	Formulary Exclusion
ORAPEUTIC GEL MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
PROTHELIAL PASTE 10 % MOUTH/THROAT	Non-Formulary	Non FDA Exclusion
silatrix gel 10 % mouth/throat	Non-Formulary	Non FDA Exclusion
Saliva Stimulants		
cevimeline hcl capsule 30 mg oral	1	
EVOXAC CAPSULE 30 MG ORAL	Non-Formulary	Formulary Exclusion
pilocarpine hcl tablet 5 mg oral	1	
pilocarpine hcl tablet 7.5 mg oral	1	
SALAGEN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
SALAGEN TABLET 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
Steroid Combinations - Mouth/Throat/Dental		
acyclonine mum aerosol powder 36.7-16.7-3.33 % mouth/throat	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Steroids - Mouth|Throat|Dental*		
KOURZEQ PASTE 0.1 % MOUTH/THROAT	1	
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
triamcinolone acetonide paste 0.1 % mouth|throat	1	
MULTIVITAMINS		
B-Complex Vitamins*		
b-complex injectable injection	Non-Formulary	Non FDA Exclusion
EB-N3 DR CAPSULE DELAYED RELEASE ORAL	Non-Formulary	Non FDA Exclusion
vitamin b complex 100 injectable injection	Non-Formulary	Formulary Exclusion
vitamin b complex-hydroxocobal injectable injection	Non-Formulary	Non FDA Exclusion
vitamin b-complex 100 injectable injection	Non-Formulary	MONY Code; Formulary Exclusion
B-Complex W| C & Folic Acid*		
activite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
b-plex tablet oral	Non-Formulary	Formulary Exclusion
DEXIFOL TABLET 5 MG ORAL	Non-Formulary	Non FDA Exclusion
DIALYVITE TABLET ORAL	Non-Formulary	Formulary Exclusion
folbee plus tablet oral	Non-Formulary	Formulary Exclusion
GENICIN VITA-S TABLET 1 MG ORAL	Non-Formulary	Non FDA Exclusion
hylavite tablet oral	Non-Formulary	Non FDA Exclusion
MYNEPHRON CAPSULE 1 MG ORAL	Non-Formulary	Non FDA Exclusion
NEPHRONEX TABLET ORAL	Non-Formulary	Formulary Exclusion
NEPHRO-VITE RX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
RENAL CAPSULE 1 MG ORAL	Non-Formulary	Formulary Exclusion
reno caps capsule 1 mg oral (rx)	Non-Formulary	Formulary Exclusion
tm-vite rx tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
triphrocaps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
tronvite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
virt-caps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
vitasure tablet 1 mg oral	Non-Formulary	Non FDA Exclusion
vp-vite rx tablet 1 mg oral	Non-Formulary	Formulary Exclusion
wescaps capsule 1 mg oral	Non-Formulary	Formulary Exclusion
xvite tablet 1 mg oral	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
B-Complex W/ C-Biotin-D-Zinc & Folic Acid*		
VITAL-D RX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E & Folic Acid*		
RENATABS TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E-Folic Acid & Iron*		
RENATABS WITH IRON 1 & 100 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-E-Minerals & Folic Acid*		
DIALYVITE 3000 TABLET 3 MG ORAL	Non-Formulary	Formulary Exclusion
DIALYVITE 5000 TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ C-Biotin-Minerals & Folic Acid*		
FOLBEE PLUS CZ TABLET 5 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion
B-Complex W/ C-Zn & Folic Acid*		
DIALYVITE/ZINC TABLET ORAL	Non-Formulary	Formulary Exclusion
NEPHPLEX RX TABLET ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ E & Folic Acid*		
folic-k capsule 1 mg oral	Non-Formulary	Non FDA Exclusion
B-Complex W/ Lysine-Min-Fe & Folic Acid*		
NUTRIVIT LIQUID ORAL	Non-Formulary	Formulary Exclusion
B-Complex W/ Lysine-Zn & Folic Acid*		
SUPERVITE LIQUID ORAL	Non-Formulary	Formulary Exclusion
Bioflavonoid Products*		
ADRENAL C FORMULA TABLET ORAL	Non-Formulary	Formulary Exclusion
Iron W/ Vitamins*		
VITAFOL TABLET ORAL	Non-Formulary	Formulary Exclusion
Multiple Vitamins W/ Minerals & Calcium-Folic Acid*		
FOLGARD OS TABLET 500-1.1 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Multiple Vitamins Wl Minerals & Fluoride-Iron-Folic Acid*		
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
Multiple Vitamins Wl Minerals*		
BACMIN TABLET ORAL	Non-Formulary	Formulary Exclusion
biocel tablet oral	Non-Formulary	Formulary Exclusion
b-plex plus tablet oral	Non-Formulary	Formulary Exclusion
CORVITA TABLET ORAL	Non-Formulary	MONY Code; Formulary Exclusion
dayavite tablet oral	Non-Formulary	Non FDA Exclusion
DERMACINRX MULTITAM TABLET ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX RIBOTIN-E TABLET ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX ZINTREXYL-C TABLET ORAL	Non-Formulary	Non FDA Exclusion
DEXATRAN CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
DIALYVITE SUPREME D TABLET ORAL	Non-Formulary	Formulary Exclusion
DIATROL TABLET ORAL	Non-Formulary	Non FDA Exclusion
folamax tablet oral	Non-Formulary	Non FDA Exclusion
folamed dha capsule oral	Non-Formulary	Non FDA Exclusion
FOLIFLEX TABLET ORAL	Non-Formulary	Non FDA Exclusion
FOLITIN-Z TABLET ORAL	Non-Formulary	Non FDA Exclusion
hylazinc tablet oral	Non-Formulary	Non FDA Exclusion
keyfolic tablet oral	Non-Formulary	Non FDA Exclusion
KEYLOSA TABLET ORAL	Non-Formulary	Non FDA Exclusion
LIVITA ADULTS LIQUID ORAL	Non-Formulary	Non FDA Exclusion
LYSIPLEX PLUS TABLET ORAL	Non-Formulary	Formulary Exclusion
MENATROL CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
multipro capsule oral	Non-Formulary	Non FDA Exclusion
neovite tablet oral	Non-Formulary	Formulary Exclusion
NICADAN TABLET ORAL	Non-Formulary	Formulary Exclusion
NICAZEL FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
NICAZEL TABLET ORAL	Non-Formulary	Formulary Exclusion
NUTRICAP TABLET ORAL	Non-Formulary	Formulary Exclusion
NUTRIFAC ZX TABLET ORAL	Non-Formulary	Formulary Exclusion
OCUVEL CAPSULE ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
onevite tablet oral	Non-Formulary	Formulary Exclusion
profola tablet oral	Non-Formulary	Non FDA Exclusion
REMEDIENT CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
REQ 49+ TABLET ORAL	Non-Formulary	Formulary Exclusion
SIDEROL TABLET ORAL	Non-Formulary	Non FDA Exclusion
STROVITE FORTE SYRUP ORAL	Non-Formulary	Formulary Exclusion
STROVITE FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
STROVITE ONE TABLET ORAL	Non-Formulary	Formulary Exclusion
support liquid oral (rx)	Non-Formulary	Non FDA Exclusion
thrivite 19 tablet oral	Non-Formulary	Formulary Exclusion
UDAMIN SP TABLET ORAL	Non-Formulary	Formulary Exclusion
v-c forte capsule oral	Non-Formulary	Formulary Exclusion
VENEXA FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENEXA TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENTRIXYL FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VENTRIXYL TABLET ORAL	Non-Formulary	Non FDA Exclusion
VIC-FORTE CAPSULE ORAL	Non-Formulary	Formulary Exclusion
VITA S FORTE TABLET ORAL	Non-Formulary	Formulary Exclusion
VITACEL TABLET ORAL	Non-Formulary	Formulary Exclusion
VITAROCA PLUS TABLET ORAL	Non-Formulary	Formulary Exclusion
VITRAMYN TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITRANOL FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITRANOL TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXATE FE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXATE TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXYL + IRON TABLET ORAL	Non-Formulary	Non FDA Exclusion
VITREXYL TABLET ORAL	Non-Formulary	Non FDA Exclusion
wellfola tablet oral	Non-Formulary	Non FDA Exclusion
zyvana capsule oral	Non-Formulary	Non FDA Exclusion
Multivitamins		
AMLADEX TABLET ORAL	Non-Formulary	Non FDA Exclusion
DAVIMET-M TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion
DERMACINRX DAVIMET TABLET CHEWABLE ORAL	Non-Formulary	Non FDA Exclusion
FOLCYTEINE TABLET ORAL	Non-Formulary	Non FDA Exclusion
GENICIN VITA-Q TABLET ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
INFUVITE ADULT INJECTABLE INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
INFUVITE ADULT INJECTABLE INTRAVENOUS	Non-Formulary	Medical Only Exclusion
novite capsule oral	Non-Formulary	Non FDA Exclusion
VITLIPID N ADULT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Niacinamide W/ Zinc-Copper & Folic Acid*		
NICOMIDE TABLET 750-27-2-0.5 MG ORAL	Non-Formulary	Formulary Exclusion
nicotinamide tablet 750-27-2-0.5 mg oral	Non-Formulary	Non FDA Exclusion
Ped Multi Vitamins W/Fl & Fe*		
multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (RX)	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
Ped Multiple Vitamins W/ Minerals*		
LIVITA CHILDREN LIQUID ORAL	Non-Formulary	Non FDA Exclusion
Ped Mv W/ Fluoride*		
DAVIMET-FLUORIDE TABLET CHEWABLE 0.75 MG ORAL	Non-Formulary	Non FDA Exclusion
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.25 mg oral	Non-Formulary	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	Non-Formulary	Formulary Exclusion
multivitamin w/fluoride tablet chewable 0.5 mg oral	Non-Formulary	Non FDA Exclusion
multivitamin w/fluoride tablet chewable 1 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
multivitamin w/fluoride tablet chewable 1 mg oral	Non-Formulary	Non FDA Exclusion
multi-vitamin/fluoride solution 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
multi-vitamin/fluoride solution 0.5 mg/ml oral	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Non-Formulary	MONY Code; Formulary Exclusion
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Non-Formulary	MONY Code; Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	Non-Formulary	Formulary Exclusion
multivitamin/fluoride tablet chewable 1 mg oral (rx)	Non-Formulary	MONY Code; Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
MULTI-VIT-FLOR TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA GUMMIES TABLET CHEWABLE 0.125 MG ORAL	Non-Formulary	Formulary Exclusion
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL	Non-Formulary	MONY Code; Formulary Exclusion
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL	Non-Formulary	MONY Code; Formulary Exclusion
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	Non-Formulary	MONY Code; Formulary Exclusion

Drug Name	Tier	Notes
Ped Vitamins Acd & Fa W/ Fluoride*		
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Non-Formulary	Formulary Exclusion
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL	Non-Formulary	Formulary Exclusion
tri-vi-floro suspension 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
tri-vi-floro suspension 0.5 mg/ml oral	Non-Formulary	Formulary Exclusion
Ped Vitamins Acd W/ Fluoride*		
adc/f (0.5mg/ml) solution 0.5 mg/ml oral	Non-Formulary	Formulary Exclusion
tri-vite/fluoride solution 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
tri-vite/fluoride solution 0.5 mg/ml oral	Non-Formulary	Formulary Exclusion
vitamins acd-fluoride solution 0.25 mg/ml oral	Non-Formulary	Formulary Exclusion
Pediatric Multiple Vitamins & Minerals W/ Fluoride*		
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	Non-Formulary	Formulary Exclusion
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
FLORIVA TABLET CHEWABLE 1 MG ORAL	Non-Formulary	Formulary Exclusion
Pediatric Multiple Vitamins*		
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
VITALIPID N INFANT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VITLIPID N INFANT EMULSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Prenatal Mv & Min W/Fe-Fa*		
azesco tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
jenliva prenatal/postnatal capsule 1 mg oral	Non-Formulary	Non FDA Exclusion
m-natal plus tablet 27-1 mg oral	Non-Formulary	Non FDA Exclusion
multi-mac tablet 15-0.75-1 mg oral	Non-Formulary	Non FDA Exclusion
natal pnv tablet 6-0.5 mg oral	Non-Formulary	Non FDA Exclusion
NEONATAL PLUS TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
pnv tabs 20-1 tablet 20-1 mg oral	Non-Formulary	Non FDA Exclusion
pregenna tablet 20-1 mg oral	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
prenara capsule 15-1 mg oral	Non-Formulary	Non FDA Exclusion
PRENATRIX TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
PRENATRYL TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
trinaz tablet 12-1 mg oral	Non-Formulary	Non FDA Exclusion
VITATHELY WITH GINGER TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
zalvit tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
ziphex tablet 13-1 mg oral	Non-Formulary	Non FDA Exclusion
Prenatal Mv & Min W/Fe-Fa-Dha*		
pregen dha capsule 28-1-35 mg oral	Non-Formulary	Non FDA Exclusion
TRISTART FREE CAPSULE 33-1 MG ORAL	Non-Formulary	Non FDA Exclusion
Specialty Vitamins Products*		
nitrivia capsule oral	Non-Formulary	Non FDA Exclusion
pro hers rx capsule oral	Non-Formulary	Non FDA Exclusion
pro his rx capsule oral	Non-Formulary	Non FDA Exclusion
pro pcos rx capsule oral	Non-Formulary	Non FDA Exclusion
urosex tablet oral	Non-Formulary	Non FDA Exclusion
Vitamins A & D*		
cod liver oil oil oral (rx)	Non-Formulary	Formulary Exclusion
MUSCULOSKELETAL THERAPY AGENTS		
Articular Cartilage Repair Therapy*		
MACI SHEET INTRA-ARTICULAR	Non-Formulary	Medical Only Exclusion
Central Muscle Relaxants*		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion
baclofen solution 10 mg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 10 mg/5ml oral	3	
baclofen solution 20000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 20000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion; MONY Code
baclofen solution 40 mg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 40000 mcg/20ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen solution 5 mg/5ml oral	3	

Drug Name	Tier	Notes
baclofen solution prefilled syringe 50 mcg/ml intrathecal	Non-Formulary	Medical Only Exclusion
baclofen suspension 25 mg/5ml oral	Non-Formulary	
baclofen suspension 25 mg/5ml oral	Non-Formulary	MONY code issue
baclofen tablet 10 mg oral	1	
baclofen tablet 15 mg oral	Non-Formulary	Formulary Exclusion
baclofen tablet 20 mg oral	1	
baclofen tablet 5 mg oral	1	
baclofen tablet 5 mg oral	1	MONY Code
carisoprodol tablet 250 mg oral	Non-Formulary	Formulary Exclusion
carisoprodol tablet 350 mg oral	Non-Formulary	Formulary Exclusion
chlorzoxazone tablet 250 mg oral	Non-Formulary	
chlorzoxazone tablet 250 mg oral	Non-Formulary	MONY Code
chlorzoxazone tablet 375 mg oral	Non-Formulary	
chlorzoxazone tablet 500 mg oral	1	
chlorzoxazone tablet 500 mg oral	1	MONY Code
chlorzoxazone tablet 750 mg oral	Non-Formulary	
cyclobenzaprine hcl er capsule extended release 24 hour 15 mg oral	Non-Formulary	
cyclobenzaprine hcl er capsule extended release 24 hour 30 mg oral	Non-Formulary	
cyclobenzaprine hcl tablet 10 mg oral	1	
cyclobenzaprine hcl tablet 5 mg oral	1	
cyclobenzaprine hcl tablet 7.5 mg oral	1	
CYCLOPHENE RAPIDPAQ CREAM 5 % TRANSDERMAL	Non-Formulary	Non FDA Exclusion
enovarx-cyclobenzaprine hcl cream 20 mg/gm transdermal	Non-Formulary	Non FDA Exclusion
FEXMID TABLET 7.5 MG ORAL	1	
FIRST-BACLOFEN SUSPENSION 1 MG/ML ORAL	3	
FIRST-BACLOFEN SUSPENSION 5 MG/ML ORAL	3	
FLEQSUVY SUSPENSION 25 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 10000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 20000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 40000 MCG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
GABLOFEN SOLUTION PREFILLED SYRINGE 50 MCG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 0.05 MG/ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 10 MG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 10 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LIORESAL SOLUTION 40 MG/20ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
LORZONE TABLET 375 MG ORAL	Non-Formulary	
LORZONE TABLET 750 MG ORAL	Non-Formulary	
LYVISPAH PACKET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LYVISPAH PACKET 20 MG ORAL	Non-Formulary	Formulary Exclusion
LYVISPAH PACKET 5 MG ORAL	Non-Formulary	Formulary Exclusion
metaxalone tablet 400 mg oral	1	
metaxalone tablet 400 mg oral	1	MONY Code
metaxalone tablet 800 mg oral	1	
methocarbamol solution 1000 mg/10ml injection	Non-Formulary	Medical Only Exclusion
methocarbamol tablet 1000 mg oral	Non-Formulary	Formulary Exclusion
methocarbamol tablet 500 mg oral	1	
methocarbamol tablet 750 mg oral	1	
orphenadrine citrate er tablet extended release 12 hour 100 mg oral	1	
orphenadrine citrate solution 30 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
orphenadrine citrate solution 30 mg/ml injection	Non-Formulary	Medical Only Exclusion
OZOBAX SOLUTION 5 MG/5ML ORAL	3	

Drug Name	Tier	Notes
ROBAXIN SOLUTION 1000 MG/10ML INJECTION	Non-Formulary	Medical Only Exclusion
ROBAXIN-750 TABLET 750 MG ORAL	Non-Formulary	Formulary Exclusion
SKELAXIN TABLET 800 MG ORAL	Non-Formulary	Formulary Exclusion
SOMA TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
SOMA TABLET 350 MG ORAL	Non-Formulary	Formulary Exclusion
TABRADOL FUSEPAQ SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
TABRADOL RAPIDPAQ SUSPENSION 1 MG/ML ORAL	Non-Formulary	Non FDA Exclusion
tizanidine hcl capsule 2 mg oral	1	
tizanidine hcl capsule 4 mg oral	1	
tizanidine hcl capsule 6 mg oral	1	
tizanidine hcl tablet 2 mg oral	1	
tizanidine hcl tablet 4 mg oral	1	
VANADOM TABLET 350 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 2 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 4 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX CAPSULE 6 MG ORAL	Non-Formulary	Formulary Exclusion
ZANAFLEX TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
Direct Muscle Relaxants*		
DANTRIUM CAPSULE 25 MG ORAL	Non-Formulary	Formulary Exclusion
DANTRIUM CAPSULE 50 MG ORAL	Non-Formulary	Formulary Exclusion
DANTRIUM SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
dantrolene sodium capsule 100 mg oral	1	
dantrolene sodium capsule 25 mg oral	1	
dantrolene sodium capsule 50 mg oral	1	
dantrolene sodium solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion
REVONTO SOLUTION RECONSTITUTED 20 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RYANODEX SUSPENSION RECONSTITUTED 250 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Muscle Relaxant Combinations*		
carisoprodol-aspirin-codeine tablet 200-325-16 mg oral	Non-Formulary	MONY Code; Formulary Exclusion

Drug Name	Tier	Notes
cyclo/gaba 10/300 therapy pack 10-300 mg oral	Non-Formulary	Non FDA Exclusion
CYCLOPAK THERAPY PACK 5 & 2.5-2.5 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
METAXALL CP KIT 800 & 0.025 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
norgesic forte tablet 50-770-60 mg oral	Non-Formulary	Formulary Exclusion
NORGESIC TABLET 25-385-30 MG ORAL	Non-Formulary	
orphenadrine-asa-caffeine tablet 50-770-60 mg oral	Non-Formulary	
orphenadrine-aspirin-caffeine tablet 25-385-30 mg oral	Non-Formulary	
ORPHENGESIC FORTE TABLET 50-770-60 MG ORAL	Non-Formulary	
Muscle Relaxant-Liniments Combinations*		
NOPIOID-LMC KIT THERAPY PACK 7.5 & 4-4 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Viscosupplement Combinations*		
HYRONAN KIT 1 & 2 % INJECTION	Non-Formulary	Non FDA Exclusion
Viscosupplements*		
DUROLANE PREFILLED SYRINGE 60 MG/3ML INTRA-ARTICULAR	2	PA; QL with criteria
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	2	PA; QL with criteria
GEL-ONE PREFILLED SYRINGE 30 MG/3ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
GELSYN-3 SOLUTION PREFILLED SYRINGE 16.8 MG/2ML INTRA-ARTICULAR	2	PA; QL with criteria
GENVISC 850 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYALGAN SOLUTION 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYALGAN SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
HYMOVIS SOLUTION PREFILLED SYRINGE 24 MG/3ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria

Drug Name	Tier	Notes
MONOVISC SOLUTION PREFILLED SYRINGE 88 MG/4ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
ORTHOVISC SOLUTION PREFILLED SYRINGE 30 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
SUPARTZ FX SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	2	PA; QL with criteria
SYNOJOYNT SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
SYNVISC ONE SOLUTION PREFILLED SYRINGE 48 MG/6ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
SYNVISC SOLUTION PREFILLED SYRINGE 16 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
TRILURON SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
TRIVISC SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
VISCO-3 SOLUTION PREFILLED SYRINGE 25 MG/2.5ML INTRA-ARTICULAR	Non-Formulary	PA; Formulary Exclusion; QL with criteria
NASAL AGENTS - SYSTEMIC AND TOPICAL		
****Antihistamine-Steroid******		
azelastine-fluticasone suspension 137-50 mcg/act nasal	1	
DERMACINRX AZENASE PAK THERAPY PACK 137 & 50 MCG/ACT NASAL	Non-Formulary	Non FDA Exclusion
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	Non-Formulary	Formulary Exclusion
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL	Non-Formulary	Formulary Exclusion
****Nasal Anesthetics******		
cocaine hcl solution 40 mg/ml nasal	Non-Formulary	Medical Only Exclusion
goprelto solution 40 mg/ml nasal	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
NUMBRINO SOLUTION 40 MG/ML NASAL	Non-Formulary	Medical Only Exclusion
Nasal Anticholinergics*		
ipratropium bromide solution 0.03 % nasal	1	
ipratropium bromide solution 0.06 % nasal	1	
Nasal Antihistamines*		
azelastine hcl solution 0.1 % nasal	1	
azelastine hcl solution 0.15 % nasal	1	
azelastine hcl solution 137 mcg/spray nasal	1	
olopatadine hcl solution 0.6 % nasal	1	
PATANASE SOLUTION 0.6 % NASAL	Non-Formulary	Formulary Exclusion
Nasal Steroids*		
BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	3	
flunisolide solution 25 mcg/act (0.025%) nasal	1	
flunisolide solution 25 mcg/act (0.025%) nasal	1	MONY code issue
fluticasone propionate suspension 50 mcg/act nasal (rx)	1	
mometasone furoate suspension 50 mcg/act nasal (rx)	1	
NASONEX SUSPENSION 50 MCG/ACT NASAL	Non-Formulary	Formulary Exclusion
OMNARIS SUSPENSION 50 MCG/ACT NASAL	3	
PROPEL IMPLANT 370 MCG NASAL	Non-Formulary	Medical Only Exclusion
PROPEL MINI IMPLANT 370 MCG NASAL	Non-Formulary	Medical Only Exclusion
PROPEL MINI SDS IMPLANT 370 MCG NASAL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	3	
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	3	
SINUVA IMPLANT 1350 MCG NASAL	Non-Formulary	Medical Only Exclusion
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL	3	PA
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	3	

Drug Name	Tier	Notes
Topical Decongestants*		
ADRENALIN SOLUTION 0.1 % NASAL	Non-Formulary	Non FDA Exclusion
epinephrine hcl (nasal) solution 0.1 % nasal	Non-Formulary	Non FDA Exclusion
NEUROMUSCULAR AGENTS		
Als Agent Combinations*		
RELYVRIO PACKET 3-1 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
Als Agents - Antisense Oligonucleotides*		
QALSODY SOLUTION 100 MG/15ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
Benzathiazoles*		
RILUTEK TABLET 50 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
riluzole tablet 50 mg oral	Tier 4	PA; Specialty
Depolarizing Muscle Relaxants*		
ANECTINE SOLUTION 20 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
QUELICIN SOLUTION 20 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	Non-Formulary	Medical Only Exclusion
succinylcholine chloride solution 20 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 100 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 140 mg/7ml injection	Non-Formulary	Non FDA Exclusion
succinylcholine chloride solution prefilled syringe 140 mg/7ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
succinylcholine chloride solution prefilled syringe 200 mg/10ml injection	Non-Formulary	Non FDA Exclusion
succinylcholine chloride solution prefilled syringe 200 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
Muscular Dystrophy - Gene Therapy Agents*		
amondys 45 solution 100 mg/2ml intravenous	Non-Formulary	Insufficient Evidence
ELEVIDYS 10.0-10.4 KG KIT 10 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 10.5-11.4 KG KIT 11 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 11.5-12.4 KG KIT 12 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 12.5-13.4 KG KIT 13 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 13.5-14.4 KG KIT 14 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 14.5-15.4 KG KIT 15 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 15.5-16.4 KG KIT 16 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 16.5-17.4 KG KIT 17 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 17.5-18.4 KG KIT 18 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 18.5-19.4 KG KIT 19 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 19.5-20.4 KG KIT 20 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 20.5-21.4 KG KIT 21 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 21.5-22.4 KG KIT 22 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 22.5-23.4 KG KIT 23 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 23.5-24.4 KG KIT 24 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 24.5-25.4 KG KIT 25 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 25.5-26.4 KG KIT 26 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 26.5-27.4 KG KIT 27 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 27.5-28.4 KG KIT 28 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence

Drug Name	Tier	Notes
ELEVIDYS 28.5-29.4 KG KIT 29 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 29.5-30.4 KG KIT 30 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 30.5-31.4 KG KIT 31 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 31.5-32.4 KG KIT 32 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 32.5-33.4 KG KIT 33 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 33.5-34.4 KG KIT 34 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 34.5-35.4 KG KIT 35 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 35.5-36.4 KG KIT 36 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 36.5-37.4 KG KIT 37 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 37.5-38.4 KG KIT 38 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 38.5-39.4 KG KIT 39 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 39.5-40.4 KG KIT 40 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 40.5-41.4 KG KIT 41 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 41.5-42.4 KG KIT 42 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 42.5-43.4 KG KIT 43 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 43.5-44.4 KG KIT 44 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 44.5-45.4 KG KIT 45 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 45.5-46.4 KG KIT 46 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 46.5-47.4 KG KIT 47 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 47.5-48.4 KG KIT 48 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 48.5-49.4 KG KIT 49 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence

Drug Name	Tier	Notes
ELEVIDYS 49.5-50.4 KG KIT 50 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 50.5-51.4 KG KIT 51 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 51.5-52.4 KG KIT 52 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 52.5-53.4 KG KIT 53 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 53.5-54.4 KG KIT 54 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 54.5-55.4 KG KIT 55 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 55.5-56.4 KG KIT 56 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 56.5-57.4 KG KIT 57 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 57.5-58.4 KG KIT 58 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 58.5-59.4 KG KIT 59 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 59.5-60.4 KG KIT 60 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 60.5-61.4 KG KIT 61 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 61.5-62.4 KG KIT 62 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 62.5-63.4 KG KIT 63 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 63.5-64.4 KG KIT 64 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 64.5-65.4 KG KIT 65 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 65.5-66.4 KG KIT 66 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 66.5-67.4 KG KIT 67 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 67.5-68.4 KG KIT 68 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 68.5-69.4 KG KIT 69 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ELEVIDYS 69.5 KG PLUS KIT 70 X 10 ML INTRAVENOUS	Non-Formulary	Insufficient Evidence

Drug Name	Tier	Notes
EXONDYS 51 SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
EXONDYS 51 SOLUTION 500 MG/10ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
VILTEPSO SOLUTION 250 MG/5ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
VYONDYS 53 SOLUTION 100 MG/2ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
Nondepolarizing Muscle Relaxants*		
atracurium besylate solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
atracurium besylate solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate (pf) solution 10 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate (pf) solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
cisatracurium besylate solution 20 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
NIMBEX SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NIMBEX SOLUTION 20 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NIMBEX SOLUTION 200 MG/20ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution 100 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution 50 mg/5ml intravenous	Non-Formulary	Medical Only Exclusion
rocuronium bromide solution prefilled syringe 100 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 50 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
rocuronium bromide solution prefilled syringe 75 mg/7.5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide solution prefilled syringe 10 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vecuronium bromide solution reconstituted 10 mg intravenous	Non-Formulary	Medical Only Exclusion
vecuronium bromide solution reconstituted 20 mg intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Spinal Muscular Atrophy-Antisense Oligonucleotides*		
SPINRAZA SOLUTION 12 MG/5ML INTRATHECAL	Non-Formulary	Medical Only Exclusion
Spinal Muscular Atrophy-Gene Therapy Agents*		
ZOLGENSMA 20.6-21.0 KG KIT 14X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG KIT 7X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG KIT 2X5.5ML & 6X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.1-11.5 KG KIT 1X5.5ML & 7X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG KIT 8X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG KIT 2X5.5ML & 7X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.6-13.0 KG KIT 1X5.5ML & 8X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG KIT 9X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 13.6-14.0 KG KIT 2X5.5ML & 8X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG KIT 1X5.5ML & 9X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG KIT 10X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG KIT 2X5.5ML & 9X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG KIT 1X5.5ML & 10X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG KIT 11X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG KIT 2X5.5ML & 10X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG KIT 1X5.5ML & 11X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 17.6-18.0 KG KIT 12X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ZOLGENSMA 18.1-18.5 KG KIT 2X5.5ML & 11X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG KIT 1X5.5ML & 12X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG KIT 13X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG KIT 2X5.5ML & 12X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG KIT 2X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG KIT 1X5.5ML & 13X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG KIT 2X5.5ML & 1X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 3.6-4.0 KG KIT 1X5.5ML & 2X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.1-4.5 KG KIT 3X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG KIT 2X5.5ML & 2X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG KIT 1X5.5ML & 3X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.6-6.0 KG KIT 4X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG KIT 2X5.5ML & 3X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.6-7.0 KG KIT 1X5.5ML & 4X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG KIT 5X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 7.6-8.0 KG KIT 2X5.5ML & 4X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG KIT 1X5.5ML & 5X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG KIT 6X8.3 ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG KIT 2X5.5ML & 5X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG KIT 1X5.5ML & 6X8.3ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
NUTRIENTS		
****Amino Acid Mixtures******		
amino acid infusion in d10w solution 2.5 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid infusion in d10w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid infusion in d10w solution 4 % intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
amino acid solution 5 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d10w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d10w solution 4 % intravenous	Non-Formulary	Non FDA Exclusion
amino acid-calcium-hep in d5w solution 3 % intravenous	Non-Formulary	Non FDA Exclusion
AMINOAMRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AMINOPROTECT SOLUTION 5 % INTRAVENOUS	Non-Formulary	Non FDA Exclusion
AMINORELIEFRMS CAPSULE ORAL	Non-Formulary	Non FDA Exclusion
AMINOSYN II SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN II SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF 7% SOLUTION 7 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF SOLUTION 7 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5) SOLUTION 2.75 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
clinimix e/dextrose (8/10) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
clinimix e/dextrose (8/14) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5) SOLUTION 4.25 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20) SOLUTION 5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (6/5) solution 6 % intravenous	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (8/10) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
clinimix/dextrose (8/14) solution 8 % intravenous	Non-Formulary	Medical Only Exclusion
CLINISOL SF SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FREAMINE III SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PLENAMINE SOLUTION 15 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREMASOL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROCALAMINE SOLUTION 3 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROSOL SOLUTION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TRAVASOL SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TROPHAMINE SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Amino Acids-Single*		
arginine hcl solution 6 gm/30ml injection	Non-Formulary	Non FDA Exclusion
ELCYS SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
glutathione solution 200 mg/ml injection	Non-Formulary	Non FDA Exclusion
glutathione solution 6 gm/30ml injection	Non-Formulary	Non FDA Exclusion
glutathione solution 6 gm/30ml intravenous	Non-Formulary	Non FDA Exclusion
glycine solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
lysine hcl solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion
NEOKE ALCAR POWDER ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
taurine solution 50 mg/ml injection	Non-Formulary	Non FDA Exclusion
Carbohydrates*		
dextrose solution 10 % intravenous	1	
dextrose solution 20 % intravenous	3	
dextrose solution 250 mg/ml intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 250 mg/ml intravenous	2	
dextrose solution 30 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 40 % intravenous	3	
dextrose solution 5 % intravenous	1	
dextrose solution 50 % intravenous	1	
dextrose solution 50 % intravenous	Non-Formulary	Non FDA Exclusion
dextrose solution 70 % intravenous	1	
Lipids*		
CLINOLIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INTRALIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
INTRALIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
INTRALIPID EMULSION 30 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NEOKE MCT70 POWDER 70 GM/100GM ORAL (RX)	Non-Formulary	Non FDA Exclusion
NUTRILIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY Code
OMEGAVEN EMULSION 10 GM/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMEGAVEN EMULSION 5 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SMOFLIPID EMULSION 20 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Lipotropic Combinations*		
lecithin granules oral (rx)	Non-Formulary	Non FDA Exclusion
lipo solution 50-50-25 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
lipo-c solution intramuscular	Non-Formulary	Non FDA Exclusion
mic-l-carnitine solution 25-50-50-50 mg/ml injection	Non-Formulary	Non FDA Exclusion
Misc. Nutritional Substances*		
ALTEMIA EMULSION ORAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
CYTOTINE POWDER ORAL	Non-Formulary	Non FDA Exclusion
Protein Combinations*		
tri-amino solution 100-100-100 mg/ml injection	Non-Formulary	Non FDA Exclusion
Protein-Carbohydrate-Lipid With Electrolyte Combinations*		
KABIVEN EMULSION 3.3-9.8-3.9-0.7 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PERIKABIVEN EMULSION 2.4-6.8-3.5-0.5 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OPHTHALMIC AGENTS		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb*		
brimonidine-dorzolamide solution 0.15-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	2	
Artificial Tear Inserts*		
LACRISERT INSERT 5 MG OPHTHALMIC	Non-Formulary	Formulary Exclusion
Beta-Blockers - Ophthalmic Combinations*		
brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic	1	
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
COSOPT PF SOLUTION 2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
COSOPT SOLUTION 2-0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic	1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	1	
dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
latanoprost-timolol maleate solution 0.005-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-brimon-dorzol-latanopr solution 0.5-0.15-2 -0.005% ophthalmic	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
timolol-brimonidine-dorzolamid solution 0.5-0.15-2 % ophthalmic	Non-Formulary	Non FDA Exclusion
timolol-dorzolamid-latanoprost solution 0.5-0.15-0.005 % ophthalmic	Non-Formulary	Non FDA Exclusion
Beta-Blockers - Ophthalmic*		
betaxolol hcl solution 0.5 % ophthalmic	1	
betaxolol hcl solution 0.5 % ophthalmic	1	MONY CODE ISSUE
BETIMOL SOLUTION 0.25 % OPHTHALMIC	3	
BETIMOL SOLUTION 0.5 % OPHTHALMIC	3	
BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC	3	
carteolol hcl solution 1 % ophthalmic	1	MONY Code
ISTALOL SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
levobunolol hcl solution 0.5 % ophthalmic	1	MONY Code
timolol maleate (once-daily) solution 0.5 % ophthalmic	1	
timolol maleate gel forming solution 0.25 % ophthalmic	1	
timolol maleate gel forming solution 0.25 % ophthalmic	1	MONY Code
timolol maleate gel forming solution 0.5 % ophthalmic	1	
timolol maleate gel forming solution 0.5 % ophthalmic	1	MONY Code Issue
timolol maleate gel forming solution 0.5 % ophthalmic	1	MONY Code
TIMOLOL MALEATE OCUDOSE SOLUTION 0.5 % OPHTHALMIC	1	
timolol maleate pf solution 0.25 % ophthalmic	1	
timolol maleate pf solution 0.5 % ophthalmic	1	
timolol maleate solution 0.25 % ophthalmic	1	
timolol maleate solution 0.5 % ophthalmic	1	
TIMOPTIC OCUDOSE SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC OCUDOSE SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
TIMOPTIC SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC-XE GEL FORMING SOLUTION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TIMOPTIC-XE GEL FORMING SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Cholinergic Agonists*		
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	Non-Formulary	Formulary Exclusion
Cycloplegic Mydriatic Combinations*		
CYCLOMYDRIL SOLUTION 0.2-1 % OPHTHALMIC	3	
tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropicamide-phenylephrine solution 1-2.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution 1-1-10-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution 1-1-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-10-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclopent-pe-ketorolac solution prefilled syringe 1-1-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-cyclop-pe-keto-propar solution prefilled syringe ophthalmic	Non-Formulary	Non FDA Exclusion
tropic-proparaca-pe-ketorolac solution 1-0.5-2.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
Cycloplegic Mydriatics*		
ALTAFRIN SOLUTION 10 % OPHTHALMIC	1	
ALTAFRIN SOLUTION 2.5 % OPHTHALMIC	1	
atropine sulfate ointment 1 % ophthalmic	Non-Formulary	MONY code issue; Formulary Exclusion
atropine sulfate ointment 1 % ophthalmic	Non-Formulary	MONY Code; Formulary Exclusion
atropine sulfate solution 0.01 % ophthalmic	Non-Formulary	Non FDA Exclusion
atropine sulfate solution 0.025 % ophthalmic	Non-Formulary	Non FDA Exclusion
atropine sulfate solution 0.05 % ophthalmic	Non-Formulary	Non FDA Exclusion
atropine sulfate solution 1 % ophthalmic	1	

Drug Name	Tier	Notes
atropine sulfate solution 1 % ophthalmic	3	
atropine sulfate solution 1 % ophthalmic	Non-Formulary	MONY code issue; Formulary Exclusion
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CYCLOGYL SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CYCLOGYL SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
cyclopentolate hcl solution 0.5 % ophthalmic	1	
cyclopentolate hcl solution 1 % ophthalmic	1	
cyclopentolate hcl solution 2 % ophthalmic	1	
HOMATROPAIRE SOLUTION 5 % OPHTHALMIC	Non-Formulary	MONY Code; Formulary Exclusion
ISOPTO ATROPINE SOLUTION 1 % OPHTHALMIC	3	
MYDRIACYL SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
phenylephrine hcl solution 10 % ophthalmic	1	
phenylephrine hcl solution 2.5 % ophthalmic	1	
phenylephrine hcl solution prefilled syringe 1.5 % intraocular	Non-Formulary	Non FDA Exclusion
tropicamide solution 0.5 % ophthalmic	Non-Formulary	Formulary Exclusion
tropicamide solution 1 % ophthalmic	Non-Formulary	Formulary Exclusion
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag		
XIIDRA SOLUTION 5 % OPHTHALMIC	2	
Miotics - Direct Acting		
ISOPTO CARPINE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ISOPTO CARPINE SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ISOPTO CARPINE SOLUTION 4 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
MIOCHOL-E SOLUTION RECONSTITUTED 20 MG INTRAOCULAR	Non-Formulary	Medical Only Exclusion
MIOSTAT SOLUTION 0.01 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
pilocarpine hcl solution 1 % ophthalmic	1	

Drug Name	Tier	Notes
pilocarpine hcl solution 2 % ophthalmic	1	
pilocarpine hcl solution 4 % ophthalmic	1	
VUITY SOLUTION 1.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion; QL
Ophthalmic - Multiple Receptor Angiogenesis Inhibitors*		
VABYSMO SOLUTION 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Adrenergic Agents*		
epinephrine hcl solution prefilled syringe 1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
Ophthalmic Antiallergic*		
ALOCRIL SOLUTION 2 % OPHTHALMIC	3	
ALOMIDE SOLUTION 0.1 % OPHTHALMIC	3	
azelastine hcl solution 0.05 % ophthalmic	1	
bepotastine besilate solution 1.5 % ophthalmic	1	
BEPREVE SOLUTION 1.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
cromolyn sodium solution 4 % ophthalmic	1	
cromolyn sodium solution 4 % ophthalmic	1	MONY CODE ISSUE
epinastine hcl solution 0.05 % ophthalmic	1	
LASTACAFT SOLUTION 0.25 % OPHTHALMIC (RX)	3	
olopatadine hcl solution 0.1 % ophthalmic (rx)	1	
olopatadine hcl solution 0.2 % ophthalmic (rx)	1	
PAZEO SOLUTION 0.7 % OPHTHALMIC	2	
ZERVIATE SOLUTION 0.24 % OPHTHALMIC	3	
Ophthalmic Antibiotics*		
AZASITE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
bacitracin ointment 500 unit/gm ophthalmic	2	
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC	2	
CILOXAN OINTMENT 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
CILOXAN SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl solution 0.3 % ophthalmic	1	
erythromycin ointment 5 mg/gm ophthalmic	1	

Drug Name	Tier	Notes
erythromycin ointment 5 mg/gm ophthalmic	2	
gatifloxacin solution 0.5 % ophthalmic	1	
GENTAK OINTMENT 0.3 % OPHTHALMIC	1	MONY Code
gentamicin sulfate solution 0.3 % ophthalmic	1	
KLARITY-A SOLUTION 1 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
levofloxacin solution 0.5 % ophthalmic	1	
levofloxacin solution 0.5 % ophthalmic	1	MONY CODE ISSUE
levofloxacin solution 1.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
mitomycin solution prefilled syringe 0.02 % intraocular	Non-Formulary	Non FDA Exclusion
mitomycin solution prefilled syringe 0.04 % intraocular	Non-Formulary	Non FDA Exclusion
MITOSOL KIT 0.2 MG OPHTHALMIC	Non-Formulary	Formulary Exclusion
MOXEZA SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
moxifloxacin hcl (2x day) solution 0.5 % ophthalmic	Non-Formulary	MONY code issue; Formulary Exclusion
moxifloxacin hcl solution 0.5 % ophthalmic	1	
moxifloxacin hcl solution 1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution 5 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution prefilled syringe 0.16 % intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution prefilled syringe 0.3 mg/0.3ml intraocular	Non-Formulary	Non FDA Exclusion
moxifloxacin hcl solution prefilled syringe 0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
OCUFLOX SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ofloxacin solution 0.3 % ophthalmic	1	
tobramycin solution 0.3 % ophthalmic	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TOBREX SOLUTION 0.3 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
vancomycin hcl solution prefilled syringe 10 mg/ml ophthalmic	Non-Formulary	Non FDA Exclusion
VIGAMOX SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ZYMAXID SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Antifungal		
NATACYN SUSPENSION 5 % OPHTHALMIC	2	
Ophthalmic Anti-Infective Combinations		
ak-poly-bac ointment 500-10000 unit/gm ophthalmic	1	
bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic	1	
moxifloxacin hcl-bss solution 1 mg/ml intravitreal	Non-Formulary	Non FDA Exclusion
neomycin-bacitracin zn-polymyx ointment 3.5-400-10000 ophthalmic	1	
neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic	1	
neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic	1	MONY Code
NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC	1	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	1	
polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic	1	
POLYTRIM SOLUTION 10000-0.1 UNIT/ML-% OPHTHALMIC	Non-Formulary	Formulary Exclusion
tobramycin-vancomycin hcl solution 1.5-5 % ophthalmic	Non-Formulary	Non FDA Exclusion
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP SOLUTION 5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
povidone-iodine solution 5 % ophthalmic	Non-Formulary	Non FDA Exclusion
Ophthalmic Antivirals		
trifluridine solution 1 % ophthalmic	1	MONY Code
ZIRGAN GEL 0.15 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Carbonic Anhydrase Inhibitors		
AZOPT SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
brinzolamide suspension 1 % ophthalmic	1	

Drug Name	Tier	Notes
dorzolamide hcl solution 2 % ophthalmic	Non-Formulary	Non FDA Exclusion
dorzolamide hcl solution 2 % ophthalmic	1	
TRUSOPT SOLUTION 2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Complement C3 Inhibitors*		
SYFOVRE SOLUTION 15 MG/0.1ML INTRAVITREAL	Non-Formulary	Insufficient Evidence
Ophthalmic Complement C5 Inhibitors*		
IZERVAY SOLUTION 2 MG/0.1ML INTRAVITREAL	Non-Formulary	Insufficient Evidence
Ophthalmic Diagnostic Products*		
ak-fluor solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
ak-fluor solution 25 % intravenous	Non-Formulary	Medical Only Exclusion
altafluor benox solution 0.25-0.4 % ophthalmic	Non-Formulary	Formulary Exclusion
BIO GLO STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; MONY CODE ISSUE
FLUCAINE SOLUTION 0.25-0.5 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
fluorescein sodium/benoxinate solution 0.3-0.4 % ophthalmic	Non-Formulary	Formulary Exclusion
fluorescein solution 10 % intravenous	Non-Formulary	Medical Only Exclusion
fluorescein-benoxinate solution 0.25-0.4 % ophthalmic	1	
FLUORESCITE SOLUTION 10 % INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLUOR-I-STRIPS A.T. STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; MONY CODE ISSUE
FLURA-SAFE SOLUTION 0.35-0.4 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
FUL-GLO STRIP 0.6 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion
FUL-GLO STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion
GLOSTRIPS STRIP 1 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; MONY Code
GREEN GLO LISSAMINE GREEN STRIP 1.5 MG OPHTHALMIC	Non-Formulary	Non FDA Exclusion; MONY Code
PAREMYD SOLUTION 1-0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
proparacaine-fluorescein solution 0.5-0.25 % ophthalmic	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Ophthalmic Ectoparasiticide		
XDEMVY SOLUTION 0.25 % OPHTHALMIC	3	PA
Ophthalmic Gene Therapy*		
LUXTURNA SUSPENSION 5000000000000 VG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
Ophthalmic Immunomodulators*		
CEQUA SOLUTION 0.09 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
cyclosporine emulsion 0.05 % ophthalmic	1	
KLARITY-C DROPS EMULSION 0.1 % OPHTHALMIC	Non-Formulary	PA; Non FDA Exclusion
RESTASIS EMULSION 0.05 % OPHTHALMIC	2	
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
VERKAZIA EMULSION 0.1 % OPHTHALMIC	Non-Formulary	PA; Formulary Exclusion
VEVYE SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Irrigation Solutions*		
balanced salt solution intraocular	Non-Formulary	Medical Only Exclusion
BSS PLUS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion; MONY Code
BSS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion
BSS SOLUTION INTRAOCULAR	Non-Formulary	Medical Only Exclusion; MONY Code
Ophthalmic Kinase Inhibitors - Combinations*		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	3	
Ophthalmic Local Anesthetic - Combinations*		
lidocaine-epinephrine solution 7.5-0.25 mg/ml intraocular	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
lidocaine-phenylephrine solution 1-1.5 % intraocular	Non-Formulary	Non FDA Exclusion
lidocaine-phenylephrine-bss solution prefilled syringe 1-1.5 % (1ml) intraocular	Non-Formulary	Non FDA Exclusion
Ophthalmic Local Anesthetics*		
AKTEN GEL 3.5 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ALCAINE SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
ALTACAINE SOLUTION 0.5 % OPHTHALMIC	1	
IHEEZO GEL 3 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
proparacaine hcl solution 0.5 % ophthalmic	Non-Formulary	Medical Only Exclusion
tetracaine hcl solution 0.5 % ophthalmic	1	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents*		
ACULAR LS SOLUTION 0.4 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ACULAR SOLUTION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ACUVAIL SOLUTION 0.45 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	Non-Formulary	Formulary Exclusion
bromfenac sodium (once-daily) solution 0.09 % ophthalmic	Non-Formulary	MONY Code; Formulary Exclusion
bromfenac sodium solution 0.07 % ophthalmic	Non-Formulary	Formulary Exclusion
bromfenac sodium solution 0.075 % ophthalmic	1	
BROMSITE SOLUTION 0.075 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
diclofenac sodium solution 0.1 % ophthalmic	1	
flurbiprofen sodium solution 0.03 % ophthalmic	1	MONY Code
ILEVRO SUSPENSION 0.3 % OPHTHALMIC	3	
ketorolac tromethamine solution 0.4 % ophthalmic	1	
ketorolac tromethamine solution 0.5 % ophthalmic	1	
NEVANAC SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
PROLENSA SOLUTION 0.07 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Photodynamic Therapy Agents*		
VISUDYNE SOLUTION RECONSTITUTED 15 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
Ophthalmic Photoenhancer Combinations		
PHOTREXA VISCOUS SOLUTION PREFILLED SYRINGE 0.146-20 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
PHOTREXA-PHOTREXA VISCOUS KIT SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 % OPHTHALMIC	Non-Formulary	Medical Only Exclusion
Ophthalmic Rho Kinase Inhibitors		
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	3	
Ophthalmic Selective Alpha Adrenergic Agonists		
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
apraclonidine hcl solution 0.5 % ophthalmic	1	
apraclonidine hcl solution 0.5 % ophthalmic	1	MONY CODE ISSUE
brimonidine tartrate solution 0.1 % ophthalmic	1	
brimonidine tartrate solution 0.15 % ophthalmic	1	
brimonidine tartrate solution 0.2 % ophthalmic	1	
IOPIDINE SOLUTION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmic Steroid Combinations		
bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic	1	
BLEPHAMIDE S.O.P. OINTMENT 10-0.2 % OPHTHALMIC	3	
BLEPHAMIDE SUSPENSION 10-0.2 % OPHTHALMIC	3	
dexamethasone-moxifloxacin solution 1-5 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
dexameth-moxiflox-ketorolac solution 1-0.5-0.4 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
double pm solution reconstituted 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC	Non-Formulary	Formulary Exclusion
MAXITROL SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MAXITROL SUSPENSION 3.5-10000-0.1 OPHTHALMIC	Non-Formulary	Formulary Exclusion
neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic	1	
neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic	Non-Formulary	Formulary Exclusion
NEO-POLYCIN HC OINTMENT 1 % OPHTHALMIC	1	
PRED-G S.O.P. OINTMENT 0.3-0.6 % OPHTHALMIC	3	
PRED-G SUSPENSION 0.3-1 % OPHTHALMIC	3	
prednisol ace-moxiflox-bromfen suspension 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acetate-nepafenac suspension 1-0.1 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acet-moxifloxacin suspension 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-bromfenac solution 1-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-bromfenac suspension 1-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-gatifloxacin suspension 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone-moxifloxacin solution 1-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-gatiflox-bromfenac solution 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-gatiflox-bromfenac suspension 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-moxiflox-bromfenac solution 1-0.5-0.075 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolon-moxiflox-nepafenac suspension 1-0.5-0.1 % ophthalmic	Non-Formulary	Non FDA Exclusion
sulfacetamide-prednisolone solution 10-0.23 % ophthalmic	1	MONY Code
TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC	3	

Drug Name	Tier	Notes
TOBRADEX SUSPENSION 0.3-0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic	1	
triamcinolone-moxifloxacin suspension 15-1 mg/ml intraocular	Non-Formulary	Non FDA Exclusion
TRIMOXI+ SUSPENSION 15-1 MG/ML INTRAOCULAR	Non-Formulary	Non FDA Exclusion
triple pmb solution reconstituted 1-0.5-0.09 % ophthalmic	Non-Formulary	Non FDA Exclusion
triple pmk solution reconstituted 1-0.5-0.5 % ophthalmic	Non-Formulary	Non FDA Exclusion
ZYLET SUSPENSION 0.5-0.3 % OPHTHALMIC	3	
Ophthalmic Steroids*		
ALREX SUSPENSION 0.2 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
dexamethasone sodium phosphate solution 0.1 % ophthalmic	1	MONY Code
DEXTENZA INSERT 0.4 MG OPHTHALMIC	Non-Formulary	Medical Only Exclusion
DEXYCU SUSPENSION 9 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
difluprednate emulsion 0.05 % ophthalmic	1	
DUREZOL EMULSION 0.05 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
EYSUVIS SUSPENSION 0.25 % OPHTHALMIC	2	QL
FLAREX SUSPENSION 0.1 % OPHTHALMIC	3	
fluorometholone suspension 0.1 % ophthalmic	1	
FML FORTE SUSPENSION 0.25 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
FML OINTMENT 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ILUVIEN IMPLANT 0.19 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
INVELTYS SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
KLARITY-L EMULSION 0.2 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
KLARITY-L EMULSION 0.5 % OPHTHALMIC	Non-Formulary	Non FDA Exclusion
LOTEMAX GEL 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
LOTEMAX OINTMENT 0.5 % OPHTHALMIC	2	
LOTEMAX SM GEL 0.38 % OPHTHALMIC	2	
LOTEMAX SUSPENSION 0.5 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
loteprednol etabonate gel 0.5 % ophthalmic	1	
loteprednol etabonate gel 0.5 % ophthalmic	1	MONY CODE ISSUE
loteprednol etabonate suspension 0.2 % ophthalmic	1	
loteprednol etabonate suspension 0.5 % ophthalmic	1	
MAXIDEX SUSPENSION 0.1 % OPHTHALMIC	3	
OZURDEX IMPLANT 0.7 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
PRED FORTE SUSPENSION 1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
prednisolone acetate p-f suspension 1 % ophthalmic	Non-Formulary	Non FDA Exclusion
prednisolone acetate suspension 1 % ophthalmic	1	MONY Code
prednisolone sodium phosphate solution 1 % ophthalmic	3	
RETISERT IMPLANT 0.59 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
TRIESENCE SUSPENSION 40 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
XIPERE SUSPENSION 40 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
YUTIQ IMPLANT 0.18 MG INTRAVITREAL	Non-Formulary	Medical Only Exclusion
Ophthalmic Sulfonamides		
BLEPH-10 SOLUTION 10 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
sulfacetamide sodium ointment 10 % ophthalmic	1	MONY Code

Drug Name	Tier	Notes
sulfacetamide sodium solution 10 % ophthalmic	1	
Ophthalmic Surgical Aids - Combinations*		
DISCOVISC SOLUTION 40-17 MG/ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA SOLUTION 1-0.3 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISCOAT SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISCOAT SOLUTION PREFILLED SYRINGE 30-22.5 MG/0.75ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
Ophthalmic Surgical Aids*		
AMVISC SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
CELLUGEL SOLUTION 2 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
GELFILM FILM OPHTHALMIC	Non-Formulary	Non FDA Exclusion
HEALON DUET PRO SOLUTION PREFILLED SYRINGE 1 & 3 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON GV PRO SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON PRO SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON PRO SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
HEALON5 PRO SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
MEMBRANEBLUE SOLUTION PREFILLED SYRINGE 0.15 % INTRAOCULAR	Non-Formulary	Formulary Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 4 MG/0.4ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
PROVISC SOLUTION PREFILLED SYRINGE 8.5 MG/0.85ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
TISSUEBLUE SOLUTION PREFILLED SYRINGE 0.025 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
TOTALVISC SOLUTION PREFILLED SYRINGE 1 & 2.5 % INTRAOCULAR	Non-Formulary	Medical Only Exclusion
VISIONBLUE SOLUTION PREFILLED SYRINGE 0.06 % INTRAOCULAR	Non-Formulary	Formulary Exclusion
Ophthalmics - Blepharoptosis Agents		
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Ophthalmics Misc. - Other*		
chondroitin sulfate solution 0.25 % ophthalmic	Non-Formulary	Non FDA Exclusion
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC	Non-Formulary	Formulary Exclusion
Prostaglandins - Ophthalmic*		
bimatoprost solution 0.03 % ophthalmic	Non-Formulary	Formulary Exclusion
bimatoprost solution 0.03 % ophthalmic	Non-Formulary	MONY Code; Formulary Exclusion
DURYSTA IMPLANT 10 MCG INTRAOCULAR	Non-Formulary	Medical Only Exclusion
IDOSE TR IMPLANT 75 MCG INTRAOCULAR	Non-Formulary	Medical Only Exclusion
IYUZEH SOLUTION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
latanoprost solution 0.005 % ophthalmic	Non-Formulary	Non FDA Exclusion
latanoprost solution 0.005 % ophthalmic	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	
tafluprost (pf) solution 0.0015 % ophthalmic	1	
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
travoprost (bak free) solution 0.004 % ophthalmic	1	
VYZULTA SOLUTION 0.024 % OPHTHALMIC	3	
XALATAN SOLUTION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
XELPROS EMULSION 0.005 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC	Non-Formulary	Formulary Exclusion
Vascular Endothelial Growth Factor (Vegf) Antagonists		
BEOVU SOLUTION 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
BEOVU SOLUTION PREFILLED SYRINGE 6 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 2 mg/0.08ml intravitreal	Non-Formulary	Medical Only Exclusion
bevacizumab solution prefilled syringe 2.5 mg/0.1ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 2.75 mg/0.11ml intraocular	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3 mg/0.12ml intravitreal	Non-Formulary	Non FDA Exclusion
bevacizumab solution prefilled syringe 3.25 mg/0.13ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
bevacizumab solution prefilled syringe 3.75 mg/0.15ml intravitreal	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
BYOOVIZ SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
CIMERLI SOLUTION 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
CIMERLI SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
EYLEA HD SOLUTION 8 MG/0.07ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
EYLEA SOLUTION 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
EYLEA SOLUTION PREFILLED SYRINGE 2 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
LUCENTIS SOLUTION 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
SUSVIMO (IMPLANT 1ST FILL) SOLUTION 10 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL) SOLUTION 10 MG/0.1ML INTRAVITREAL	Non-Formulary	Medical Only Exclusion
OTIC AGENTS		
****Otic Agents - Miscellaneous******		
acetic acid solution 2 % otic	1	
****Otic Analgesic Combinations******		
CORTIC-ND SOLUTION 10-10-1 MG/ML OTIC	Non-Formulary	Non FDA Exclusion; MONY Code
PRAMOTIC LIQUID 1-0.1 % OTIC	Non-Formulary	Non FDA Exclusion
****Otic Anti-Infectives******		
CETRAXAL SOLUTION 0.2 % OTIC	Non-Formulary	Formulary Exclusion
ciprofloxacin hcl solution 0.2 % otic	3	
ofloxacin solution 0.3 % otic	1	
OTIPRIO SUSPENSION 6 % INTRATYMPANIC	Non-Formulary	Medical Only Exclusion
****Otic Steroid-Anti-Infective Combinations******		
CIPRO HC SUSPENSION 0.2-1 % OTIC	3	
CIPRODEX SUSPENSION 0.3-0.1 % OTIC	Non-Formulary	Formulary Exclusion
ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic	1	
ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic	3	
CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	3	
neomycin-polymyxin-hc solution 1 % otic	1	

Drug Name	Tier	Notes
neomycin-polymyxin-hc solution 3.5-10000-1 otic	1	
neomycin-polymyxin-hc suspension 3.5-10000-1 otic	1	
OTOVEL SOLUTION 0.3-0.025 % OTIC	3	
Otic Steroids*		
DERMOTIC OIL 0.01 % OTIC	Non-Formulary	Formulary Exclusion
FLAC OIL 0.01 % OTIC	1	
fluocinolone acetonide oil 0.01 % otic	1	
hydrocortisone-acetic acid solution 1-2 % otic	1	
hydrocortisone-acetic acid solution 1-2 % otic	Non-Formulary	Formulary Exclusion
hydrocortisone-acetic acid solution 1-2 % otic	1	MONY CODE ISSUE
OXYTOCICS		
Abortifacient Combinations*		
MPM PAK THERAPY PACK 200-0.2-8-800 MG ORAL	Non-Formulary	Non FDA Exclusion
Abortifacients/Cervical Ripening - Prostaglandins*		
carboprost tromethamine solution 250 mcg/ml intramuscular	Non-Formulary	Medical Only Exclusion
carboprost tromethamine solution prefilled syringe 250 mcg/ml intramuscular	Non-Formulary	Medical Only Exclusion
CERVIDIL INSERT 10 MG VAGINAL	3	
HEMABATE SOLUTION 250 MCG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
PREPIDIL GEL 0.5 MG/3GM VAGINAL	Non-Formulary	Formulary Exclusion
PROSTIN E2 SUPPOSITORY 20 MG VAGINAL	Non-Formulary	Formulary Exclusion
Oxytocics*		
METHERGINE TABLET 0.2 MG ORAL	1	MONY Code
methylergonovine maleate solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
methylergonovine maleate tablet 0.2 mg oral	1	
oxytocin solution 10 unit/ml injection	Non-Formulary	Medical Only Exclusion
oxytocin-lactated ringers solution 15 unit/250ml intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-lactated ringers solution 20 unit/l intravenous	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
oxytocin-lactated ringers solution 30 unit/500ml intravenous	Non-Formulary	Formulary Exclusion
oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous	Non-Formulary	Formulary Exclusion
oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous	Non-Formulary	Non FDA Exclusion
oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous	Non-Formulary	Non FDA Exclusion
PITOCIN SOLUTION 10 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
****Antitoxins-Antivenins******		
ANASCORP SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ANAVIP SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
antivenin latrodectus mactans kit injection	Non-Formulary	Medical Only Exclusion
antivenin micrurus fulvius solution reconstituted intravenous	Non-Formulary	Medical Only Exclusion
CROFAB SOLUTION RECONSTITUTED INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Antiviral Monoclonal Antibodies******		
bamlanivimab solution 700 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
bebtelovimab solution 175 mg/2ml intravenous	Non-Formulary	Medical Only Exclusion
casirivimab solution 1332 mg/11.1ml injection	Non-Formulary	Medical Only Exclusion
casirivimab solution 300 mg/2.5ml injection	Non-Formulary	Medical Only Exclusion
etesevimab solution 700 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
imdevimab solution 1332 mg/11.1ml injection	Non-Formulary	Medical Only Exclusion
imdevimab solution 300 mg/2.5ml injection	Non-Formulary	Medical Only Exclusion
sotrovimab solution 500 mg/8ml intravenous	Non-Formulary	Medical Only Exclusion
****Bacterial Monoclonal Antibodies******		
ZINPLAVA SOLUTION 1000 MG/40ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL with criteria
****Immune Serums******		
ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS	Non-Formulary	New to Market Exclusion; Specialty
ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS	Non-Formulary	New to Market Exclusion; Specialty

Drug Name	Tier	Notes
ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS	Non-Formulary	New to Market Exclusion; Specialty
ASCENIV SOLUTION 5 GM/50ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
BABYBIG SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BIVIGAM SOLUTION 10 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
BIVIGAM SOLUTION 5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
CNJ-016 SOLUTION 50000 UNIT/VIAL INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
CYTOGAM INJECTABLE 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FLEBOGAMMA DIF SOLUTION 0.5 GM/10ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
FLEBOGAMMA DIF SOLUTION 2.5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 10 GM INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAGARD S/D LESS IGA SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 1 GM/10ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 10 GM/100ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 20 GM/200ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 30 GM/300ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAGARD SOLUTION 5 GM/50ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAKED SOLUTION 1 GM/10ML INJECTION	Benefit Exclusion	PA; Specialty; Formulary Exclusion
GAMMAKED SOLUTION 10 GM/100ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAKED SOLUTION 20 GM/200ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAKED SOLUTION 5 GM/50ML INJECTION	Benefit Exclusion	PA; Specialty
GAMMAPLEX SOLUTION 10 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAPLEX SOLUTION 20 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
GAMMAPLEX SOLUTION 20 GM/400ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMMAPLEX SOLUTION 5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 1 GM/10ML INJECTION	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 40 GM/400ML INJECTION	Benefit Exclusion	PA; Specialty
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION	Benefit Exclusion	PA; Specialty
HEPAGAM B SOLUTION 312 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty; Formulary Exclusion
HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS	Benefit Exclusion	PA; Specialty
HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
HYPERHEP B SOLUTION 220 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
HYPERHEP B SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HYPERHEP B SOLUTION PREFILLED SYRINGE 220 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
HYPERRAB SOLUTION 1500 UNIT/5ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRAB SOLUTION 300 UNIT/ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRAB SOLUTION 900 UNIT/3ML INJECTION	Non-Formulary	Medical Only Exclusion
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	3	
HYPERRHO S/D SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR	3	
HYPERTET SOLUTION PREFILLED SYRINGE 250 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
IMOGAM RABIES-HT SOLUTION 300 UNIT/2ML INJECTION	Non-Formulary	Medical Only Exclusion
kedrab solution 1500 unit/10ml injection	Non-Formulary	Medical Only Exclusion
kedrab solution 300 unit/2ml injection	Non-Formulary	Medical Only Exclusion
MICRHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 250 UNIT INTRAMUSCULAR	3	
NABI-HB SOLUTION 312 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 2.5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 30 GM/300ML INTRAVENOUS	Benefit Exclusion	PA; Specialty

Drug Name	Tier	Notes
OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
PANZYGA SOLUTION 1 GM/10ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA SOLUTION 10 GM/100ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA SOLUTION 2.5 GM/25ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA SOLUTION 20 GM/200ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA SOLUTION 30 GM/300ML INTRAVENOUS	Tier 4	PA; Specialty
PANZYGA SOLUTION 5 GM/50ML INTRAVENOUS	Tier 4	PA; Specialty
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS	Benefit Exclusion	PA; Specialty
RHOGAM ULTRA-FILTERED PLUS SOLUTION PREFILLED SYRINGE 1500 UNIT INTRAMUSCULAR	3	
RHOPHYLAC SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML INJECTION	3	
VARIZIG SOLUTION 125 UNIT/1.2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
WINRHO SDF SOLUTION 1500 UNIT/1.3ML INJECTION	3	
WINRHO SDF SOLUTION 15000 UNIT/13ML INJECTION	3	
WINRHO SDF SOLUTION 2500 UNIT/2.2ML INJECTION	3	
WINRHO SDF SOLUTION 5000 UNIT/4.4ML INJECTION	3	
XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Monoclonal Antibody - Combinations*		
EVUSHELD SOLUTION 150 & 150 MG/1.5ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION (4)300 & (4)300 MG/2.5ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION (4)300MG &1332/ 2.5&11.1ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 1332 & 1332 MG/11.1ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 1332 &(4)300MG/ 11.1&2.5ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 300 & 300 MG/2.5ML INJECTION	Non-Formulary	Medical Only Exclusion
REGEN-COV SOLUTION 600-600 MG/10ML INJECTION	Non-Formulary	Medical Only Exclusion
PENICILLINS		
Aminopenicillins*		
amoxicillin capsule 250 mg oral	1	
amoxicillin capsule 500 mg oral	1	
amoxicillin suspension reconstituted 125 mg/5ml oral	1	
amoxicillin suspension reconstituted 200 mg/5ml oral	1	
amoxicillin suspension reconstituted 250 mg/5ml oral	1	
amoxicillin suspension reconstituted 400 mg/5ml oral	1	
amoxicillin tablet 500 mg oral	1	
amoxicillin tablet 875 mg oral	1	
amoxicillin tablet chewable 125 mg oral	3	
amoxicillin tablet chewable 250 mg oral	1	MONY Code
ampicillin capsule 500 mg oral	1	
ampicillin capsule 500 mg oral	1	MONY Code

Drug Name	Tier	Notes
ampicillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 125 mg injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
ampicillin sodium solution reconstituted 250 mg injection	Non-Formulary	Medical Only Exclusion
ampicillin sodium solution reconstituted 500 mg injection	Non-Formulary	Medical Only Exclusion
Natural Penicillins*		
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR	3	
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR	3	
penicillin g pot in dextrose solution 20000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g pot in dextrose solution 40000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g pot in dextrose solution 60000 unit/ml intravenous	Non-Formulary	Medical Only Exclusion
penicillin g potassium solution reconstituted 20000000 unit injection	Non-Formulary	Medical Only Exclusion
penicillin g potassium solution reconstituted 5000000 unit injection	Non-Formulary	Medical Only Exclusion
penicillin g procaine suspension 600000 unit/ml intramuscular	Non-Formulary	Medical Only Exclusion
penicillin g sodium solution reconstituted 5000000 unit injection	Non-Formulary	Medical Only Exclusion
penicillin v potassium solution reconstituted 125 mg/5ml oral	1	MONY Code

Drug Name	Tier	Notes
penicillin v potassium solution reconstituted 250 mg/5ml oral	1	MONY Code
penicillin v potassium tablet 250 mg oral	1	
penicillin v potassium tablet 500 mg oral	1	
PFIZERPEN SOLUTION RECONSTITUTED 20000000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
PFIZERPEN SOLUTION RECONSTITUTED 5000000 UNIT INJECTION	Non-Formulary	Medical Only Exclusion
Penicillin Combinations*		
amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral	1	MONY Code
amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral	1	
amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral	1	
amoxicillin-pot clavulanate tablet 250-125 mg oral	1	
amoxicillin-pot clavulanate tablet 500-125 mg oral	1	
amoxicillin-pot clavulanate tablet 875-125 mg oral	1	
amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral	1	MONY Code
amoxicillin-pot clavulanate tablet chewable 400-57 mg oral	1	MONY Code
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous	Non-Formulary	Medical Only Exclusion
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous	Non-Formulary	Medical Only Exclusion
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	3	
AUGMENTIN SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
AUGMENTIN TABLET 500-125 MG ORAL	Non-Formulary	Formulary Exclusion
BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 13.5 (12-1.5) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 3-0.375 gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous	Non-Formulary	Medical Only Exclusion
piperacillin sod-tazobactam so solution reconstituted 4-0.5 gm intravenous	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 1.5 (1-0.5) GM INJECTION	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 15 (10-5) GM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNASYN SOLUTION RECONSTITUTED 3 (2-1) GM INJECTION	Non-Formulary	Medical Only Exclusion
ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Penicillinase-Resistant Penicillins*		
dicloxacillin sodium capsule 250 mg oral	1	
dicloxacillin sodium capsule 500 mg oral	1	
nafcillin sodium in dextrose solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium in dextrose solution 2 gm/100ml intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 1 gm intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
nafcillin sodium solution reconstituted 2 gm intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium in dextrose solution 1 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium in dextrose solution 2 gm/50ml intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 1 gm injection	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 10 gm intravenous	Non-Formulary	Medical Only Exclusion
oxacillin sodium solution reconstituted 2 gm injection	Non-Formulary	Medical Only Exclusion
PHARMACEUTICAL ADJUVANTS		
External Vehicles*		
FOAMIL LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
RHEOSPRAY LIQUID EXTERNAL	Non-Formulary	Non FDA Exclusion
TRICHOSOL SOLUTION EXTERNAL	Non-Formulary	Non FDA Exclusion
Non Gelatin Capsules (Empty)*		
non gelatin capsules (empty) capsule	Non-Formulary	Non FDA Exclusion
Oral Vehicles*		
ORAPENN SD ANHYD SWEETENED LIQUID ORAL (RX)	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
Parenteral Vehicles*		
diluent for treprostinil solution intravenous	Non-Formulary	Medical Only Exclusion
saline bacteriostatic solution 0.9 % injection	1	
saline-phenol solution 0.4-0.9 % injection	3	
sodium chloride bacteriostatic solution 0.9 % injection	1	
STERILE DILUENT FLOLAN PH 12 SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
STERILE DILUENT FOR REMODULIN SOLUTION INTRAVENOUS	Non-Formulary	Medical Only Exclusion; MONY code issue
sterile diluent/epoprostenol solution intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
sterile water for injection solution injection	1	
sterile water for injection solution injection	Non-Formulary	Non FDA Exclusion
Semi Solid Vehicles*		
AUXIPRO VANISHING CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
cream base niosomes cream external	Non-Formulary	Non FDA Exclusion
cream-heavy base niosomes cream external	Non-Formulary	Non FDA Exclusion
freedom adaptaderm cream external	Non-Formulary	Non FDA Exclusion
freedom derma serum cream external	Non-Formulary	Non FDA Exclusion
FREEDOM DERMA-D CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
FREEDOM DERMA-N CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
hormone cr heavy base niosomes cream external	Non-Formulary	Non FDA Exclusion
hormone cream base niosomes cream external	Non-Formulary	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion
multi-phasic penetrating cmpd cream external	Non-Formulary	Non FDA Exclusion
pensomal cream external	Non-Formulary	Non FDA Exclusion
PLO GEL - MEDIFLO 30 KIT EXTERNAL	Non-Formulary	Non FDA Exclusion
sa3 derm cream external	Non-Formulary	Non FDA Exclusion
salt durable cream cream external	Non-Formulary	Non FDA Exclusion
SALTSTABLE LO CREAM EXTERNAL (RX)	Non-Formulary	Non FDA Exclusion
TDC MAX CREAM EXTERNAL	Non-Formulary	Formulary Exclusion
teroderm-plus cream external	Non-Formulary	Non FDA Exclusion
VERSAPRO CREAM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PROGESTINS		
****Progestins******		
AYGESTIN TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
ec-rx progesterone cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
ec-rx progesterone cream 20 % transdermal	Non-Formulary	Non FDA Exclusion
hydroxyprogesterone caproate oil 250 mg/ml intramuscular	Non-Formulary	Non FDA Exclusion
MAKENA OIL 250 MG/ML INTRAMUSCULAR	Non-Formulary	Non FDA Exclusion
MAKENA SOLUTION AUTO-INJECTOR 275 MG/1.1ML SUBCUTANEOUS	Non-Formulary	Non FDA Exclusion
medroxyprogesterone acetate tablet 10 mg oral	1	
medroxyprogesterone acetate tablet 2.5 mg oral	1	
medroxyprogesterone acetate tablet 5 mg oral	1	
megestrol acetate suspension 625 mg/5ml oral	Non-Formulary	Formulary Exclusion
norethindrone acetate tablet 5 mg oral	1	
progesterone capsule 100 mg oral	1	
progesterone capsule 200 mg oral	1	
progesterone micronized cream 10 % transdermal	Non-Formulary	Non FDA Exclusion
progesterone oil 50 mg/ml intramuscular	1	
PROMETRIUM CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
PROMETRIUM CAPSULE 200 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 2.5 MG ORAL	Non-Formulary	Formulary Exclusion
PROVERA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
****Agents For Opioid Withdrawal******		
LUCEMYRA TABLET 0.18 MG ORAL	3	QL
****Alcohol Deterrents******		
acamprosate calcium tablet delayed release 333 mg oral	1	
ANTABUSE TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion
ANTABUSE TABLET 500 MG ORAL	Non-Formulary	Formulary Exclusion
disulfiram tablet 250 mg oral	1	
disulfiram tablet 500 mg oral	1	MONY code issue
disulfiram tablet 500 mg oral	1	

Drug Name	Tier	Notes
disulfiram tablet 500 mg oral	1	MONY Code
Alzheimer's Treatment - Anti-Amyloid Antibodies*		
ADUHELM SOLUTION 170 MG/1.7ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
ADUHELM SOLUTION 300 MG/3ML INTRAVENOUS	Non-Formulary	Insufficient Evidence
LEQEMBI SOLUTION 200 MG/2ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LEQEMBI SOLUTION 500 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Anti-Cataplectic Agents*		
LUMRYZ PACKET 4.5 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 6 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 7.5 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
LUMRYZ PACKET 9 GM ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
XYREM SOLUTION 500 MG/ML ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
Antidementia Agent Combinations*		
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG ORAL	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	3	
Antisense Oligonucleotide (Aso) Inhibitor Agents*		
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Benzodiazepines & Tricyclic Agents*		
chlordiazepoxide-amitriptyline tablet 10-25 mg oral	1	MONY Code

Drug Name	Tier	Notes
chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral	3	
Cald - Autologous Cellular Gene Therapy Agents*		
SKYSONA SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Cholinomimetics - Ache Inhibitors*		
ADLARITY PATCH WEEKLY 10 MG/DAY TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
ADLARITY PATCH WEEKLY 5 MG/DAY TRANSDERMAL	Non-Formulary	Formulary Exclusion; QL
ARICEPT TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
ARICEPT TABLET 23 MG ORAL	Non-Formulary	Formulary Exclusion
ARICEPT TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
donepezil hcl tablet 10 mg oral	1	
donepezil hcl tablet 23 mg oral	1	
donepezil hcl tablet 5 mg oral	1	
donepezil hcl tablet dispersible 10 mg oral	1	
donepezil hcl tablet dispersible 5 mg oral	1	
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
galantamine hydrobromide er capsule extended release 24 hour 16 mg oral	1	
galantamine hydrobromide er capsule extended release 24 hour 24 mg oral	1	
galantamine hydrobromide er capsule extended release 24 hour 8 mg oral	1	
galantamine hydrobromide solution 4 mg/ml oral	1	MONY Code
galantamine hydrobromide tablet 12 mg oral	1	
galantamine hydrobromide tablet 4 mg oral	1	
galantamine hydrobromide tablet 8 mg oral	1	
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 16 MG ORAL	Non-Formulary	Formulary Exclusion
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 24 MG ORAL	Non-Formulary	Formulary Exclusion
RAZADYNE ER CAPSULE EXTENDED RELEASE 24 HOUR 8 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
RAZADYNE TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
rivastigmine patch 24 hour 13.3 mg/24hr transdermal	1	
rivastigmine patch 24 hour 4.6 mg/24hr transdermal	1	
rivastigmine patch 24 hour 9.5 mg/24hr transdermal	1	
rivastigmine tartrate capsule 1.5 mg oral	1	
rivastigmine tartrate capsule 3 mg oral	1	
rivastigmine tartrate capsule 4.5 mg oral	1	
rivastigmine tartrate capsule 6 mg oral	1	
Fibromyalgia Agent - Snris*		
SAVELLA TABLET 100 MG ORAL	3	
SAVELLA TABLET 12.5 MG ORAL	3	
SAVELLA TABLET 25 MG ORAL	3	
SAVELLA TABLET 50 MG ORAL	3	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	3	
Melanocortin Receptor Agonists*		
VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS	3	PA; QL
Mld - Autologous Cellular Gene Therapy Agents*		
LENMELDY SUSPENSION INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Movement Disorder Drug Therapy*		
AUSTEDO TABLET 12 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO TABLET 6 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO TABLET 9 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	Tier 4	PA; Specialty; QL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
INGREZZA CAPSULE 40 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
INGREZZA CAPSULE 60 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
INGREZZA CAPSULE 80 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
tetrabenazine tablet 12.5 mg oral	Tier 4	PA; Specialty
tetrabenazine tablet 25 mg oral	Tier 4	PA; Specialty
XENAZINE TABLET 12.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
XENAZINE TABLET 25 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Ms Agents - Pyrimidine Synthesis Inhibitors*		
AUBAGIO TABLET 14 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
AUBAGIO TABLET 7 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
teriflunomide tablet 14 mg oral	Tier 4	PA; Specialty; QL
teriflunomide tablet 7 mg oral	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Antimetabolites*		
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
Multiple Sclerosis Agents - Interferons*		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	Tier 4	PA; Specialty; QL
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	Tier 4	PA; Specialty; QL
BETASERON KIT 0.3 MG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
EXTAVIA KIT 0.3 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR	Tier 4	PA; Specialty; QL
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	Tier 4	PA; Specialty; QL

Drug Name	Tier	Notes
Multiple Sclerosis Agents - Monoclonal Antibodies*		
BRIUMVI SOLUTION 150 MG/6ML INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	Tier 4	PA; Specialty
OCREVUS SOLUTION 300 MG/10ML INTRAVENOUS	Tier 4	PA; Specialty; QL
TYSABRI CONCENTRATE 300 MG/15ML INTRAVENOUS	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Nrf2 Pathway Activators*		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
dimethyl fumarate capsule delayed release 120 mg oral	Tier 4	PA; Specialty; QL
dimethyl fumarate capsule delayed release 240 mg oral	Tier 4	PA; Specialty; QL
dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral	Tier 4	PA; Specialty; QL
TECFIDERA CAPSULE DELAYED RELEASE 120 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TECFIDERA CAPSULE DELAYED RELEASE 240 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TECFIDERA CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents - Potassium Channel Blockers*		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
dalfampridine er tablet extended release 12 hour 10 mg oral	Tier 4	PA; Specialty; QL
Multiple Sclerosis Agents*		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL

Drug Name	Tier	Notes
glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous	Tier 4	PA; Specialty; QL
glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous	Tier 4	PA; Specialty; QL
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	Tier 4	PA; Specialty; QL
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*		
memantine hcl er capsule extended release 24 hour 14 mg oral	1	
memantine hcl er capsule extended release 24 hour 21 mg oral	1	
memantine hcl er capsule extended release 24 hour 28 mg oral	1	
memantine hcl er capsule extended release 24 hour 7 mg oral	1	
memantine hcl solution 10 mg/5ml oral	1	
memantine hcl solution 2 mg/ml oral	1	
memantine hcl tablet 10 mg oral	1	
memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral	1	
memantine hcl tablet 5 mg oral	1	
NAMENDA TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL	Non-Formulary	Formulary Exclusion
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 7 MG ORAL	Non-Formulary	Formulary Exclusion
Phenothiazines & Tricyclic Agents*		
perphenazine-amitriptyline tablet 2-10 mg oral	3	
perphenazine-amitriptyline tablet 2-25 mg oral	1	MONY Code
perphenazine-amitriptyline tablet 4-10 mg oral	3	

Drug Name	Tier	Notes
perphenazine-amitriptyline tablet 4-25 mg oral	3	
perphenazine-amitriptyline tablet 4-50 mg oral	3	
Postherpetic Neuralgia (Phn)|Neuropathic Pain Agents*		
gabapentin (once-daily) tablet 300 mg oral	Non-Formulary	Formulary Exclusion; QL
gabapentin (once-daily) tablet 600 mg oral	Non-Formulary	Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GRALISE TABLET 300 MG ORAL	Non-Formulary	QL
GRALISE TABLET 450 MG ORAL	Non-Formulary	QL
GRALISE TABLET 600 MG ORAL	Non-Formulary	Formulary Exclusion; QL
GRALISE TABLET 600 MG ORAL	Non-Formulary	QL
GRALISE TABLET 750 MG ORAL	Non-Formulary	QL
GRALISE TABLET 900 MG ORAL	Non-Formulary	QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330 MG ORAL	Non-Formulary	Formulary Exclusion; QL
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 82.5 MG ORAL	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 165 mg oral	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 330 mg oral	Non-Formulary	Formulary Exclusion; QL
pregabalin er tablet extended release 24 hour 82.5 mg oral	Non-Formulary	Formulary Exclusion; QL
Postherpetic Neuralgia(Phn)|Neuropathic Pain Comb Agents*		
CONVENIENCE PAK THERAPY PACK 600 & 5 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*		
fluoxetine hcl (pmdd) tablet 10 mg oral	Non-Formulary	
fluoxetine hcl (pmdd) tablet 20 mg oral	Non-Formulary	
SARAFEM TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
SARAFEM TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
Pseudobulbar Affect Agent Combinations*		
NUEDEXTA CAPSULE 20-10 MG ORAL	2	PA; QL

Drug Name	Tier	Notes
Psychotherapeutic And Neurological Agents - Misc.		
ergoloid mesylates tablet 1 mg oral	Non-Formulary	MONY Code; Formulary Exclusion
pimozide tablet 1 mg oral	1	MONY Code
pimozide tablet 2 mg oral	1	MONY Code
Restless Leg Syndrome (Rls) Agents		
HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL	Non-Formulary	QL
HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL	Non-Formulary	QL
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag		
ADDYI TABLET 100 MG ORAL	3	PA
Small Interfering Ribonucleic Acid (Sirna) Agents		
AMVUTTRA SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ONPATTRO SOLUTION 10 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
Smoking Deterrents		
CHANTIX CONTINUING MONTH PAK TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
CHANTIX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
CHANTIX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
Snris & Anestheticsl Analgesics		
DULOXICAINE KIT 30 & 4 MG & % COMBINATION	Non-Formulary	Non FDA Exclusion
Sphingosine 1-Phosphate (S1p) Receptor Modulators		
fingolimod hcl capsule 0.5 mg oral	Tier 4	PA; Specialty; QL
GILENYA CAPSULE 0.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 4	PA; Specialty; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 4	PA; Specialty; QL with criteria

Drug Name	Tier	Notes
MAYZENT TABLET 0.25 MG ORAL	Tier 4	PA; Specialty; QL
MAYZENT TABLET 1 MG ORAL	Tier 4	PA; Specialty; QL
MAYZENT TABLET 2 MG ORAL	Tier 4	PA; Specialty; QL
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
PONVORY TABLET 20 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	Tier 4	PA; Specialty; QL with criteria
ZEPOSIA CAPSULE 0.92 MG ORAL	Tier 4	PA; Specialty; QL
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL	Tier 4	PA; Specialty; QL
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) ORAL	Tier 4	PA; Specialty; QL
Thienbenzodiazepines & Opioid Antagonists*		
LYBALVI TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 15-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 20-10 MG ORAL	Non-Formulary	Formulary Exclusion
LYBALVI TABLET 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
Thienbenzodiazepines & Ssris*		
olanzapine-fluoxetine hcl capsule 12-25 mg oral	1	
olanzapine-fluoxetine hcl capsule 12-50 mg oral	1	
olanzapine-fluoxetine hcl capsule 3-25 mg oral	1	
olanzapine-fluoxetine hcl capsule 6-25 mg oral	1	
olanzapine-fluoxetine hcl capsule 6-50 mg oral	1	
SYMBYAX CAPSULE 12-50 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 3-25 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 6-25 MG ORAL	Non-Formulary	Formulary Exclusion
SYMBYAX CAPSULE 6-50 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
Vasomotor Symptom Agents - Ssris*		
BRISDELLE CAPSULE 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
paroxetine mesylate capsule 7.5 mg oral	1	
RESPIRATORY AGENTS - MISC.		
Alpha-Proteinase Inhibitor (Human)*		
ARALAST NP SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
PROLASTIN-C SOLUTION 1000 MG/20ML INTRAVENOUS	Tier 4	PA; Specialty
PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	Tier 4	PA; Specialty
ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZEMAIRA SOLUTION RECONSTITUTED 4000 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
ZEMAIRA SOLUTION RECONSTITUTED 5000 MG INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
Cftr Potentiators*		
KALYDECO PACKET 13.4 MG ORAL	Tier 4	PA; Specialty
KALYDECO PACKET 25 MG ORAL	Tier 4	PA; Specialty
KALYDECO PACKET 5.8 MG ORAL	Tier 4	PA; Specialty
KALYDECO PACKET 50 MG ORAL	Tier 4	PA; Specialty
KALYDECO PACKET 75 MG ORAL	Tier 4	PA; Specialty
KALYDECO TABLET 150 MG ORAL	Tier 4	PA; Specialty
Cystic Fibrosis Agent - Combinations*		
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	Tier 4	PA; Specialty
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	Tier 4	PA; Specialty
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	Tier 4	PA; Specialty
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	Tier 4	PA; Specialty

Drug Name	Tier	Notes
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	Tier 4	PA; Specialty
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	Tier 4	PA; Specialty
Hydrolytic Enzymes*		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	Tier 4	PA; Specialty; QL
Pleural Sclerosing Agents*		
SCLEROSOL INTRAPLEURAL AEROSOL POWDER 4 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERILE TALC POWDER SUSPENSION RECONSTITUTED 5 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 2 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 3 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
STERITALC POWDER 4 GM INTRAPLEURAL	Non-Formulary	Medical Only Exclusion
Pulmonary Fibrosis Agents*		
ESBRIET CAPSULE 267 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ESBRIET TABLET 267 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ESBRIET TABLET 801 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
pirfenidone capsule 267 mg oral	Tier 4	PA; Specialty; QL
pirfenidone tablet 267 mg oral	Tier 4	PA; Specialty; QL
pirfenidone tablet 801 mg oral	Tier 4	PA; Specialty; QL
Respiratory Agents - Misc.*		
CUROSURF SUSPENSION 120 MG/1.5ML INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
CUROSURF SUSPENSION 240 MG/3ML INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
INFASURF SUSPENSION 35-0.9 MG/ML-% INTRATRACHEAL	Non-Formulary	Medical Only Exclusion
SURVANTA SUSPENSION 25-0.9 MG/ML-% INTRATRACHEAL	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
SULFONAMIDES		
****Sulfonamides******		
sulfadiazine tablet 500 mg oral	1	MONY code issue
sulfadiazine tablet 500 mg oral	1	
TETRACYCLINES		
****Aminomethylcyclines******		
NUZYRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL
NUZYRA TABLET 150 MG ORAL	3	QL
****Fluorocyclines******		
XERAVA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
XERAVA SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Glycylcyclines******		
tigecycline solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion
tigecycline solution reconstituted 50 mg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
TYGACIL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
****Tetracycline Combinations******		
AVIDOXY DK KIT 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
BENZODOX THERAPY PACK 30 X 100 MG & 4.4% COMBINATION	Non-Formulary	Non FDA Exclusion
BENZODOX THERAPY PACK 60 X 100 MG & 4.4% COMBINATION	Non-Formulary	Non FDA Exclusion
****Tetracyclines******		
ACTICLATE TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion
ACTICLATE TABLET 75 MG ORAL	Non-Formulary	Formulary Exclusion
avidoxy tablet 100 mg oral	Non-Formulary	
COREMINO TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Non FDA Exclusion
COREMINO TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Non FDA Exclusion
COREMINO TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Non FDA Exclusion
demeclocycline hcl tablet 150 mg oral	1	

Drug Name	Tier	Notes
demeclocycline hcl tablet 300 mg oral	1	
DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL	Non-Formulary	Formulary Exclusion
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion
DORYX TABLET DELAYED RELEASE 200 MG ORAL	Non-Formulary	Formulary Exclusion
DORYX TABLET DELAYED RELEASE 50 MG ORAL	Non-Formulary	Formulary Exclusion
DORYX TABLET DELAYED RELEASE 80 MG ORAL	Non-Formulary	Formulary Exclusion
DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
doxycycline hyclate capsule 100 mg oral	1	
doxycycline hyclate capsule 50 mg oral	1	
doxycycline hyclate solution reconstituted 100 mg intravenous	Non-Formulary	Medical Only Exclusion
doxycycline hyclate tablet 100 mg oral	1	
doxycycline hyclate tablet 150 mg oral	Non-Formulary	
doxycycline hyclate tablet 20 mg oral	1	
doxycycline hyclate tablet 50 mg oral	1	
doxycycline hyclate tablet 50 mg oral	1	MONY Code
doxycycline hyclate tablet 75 mg oral	Non-Formulary	
doxycycline hyclate tablet delayed release 100 mg oral	1	
doxycycline hyclate tablet delayed release 150 mg oral	1	
doxycycline hyclate tablet delayed release 200 mg oral	Non-Formulary	
doxycycline hyclate tablet delayed release 50 mg oral	Non-Formulary	
doxycycline hyclate tablet delayed release 75 mg oral	1	
doxycycline hyclate tablet delayed release 80 mg oral	Non-Formulary	
doxycycline monohydrate capsule 100 mg oral	1	
doxycycline monohydrate capsule 150 mg oral	1	
doxycycline monohydrate capsule 50 mg oral	1	
doxycycline monohydrate capsule 75 mg oral	Non-Formulary	

Drug Name	Tier	Notes
doxycycline monohydrate suspension reconstituted 25 mg/5ml oral	1	
doxycycline monohydrate tablet 100 mg oral	1	
doxycycline monohydrate tablet 150 mg oral	1	
doxycycline monohydrate tablet 50 mg oral	1	
doxycycline monohydrate tablet 75 mg oral	1	
LYMEPAK TABLET 100 MG ORAL	1	
MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
minocycline hcl capsule 100 mg oral	1	
minocycline hcl capsule 50 mg oral	1	
minocycline hcl capsule 75 mg oral	1	
minocycline hcl er (biphasic) tablet extended release 24 hour 105 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er (biphasic) tablet extended release 24 hour 135 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er capsule extended release 24 hour 135 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er capsule extended release 24 hour 45 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er capsule extended release 24 hour 90 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 105 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 115 mg oral	1	
minocycline hcl er tablet extended release 24 hour 135 mg oral	Non-Formulary	Formulary Exclusion
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	
minocycline hcl er tablet extended release 24 hour 45 mg oral	1	MONY Code
minocycline hcl er tablet extended release 24 hour 55 mg oral	1	
minocycline hcl er tablet extended release 24 hour 65 mg oral	1	
minocycline hcl er tablet extended release 24 hour 80 mg oral	1	
minocycline hcl er tablet extended release 24 hour 90 mg oral	1	
minocycline hcl tablet 100 mg oral	1	

Drug Name	Tier	Notes
minocycline hcl tablet 50 mg oral	1	
minocycline hcl tablet 75 mg oral	1	
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	Non-Formulary	Formulary Exclusion
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Formulary Exclusion
MONDOXYNE NL CAPSULE 100 MG ORAL	1	
MONDOXYNE NL CAPSULE 75 MG ORAL	Non-Formulary	
MORGIDOX CAPSULE 100 MG ORAL	Non-Formulary	
MORGIDOX KIT 1 X 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
MORGIDOX KIT 2 X 100 MG COMBINATION	Non-Formulary	Non FDA Exclusion
NUTRIDOX KIT 75 MG ORAL	Non-Formulary	Non FDA Exclusion
SEYSARA TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEYSARA TABLET 150 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SEYSARA TABLET 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL	Non-Formulary	Formulary Exclusion
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL	Non-Formulary	Formulary Exclusion
TARGADOX TABLET 50 MG ORAL	1	
tetracycline hcl capsule 250 mg oral	1	
tetracycline hcl capsule 500 mg oral	1	
tetracycline hcl capsule 500 mg oral	1	MONY Code
tetracycline hcl tablet 250 mg oral	Non-Formulary	Formulary Exclusion
tetracycline hcl tablet 500 mg oral	Non-Formulary	Formulary Exclusion
VIBRAMYCIN CAPSULE 100 MG ORAL	Non-Formulary	Formulary Exclusion
VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VIBRAMYCIN SYRUP 50 MG/5ML ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL	Non-Formulary	Formulary Exclusion
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL	Non-Formulary	Formulary Exclusion
XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL	Non-Formulary	Formulary Exclusion
THYROID AGENTS		
****Antithyroid Agents - Radiopharmaceuticals******		
sodium iodide i-131 solution 1000 mci/ml oral	Non-Formulary	Formulary Exclusion
****Antithyroid Agents******		
methimazole tablet 10 mg oral	1	
methimazole tablet 5 mg oral	1	
propylthiouracil tablet 50 mg oral	1	
TAPAZOLE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
****Thyroid Hormones******		
ADTHYZA TABLET 120 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 130 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 15 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 16.25 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 30 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 32.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 60 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 65 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 90 MG ORAL	Non-Formulary	Non FDA Exclusion
ADTHYZA TABLET 97.5 MG ORAL	Non-Formulary	Non FDA Exclusion
ARMOUR THYROID TABLET 120 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 180 MG ORAL	3	
ARMOUR THYROID TABLET 240 MG ORAL	3	
ARMOUR THYROID TABLET 30 MG ORAL	3	
ARMOUR THYROID TABLET 300 MG ORAL	3	

Drug Name	Tier	Notes
ARMOUR THYROID TABLET 60 MG ORAL	3	
ARMOUR THYROID TABLET 90 MG ORAL	3	
CYTOMEL TABLET 25 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOMEL TABLET 5 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOMEL TABLET 50 MCG ORAL	Non-Formulary	Formulary Exclusion
ERMEZA SOLUTION 150 MCG/5ML ORAL	3	
EUTHYROX TABLET 100 MCG ORAL	1	
EUTHYROX TABLET 112 MCG ORAL	1	
EUTHYROX TABLET 125 MCG ORAL	1	
EUTHYROX TABLET 137 MCG ORAL	1	
EUTHYROX TABLET 150 MCG ORAL	1	
EUTHYROX TABLET 175 MCG ORAL	1	
EUTHYROX TABLET 200 MCG ORAL	1	
EUTHYROX TABLET 25 MCG ORAL	1	
EUTHYROX TABLET 50 MCG ORAL	1	
EUTHYROX TABLET 75 MCG ORAL	1	
EUTHYROX TABLET 88 MCG ORAL	1	
LEVO-T TABLET 100 MCG ORAL	1	
LEVO-T TABLET 112 MCG ORAL	1	
LEVO-T TABLET 125 MCG ORAL	1	
LEVO-T TABLET 137 MCG ORAL	1	
LEVO-T TABLET 150 MCG ORAL	1	
LEVO-T TABLET 175 MCG ORAL	1	
LEVO-T TABLET 200 MCG ORAL	1	
LEVO-T TABLET 25 MCG ORAL	1	
LEVO-T TABLET 300 MCG ORAL	1	
LEVO-T TABLET 50 MCG ORAL	1	
LEVO-T TABLET 75 MCG ORAL	1	
LEVO-T TABLET 88 MCG ORAL	1	
levothyroxine sodium capsule 100 mcg oral	3	
levothyroxine sodium capsule 112 mcg oral	3	
levothyroxine sodium capsule 125 mcg oral	3	
levothyroxine sodium capsule 13 mcg oral	3	
levothyroxine sodium capsule 137 mcg oral	3	
levothyroxine sodium capsule 150 mcg oral	3	

Drug Name	Tier	Notes
levothyroxine sodium capsule 175 mcg oral	3	
levothyroxine sodium capsule 200 mcg oral	3	
levothyroxine sodium capsule 25 mcg oral	3	
levothyroxine sodium capsule 50 mcg oral	3	
levothyroxine sodium capsule 75 mcg oral	3	
levothyroxine sodium capsule 88 mcg oral	3	
levothyroxine sodium solution 100 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 100 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 200 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution 500 mcg/5ml intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
levothyroxine sodium solution reconstituted 100 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
levothyroxine sodium solution reconstituted 200 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
levothyroxine sodium solution reconstituted 500 mcg intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
levothyroxine sodium tablet 100 mcg oral	1	
levothyroxine sodium tablet 112 mcg oral	1	
levothyroxine sodium tablet 125 mcg oral	1	
levothyroxine sodium tablet 137 mcg oral	1	
levothyroxine sodium tablet 150 mcg oral	1	
levothyroxine sodium tablet 175 mcg oral	1	
levothyroxine sodium tablet 200 mcg oral	1	
levothyroxine sodium tablet 25 mcg oral	1	

Drug Name	Tier	Notes
levothyroxine sodium tablet 300 mcg oral	1	
levothyroxine sodium tablet 50 mcg oral	1	
levothyroxine sodium tablet 75 mcg oral	1	
levothyroxine sodium tablet 88 mcg oral	1	
LEVOXYL TABLET 100 MCG ORAL	1	
LEVOXYL TABLET 112 MCG ORAL	1	
LEVOXYL TABLET 125 MCG ORAL	1	
LEVOXYL TABLET 137 MCG ORAL	1	
LEVOXYL TABLET 150 MCG ORAL	1	
LEVOXYL TABLET 175 MCG ORAL	1	
LEVOXYL TABLET 200 MCG ORAL	1	
LEVOXYL TABLET 25 MCG ORAL	1	
LEVOXYL TABLET 50 MCG ORAL	1	
LEVOXYL TABLET 75 MCG ORAL	1	
LEVOXYL TABLET 88 MCG ORAL	1	
liothyronine sodium solution 10 mcg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY code issue
liothyronine sodium tablet 25 mcg oral	1	
liothyronine sodium tablet 5 mcg oral	1	
liothyronine sodium tablet 50 mcg oral	1	
niva thyroid tablet 120 mg oral	3	
niva thyroid tablet 15 mg oral	3	
niva thyroid tablet 30 mg oral	3	
niva thyroid tablet 60 mg oral	3	
niva thyroid tablet 90 mg oral	3	
NP THYROID TABLET 120 MG ORAL	1	MONY code issue
NP THYROID TABLET 15 MG ORAL	1	MONY code issue
NP THYROID TABLET 30 MG ORAL	1	MONY code issue
NP THYROID TABLET 60 MG ORAL	1	MONY code issue
NP THYROID TABLET 90 MG ORAL	1	MONY code issue
SYNTHROID TABLET 100 MCG ORAL	2	
SYNTHROID TABLET 112 MCG ORAL	2	
SYNTHROID TABLET 125 MCG ORAL	2	
SYNTHROID TABLET 137 MCG ORAL	2	
SYNTHROID TABLET 150 MCG ORAL	2	
SYNTHROID TABLET 175 MCG ORAL	2	
SYNTHROID TABLET 200 MCG ORAL	2	

Drug Name	Tier	Notes
SYNTHROID TABLET 25 MCG ORAL	2	
SYNTHROID TABLET 300 MCG ORAL	2	
SYNTHROID TABLET 50 MCG ORAL	2	
SYNTHROID TABLET 75 MCG ORAL	2	
SYNTHROID TABLET 88 MCG ORAL	2	
THYQUIDITY SOLUTION 100 MCG/5ML ORAL	Non-Formulary	
thyroid tablet 120 mg oral	3	
thyroid tablet 15 mg oral	3	
thyroid tablet 30 mg oral	3	
thyroid tablet 60 mg oral	3	
thyroid tablet 90 mg oral	3	
TIROSINT CAPSULE 100 MCG ORAL	3	
TIROSINT CAPSULE 112 MCG ORAL	3	
TIROSINT CAPSULE 125 MCG ORAL	3	
TIROSINT CAPSULE 13 MCG ORAL	3	
TIROSINT CAPSULE 137 MCG ORAL	3	
TIROSINT CAPSULE 150 MCG ORAL	3	
TIROSINT CAPSULE 175 MCG ORAL	3	
TIROSINT CAPSULE 200 MCG ORAL	3	
TIROSINT CAPSULE 25 MCG ORAL	3	
TIROSINT CAPSULE 37.5 MCG ORAL	3	
TIROSINT CAPSULE 44 MCG ORAL	3	
TIROSINT CAPSULE 50 MCG ORAL	3	
TIROSINT CAPSULE 62.5 MCG ORAL	3	
TIROSINT CAPSULE 75 MCG ORAL	3	
TIROSINT CAPSULE 88 MCG ORAL	3	
TIROSINT-SOL SOLUTION 100 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 112 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 125 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 13 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 137 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 150 MCG/ML ORAL	3	

Drug Name	Tier	Notes
TIROSINT-SOL SOLUTION 175 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 200 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 25 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 37.5 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 44 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 50 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 62.5 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 75 MCG/ML ORAL	3	
TIROSINT-SOL SOLUTION 88 MCG/ML ORAL	3	
TRIOSTAT SOLUTION 10 MCG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UNITHROID TABLET 100 MCG ORAL	1	
UNITHROID TABLET 112 MCG ORAL	1	
UNITHROID TABLET 125 MCG ORAL	1	
UNITHROID TABLET 137 MCG ORAL	1	
UNITHROID TABLET 150 MCG ORAL	1	
UNITHROID TABLET 175 MCG ORAL	1	
UNITHROID TABLET 200 MCG ORAL	1	
UNITHROID TABLET 25 MCG ORAL	1	
UNITHROID TABLET 300 MCG ORAL	1	
UNITHROID TABLET 50 MCG ORAL	1	
UNITHROID TABLET 75 MCG ORAL	1	
UNITHROID TABLET 88 MCG ORAL	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
****Anticholinergic Combinations******		
belladonna alkaloids-opium suppository 16.2-30 mg rectal	3	
belladonna alkaloids-opium suppository 16.2-30 mg rectal	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
belladonna alkaloids-opium suppository 16.2-60 mg rectal	Non-Formulary	Non FDA Exclusion
belladonna alkaloids-opium suppository 16.2-60 mg rectal	3	
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Non-Formulary	Formulary Exclusion
chlordiazepoxide-clidinium capsule 5-2.5 mg oral	Non-Formulary	Non FDA Exclusion
DONNATAL ELIXIR 16.2 MG/5ML ORAL	3	
DONNATAL ELIXIR 16.2 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
DONNATAL TABLET 16.2 MG ORAL	3	
LIBRAX CAPSULE 5-2.5 MG ORAL	Non-Formulary	Formulary Exclusion
pb-hyoscy-atropine-scopolamine elixir 16.2 mg/5ml oral	Non-Formulary	Non FDA Exclusion
pb-hyoscy-atropine-scopolamine tablet 16.2 mg oral	Non-Formulary	Non FDA Exclusion
phenobarbital-belladonna alk elixir 16.2 mg/5ml oral	1	
phenobarbital-belladonna alk tablet 16.2 mg oral	1	
PHENOHYTRO ELIXIR 16.2 MG/5ML ORAL	1	
PHENOHYTRO TABLET 16.2 MG ORAL	1	
Antispasmodics*		
BENTYL SOLUTION 10 MG/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
dicyclomine hcl capsule 10 mg oral	1	
dicyclomine hcl solution 10 mg/5ml oral	1	
dicyclomine hcl solution 10 mg/ml intramuscular	Non-Formulary	Medical Only Exclusion
dicyclomine hcl tablet 20 mg oral	1	
Belladonna Alkaloids*		
ANASPAZ TABLET DISPERSIBLE 0.125 MG ORAL	3	
ATROPEN SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 1 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
ATROPEN SOLUTION AUTO-INJECTOR 2 MG/0.7ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
atropine sulfate (pf) solution 0.4 mg/ml injection	Non-Formulary	Non FDA Exclusion; MONY Code
atropine sulfate (pf) solution 1 mg/ml injection	Non-Formulary	Non FDA Exclusion; MONY Code
atropine sulfate solution 0.4 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
atropine sulfate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
atropine sulfate solution 8 mg/20ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution 8 mg/20ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.25 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.8 mg/2ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 0.8 mg/2ml intravenous	Non-Formulary	Non FDA Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
atropine sulfate solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/2.5ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
atropine sulfate solution prefilled syringe 1 mg/2.5ml intravenous	Non-Formulary	Non FDA Exclusion
atropine sulfate solution prefilled syringe 1.2 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
ed-spaz tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate elixir 0.125 mg/5ml oral	1	
hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral	1	
hyoscyamine sulfate solution 0.125 mg/ml oral	1	
hyoscyamine sulfate solution 0.5 mg/ml injection	1	MONY code issue
hyoscyamine sulfate tablet 0.125 mg oral	1	

Drug Name	Tier	Notes
hyoscyamine sulfate tablet dispersible 0.125 mg oral	1	
hyoscyamine sulfate tablet sublingual 0.125 mg sublingual	1	
hyosyne elixir 0.125 mg/5ml oral	1	
hyosyne solution 0.125 mg/ml oral	1	
LEVBID TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL	3	
LEVSIN SOLUTION 0.5 MG/ML INJECTION	3	
LEVSIN TABLET 0.125 MG ORAL	3	
LEVSIN/SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	3	
NULEV TABLET DISPERSIBLE 0.125 MG ORAL	1	
oscimin sr tablet extended release 12 hour 0.375 mg oral	1	
oscimin tablet 0.125 mg oral	1	
oscimin tablet sublingual 0.125 mg sublingual	1	
SYMAX DUOTAB TABLET EXTENDED RELEASE 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL	Non-Formulary	Formulary Exclusion
SYMAX-SR TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ORAL	Non-Formulary	Formulary Exclusion
H-2 Antagonists*		
cimetidine hcl solution 300 mg/5ml oral	1	
cimetidine hcl solution 300 mg/5ml oral	1	MONY Code Issue
cimetidine hcl solution 300 mg/5ml oral	1	MONY code issue
cimetidine hcl solution 400 mg/6.67ml oral	1	
cimetidine tablet 200 mg oral (rx)	1	
cimetidine tablet 300 mg oral	1	
cimetidine tablet 400 mg oral	1	
cimetidine tablet 800 mg oral	1	
famotidine (pf) solution 20 mg/2ml intravenous	1	
famotidine premixed solution 20-0.9 mg/50ml-% intravenous	Non-Formulary	Medical Only Exclusion
famotidine solution 200 mg/20ml intravenous	Non-Formulary	Medical Only Exclusion
famotidine solution 40 mg/4ml intravenous	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
famotidine suspension reconstituted 40 mg/5ml oral	1	
famotidine tablet 20 mg oral (rx)	1	
famotidine tablet 40 mg oral	1	
nizatidine capsule 150 mg oral	1	MONY Code
nizatidine capsule 300 mg oral	1	
nizatidine capsule 300 mg oral	3	
nizatidine solution 15 mg/ml oral	1	MONY Code
PEPCID TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
PEPCID TABLET 40 MG ORAL	Non-Formulary	Formulary Exclusion
Misc. Anti-Ulcer*		
CARAFATE SUSPENSION 1 GM/10ML ORAL	Non-Formulary	Formulary Exclusion
CARAFATE TABLET 1 GM ORAL	Non-Formulary	Formulary Exclusion
sucralfate suspension 1 gm/10ml oral	1	
sucralfate tablet 1 gm oral	1	
Ppi - Potassium-Competitive Acid Blockers (P-Cab)*		
VOQUEZNA TABLET 10 MG ORAL	3	PA
VOQUEZNA TABLET 20 MG ORAL	3	PA
Proton Pump Inhibitor-Antacid Combinations*		
KONVOMEP SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL	Non-Formulary	Formulary Exclusion; QL with criteria
omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)	Non-Formulary	QL
omeprazole-sodium bicarbonate capsule 40-1100 mg oral	Non-Formulary	QL
omeprazole-sodium bicarbonate packet 20-1680 mg oral	Non-Formulary	
omeprazole-sodium bicarbonate packet 40-1680 mg oral	Non-Formulary	
ZEGERID CAPSULE 20-1100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZEGERID CAPSULE 40-1100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ZEGERID PACKET 20-1680 MG ORAL	Non-Formulary	Formulary Exclusion
ZEGERID PACKET 40-1680 MG ORAL	Non-Formulary	Formulary Exclusion
Proton Pump Inhibitors*		
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	3	QL

Drug Name	Tier	Notes
ACIPHEX SPRINKLE CAPSULE SPRINKLE 5 MG ORAL	3	QL
ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL	Non-Formulary	Formulary Exclusion; QL
dexlansoprazole capsule delayed release 30 mg oral	1	QL
dexlansoprazole capsule delayed release 60 mg oral	1	QL
esomeprazole magnesium capsule delayed release 20 mg oral (rx)	1	QL
esomeprazole magnesium capsule delayed release 40 mg oral	1	QL
esomeprazole magnesium packet 10 mg oral	1	QL
esomeprazole magnesium packet 20 mg oral	1	QL
esomeprazole magnesium packet 40 mg oral	1	QL
esomeprazole sodium solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion
esomeprazole strontium capsule delayed release 49.3 mg oral	3	QL
FIRST PANTOPRAZOLE SUSPENSION 4 MG/ML ORAL	3	
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	3	
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	1	MONY Code
lansoprazole capsule delayed release 15 mg oral (rx)	1	QL
lansoprazole capsule delayed release 30 mg oral	1	QL
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	1	QL
lansoprazole tablet delayed release dispersible 30 mg oral	1	QL
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
NEXIUM I.V. SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NEXIUM PACKET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 2.5 MG ORAL	2	QL
NEXIUM PACKET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
NEXIUM PACKET 5 MG ORAL	2	QL
omeprazole capsule delayed release 10 mg oral	1	QL
omeprazole capsule delayed release 20 mg oral	1	QL
omeprazole capsule delayed release 40 mg oral	1	QL
OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL	Non-Formulary	Non FDA Exclusion; MONY Code
pantoprazole sodium packet 40 mg oral	1	
pantoprazole sodium solution reconstituted 40 mg intravenous	Non-Formulary	Medical Only Exclusion
pantoprazole sodium tablet delayed release 20 mg oral	1	QL
pantoprazole sodium tablet delayed release 40 mg oral	1	QL
PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PRILOSEC PACKET 10 MG ORAL	3	
PRILOSEC PACKET 2.5 MG ORAL	3	
PROTONIX PACKET 40 MG ORAL	Non-Formulary	Formulary Exclusion
PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
rabeprazole sodium capsule sprinkle 10 mg oral	3	QL

Drug Name	Tier	Notes
rabeprazole sodium tablet delayed release 20 mg oral	1	QL
Quaternary Anticholinergics*		
CUVPOSA SOLUTION 1 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
DARTISLA ODT TABLET DISPERSIBLE 1.7 MG ORAL	Non-Formulary	Formulary Exclusion
GLYCATE TABLET 1.5 MG ORAL	3	
glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate pf solution prefilled syringe 0.4 mg/2ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate pf solution prefilled syringe 0.6 mg/3ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 0.2 mg/ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 0.4 mg/2ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 1 mg/5ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution 1 mg/5ml oral	1	
glycopyrrolate solution 4 mg/20ml injection	Non-Formulary	Medical Only Exclusion
glycopyrrolate solution prefilled syringe 0.6 mg/3ml injection	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 0.6 mg/3ml intravenous	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 1 mg/5ml injection	Non-Formulary	Non FDA Exclusion
glycopyrrolate solution prefilled syringe 1 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
glycopyrrolate tablet 1 mg oral	1	
glycopyrrolate tablet 1.5 mg oral	1	MONY Code Issue
glycopyrrolate tablet 1.5 mg oral	3	
glycopyrrolate tablet 2 mg oral	1	
GLYRX-PF SOLUTION 0.2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
GLYRX-PF SOLUTION 0.4 MG/2ML INJECTION	Non-Formulary	Medical Only Exclusion
GLYRX-PF SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INJECTION	Non-Formulary	Medical Only Exclusion
GLYRX-PF SOLUTION PREFILLED SYRINGE 1 MG/5ML INJECTION	Non-Formulary	Medical Only Exclusion
methscopolamine bromide tablet 2.5 mg oral	1	
methscopolamine bromide tablet 2.5 mg oral	1	MONY Code

Drug Name	Tier	Notes
methscopolamine bromide tablet 5 mg oral	1	
methscopolamine bromide tablet 5 mg oral	1	MONY Code
ROBINUL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
ROBINUL-FORTE TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
Ulcer Anti-Infective W/ Bismuth Combinations*		
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	1	
bis subcit-metronid-tetracyc capsule 140-125-125 mg oral	Non-Formulary	Formulary Exclusion
bismuth/metronidaz/tetracyclin capsule 140-125-125 mg oral	1	
HELIDAC THERAPY ORAL	Non-Formulary	Formulary Exclusion
PYLERA CAPSULE 140-125-125 MG ORAL	Non-Formulary	Formulary Exclusion
Ulcer Anti-Infective W/ Proton Pump Inhibitors*		
amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral	1	
amoxicill-clarithro-lansopraz therapy pack 500 & 500 & 30 mg oral	1	MONY code issue
OMECLAMOX-PAK 500-500-20 MG ORAL	Non-Formulary	Formulary Exclusion
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	2	QL
Ulcer Anti-Infective-Pcab Combinations*		
VOQUEZNA DUAL PAK THERAPY PACK 500-20 MG ORAL	Non-Formulary	Formulary Exclusion
VOQUEZNA TRIPLE PAK THERAPY PACK 500-500-20 MG ORAL	Non-Formulary	Formulary Exclusion
Ulcer Drugs - Prostaglandins*		
CYTOTEC TABLET 100 MCG ORAL	Non-Formulary	Formulary Exclusion
CYTOTEC TABLET 200 MCG ORAL	Non-Formulary	Formulary Exclusion
misoprostol tablet 100 mcg oral	1	
misoprostol tablet 200 mcg oral	1	
URINARY ANTISPASMODICS		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*		
darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral	Non-Formulary	Formulary Exclusion
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
DETROL TABLET 2 MG ORAL	Non-Formulary	Formulary Exclusion
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion
ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL	Non-Formulary	Formulary Exclusion
fesoterodine fumarate er tablet extended release 24 hour 4 mg oral	1	
fesoterodine fumarate er tablet extended release 24 hour 8 mg oral	1	
GELNIQUE GEL 10 % TRANSDERMAL	Non-Formulary	Formulary Exclusion
oxybutynin chloride er tablet extended release 24 hour 10 mg oral	1	
oxybutynin chloride er tablet extended release 24 hour 15 mg oral	1	
oxybutynin chloride er tablet extended release 24 hour 5 mg oral	1	
oxybutynin chloride solution 5 mg/5ml oral	1	
oxybutynin chloride tablet 2.5 mg oral	Non-Formulary	Formulary Exclusion
oxybutynin chloride tablet 5 mg oral	1	
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	3	
solifenacin succinate tablet 10 mg oral	1	
solifenacin succinate tablet 5 mg oral	1	
tolterodine tartrate er capsule extended release 24 hour 2 mg oral	1	
tolterodine tartrate er capsule extended release 24 hour 4 mg oral	1	
tolterodine tartrate tablet 1 mg oral	1	
tolterodine tartrate tablet 2 mg oral	1	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL	Non-Formulary	Formulary Exclusion
trospium chloride er capsule extended release 24 hour 60 mg oral	1	
trospium chloride tablet 20 mg oral	1	
VESICARE LS SUSPENSION 5 MG/5ML ORAL	Non-Formulary	Formulary Exclusion
VESICARE TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
VESICARE TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA TABLET 75 MG ORAL	3	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8 MG/ML ORAL	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	2	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tablet 10 mg oral	1	
bethanechol chloride tablet 25 mg oral	1	
bethanechol chloride tablet 5 mg oral	1	
bethanechol chloride tablet 50 mg oral	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tablet 100 mg oral	Non-Formulary	Formulary Exclusion
VACCINES		
Bacterial Vaccines		
bcg vaccine solution reconstituted 50 mg injection	3	
BIOTHRAX SUSPENSION INTRAMUSCULAR	3	
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	2	
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR	3	

Drug Name	Tier	Notes
TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR	3	
VAXCHORA SUSPENSION RECONSTITUTED ORAL	3	
VIVOTIF CAPSULE DELAYED RELEASE ORAL	3	
Viral Vaccines*		
ACAM2000 SOLUTION RECONSTITUTED INJECTION	3	
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
IXCHIQ SOLUTION RECONSTITUTED INTRAMUSCULAR	3	
IXIARO SUSPENSION INTRAMUSCULAR	3	
janssen covid-19 vaccine suspension 0.5 ml intramuscular	3	
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	2	
moderna covid-19 bival 6m-5y suspension 10 mcg/0.2ml intramuscular	3	
moderna covid-19 bivalent suspension 50 mcg/0.5ml intramuscular	3	
moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular	3	
moderna covid-19 vacc 6m-5y suspension 25 mcg/0.25ml intramuscular	3	
moderna covid-19 vaccine suspension 100 mcg/0.5ml intramuscular	3	
pfizer covid-19 bival 6mo-4yr suspension 3 mcg/0.2ml intramuscular	3	
pfizer covid-19 vac bival 5-11 suspension 10 mcg/0.2ml intramuscular	3	
pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular	3	
pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular	3	
pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular	3	

Drug Name	Tier	Notes
pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular	3	
RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR	2	
SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR	3	
stamaril suspension reconstituted injection	3	
TICOVAC SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML INTRAMUSCULAR	3	
TICOVAC SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML INTRAMUSCULAR	3	
YF-VAX INJECTABLE SUBCUTANEOUS	3	
VAGINAL AND RELATED PRODUCTS		
****Imidazole-Related Antifungals******		
GYNAZOLE-1 CREAM 2 % VAGINAL	3	
miconazole 3 suppository 200 mg vaginal	3	
terconazole cream 0.4 % vaginal	1	
terconazole cream 0.8 % vaginal	1	
terconazole cream 0.8 % vaginal	1	MONY Code
terconazole suppository 80 mg vaginal	1	
****Miscellaneous Vaginal Combinations******		
FEM PH GEL 0.9-0.025 % VAGINAL	Non-Formulary	Non FDA Exclusion
TRIMO-SAN GEL 0.025-0.01 % VAGINAL	Non-Formulary	Non FDA Exclusion
****Miscellaneous Vaginal Products******		
INTRAROSA INSERT 6.5 MG VAGINAL	3	
****Vaginal Anti-Infectives******		
CLEOCIN CREAM 2 % VAGINAL	Non-Formulary	Formulary Exclusion
CLEOCIN SUPPOSITORY 100 MG VAGINAL	Non-Formulary	Formulary Exclusion
clindamycin phosphate cream 2 % vaginal	1	
CLINDESSE CREAM 2 % VAGINAL	3	
metronidazole gel 0.75 % vaginal	1	
NUVESSA GEL 1.3 % VAGINAL	3	
VANDAZOLE GEL 0.75 % VAGINAL	1	MONY code issue

Drug Name	Tier	Notes
XACIATO GEL 2 % VAGINAL	Non-Formulary	Formulary Exclusion
Vaginal Estrogens*		
ESTRACE CREAM 0.1 MG/GM VAGINAL	Non-Formulary	Formulary Exclusion
estradiol cream 0.1 mg/gm vaginal	1	
estradiol tablet 10 mcg vaginal	1	
ESTRING RING 2 MG VAGINAL	2	
ESTRING RING 7.5 MCG/24HR VAGINAL	2	
FEMRING RING 0.05 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion
FEMRING RING 0.1 MG/24HR VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY MAINTENANCE PACK INSERT 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY MAINTENANCE PACK INSERT 4 MCG VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY STARTER PACK INSERT 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
IMVEXXY STARTER PACK INSERT 4 MCG VAGINAL	Non-Formulary	Formulary Exclusion
PREMARIN CREAM 0.625 MG/GM VAGINAL	2	
VAGIFEM TABLET 10 MCG VAGINAL	Non-Formulary	Formulary Exclusion
YUVAFEM TABLET 10 MCG VAGINAL	1	
Vaginal Progestins*		
CRINONE GEL 4 % VAGINAL	Non-Formulary	Formulary Exclusion
CRINONE GEL 8 % VAGINAL	Non-Formulary	PA; Formulary Exclusion
ENDOMETRIN INSERT 100 MG VAGINAL	2	PA
FIRST-PROGESTERONE VGS SUPPOSITORY 100 MG VAGINAL	3	
FIRST-PROGESTERONE VGS SUPPOSITORY 200 MG VAGINAL	3	
VASOPRESSORS		
Anaphylaxis Therapy Agents*		
ADRENALIN SOLUTION 1 MG/ML INJECTION	3	
ADRENALIN SOLUTION 30 MG/30ML INJECTION	3	
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	2	QL with criteria

Drug Name	Tier	Notes
AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION	2	QL with criteria
AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	QL with criteria
epinephrine (anaphylaxis) solution 1 mg/ml injection	Non-Formulary	Formulary Exclusion
epinephrine (anaphylaxis) solution 30 mg/30ml injection	1	
epinephrine professional kit 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
epinephrine solution auto-injector 0.15 mg/0.15ml injection	Non-Formulary	Formulary Exclusion; QL with criteria
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	QL with criteria
epinephrine solution auto-injector 0.3 mg/0.3ml injection	Non-Formulary	Formulary Exclusion; QL with criteria
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL with criteria
EPINEPHRINESNAP KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPINEPHRINESNAP-EMS KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPINEPHRINESNAP-V KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
EPISNAP KIT 1 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	Non-Formulary	Formulary Exclusion; QL with criteria
Neurogenic Orthostatic Hypotension (Noh) - Agents*		
droxidopa capsule 100 mg oral	Tier 4	PA; Specialty
droxidopa capsule 200 mg oral	Tier 4	PA; Specialty
droxidopa capsule 300 mg oral	Tier 4	PA; Specialty
NORTHERA CAPSULE 100 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
NORTHERA CAPSULE 200 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
NORTHERA CAPSULE 300 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
Vasopressors*		
AKOVAZ SOLUTION 50 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AKOVAZ SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BIORPHEN SOLUTION 0.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMERPHED SOLUTION 5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMERPHED SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMERPHED SOLUTION PREFILLED SYRINGE 50 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 5 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 50 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY Code
ephedrine sulfate (pressors) solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate (pressors) solution 50 mg/ml intravenous	Non-Formulary	Medical Only Exclusion; MONY Code
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/10ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml injection	Non-Formulary	Non FDA Exclusion
ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	Non-Formulary	Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine hcl-nacl solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine pf solution 1 mg/ml injection	3	
epinephrine solution 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
epinephrine solution 1 mg/ml injection	Non-Formulary	Medical Only Exclusion
epinephrine solution 10 mg/10ml injection	Non-Formulary	Medical Only Exclusion
epinephrine solution prefilled syringe 0.1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
epinephrine solution prefilled syringe 0.2 mg/0.2ml injection	Non-Formulary	Non FDA Exclusion
epinephrine solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/10ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion; MONY Code
epinephrine solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Medical Only Exclusion
epinephrine solution prefilled syringe 1 mg/ml injection	Non-Formulary	Non FDA Exclusion
epinephrine-dextrose solution 2-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-dextrose solution 5-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-dextrose solution prefilled syringe 100-5 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-nacl solution 2-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
epinephrine-nacl solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
epinephrine-nacl solution 5-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
epinephrine-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
GIAPREZA SOLUTION 0.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
GIAPREZA SOLUTION 2.5 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMMPHENTIV SOLUTION 0.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
IMMPHENTIV SOLUTION 1 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
LEVOPHED SOLUTION 1 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
midodrine hcl tablet 10 mg oral	1	
midodrine hcl tablet 2.5 mg oral	1	
midodrine hcl tablet 5 mg oral	1	
norepinephrine bitartrate solution 1 mg/ml intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	1	
phenylephrine hcl (pressors) solution 10 mg/ml intravenous	3	
phenylephrine hcl (pressors) solution prefilled syringe 0.4 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution prefilled syringe 0.5 mg/5ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl (pressors) solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl solution 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl solution prefilled syringe 0.8 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl solution prefilled syringe 1 mg/10ml intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution 10-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 100-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 20-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 25-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 40-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 50-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution 80-0.9 mg/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.4-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.5-0.9 mg/5ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 0.8-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 1-0.9 mg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
phenylephrine hcl-nacl solution prefilled syringe 100-0.9 mcg/10ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 20-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
phenylephrine hcl-nacl solution prefilled syringe 5-0.9 mg/50ml-% intravenous	Non-Formulary	Non FDA Exclusion
REZIPRES SOLUTION 23.5 MG/5ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REZIPRES SOLUTION 47 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VAZCULEP SOLUTION 10 MG/ML INTRAVENOUS	3	
VITAMINS		
****Paba******		
POTABA CAPSULE 500 MG ORAL	Non-Formulary	Formulary Exclusion
****Vitamin A******		
AQUASOL A SOLUTION 50000 UNIT/ML INTRAMUSCULAR	Non-Formulary	Medical Only Exclusion
****Vitamin B-1******		
thiamine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
thiamine hcl solution 200 mg/2ml injection	Non-Formulary	Medical Only Exclusion
****Vitamin B-6******		
pyridoxal-5 phosphate solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
pyridoxine hcl solution 100 mg/ml injection	Non-Formulary	Medical Only Exclusion; MONY CODE ISSUE
****Vitamin C******		
ASCOR SOLUTION 25000 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ascorbic acid solution 15000 mg/30ml intravenous	Non-Formulary	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	Non FDA Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	MONY code issue; Formulary Exclusion
ascorbic acid solution 500 mg/ml injection	Non-Formulary	MONY Code; Formulary Exclusion

Drug Name	Tier	Notes
Vitamin D*		
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	Non-Formulary	Formulary Exclusion
ergocal capsule 62.5 mcg (2500 ut) oral	Non-Formulary	Formulary Exclusion
ergocalciferol capsule 1.25 mg (50000 ut) oral	1	
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	1	
vitamin d (ergocalciferol) capsule 50000 unit oral	1	
Vitamin E*		
wheat germ oil oil oral (rx)	Non-Formulary	Formulary Exclusion
Vitamin K*		
MEPHYTON TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
phytonadione solution 1 mg/0.5ml injection	Non-Formulary	Medical Only Exclusion
phytonadione solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion
vitamin k1 solution 1 mg/0.5ml injection	Non-Formulary	Medical Only Exclusion
vitamin k1 solution 10 mg/ml injection	Non-Formulary	Medical Only Exclusion

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