OPTUMRx®

KAISER PERMANENTE®
Kaiser Permanente Insurance Company

Kaiser Permanente Bernard J. Tyson School of Medicine, Inc. Exclusive Provider Organization (EPO) Student Blanket Health Plan Drug Formulary

Effective June 1, 2024

Health Plan Products:
Kaiser Permanente Bernard J. Tyson School of Medicine, EPO Student Blanket Health Plan offered by Kaiser Permanente Insurance Company

For the most current list of covered medications or for help understanding your KPIC insurance plan benefits, including cost sharing for drugs under the prescription drug benefit and under the medical benefit:

Call **1-888-251-7052 (TTY 711)**, Monday through Friday, 6 a.m. to 6 p.m. PT

Visit **kaiserpermanente.org** to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary **here**.
- Get plan coverage information.

For cost sharing information for the outpatient prescription drug benefits in your specific plan, please visit **here.**

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last updated: April 23, 2024

Kaiser Permanente

Understanding your formulary

What is a formulary?
This formulary provides a list of the approved prescription medications covered under your Health Insurance Plan including both generic and brand-name drugs. This list applies only to prescribed outpatient prescription drugs obtained through a Kaiser Permanente pharmacy or a retail pharmacy within the OptumRx network.

This list does not apply to medications administered in the doctor's office or in the hospital which are covered under your medical benefit. For information on drugs covered under your medical benefit, please see the General Benefits section of your Certificate of Insurance.

About this formulary
Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan, and it doesn't mean that you are guaranteed to receive a medication on this list. Please review your benefit plan for full details.

Review the formulary using either the categorical list of drugs or the alphabetical index. The categorical list of drugs groups medications into drug categories and classes that are organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index. A drug is listed alphabetically by the brand and generic name in the therapeutic category and class to which it belongs. The generic name for a brand-name drug is included after the brand-name in parentheses in all lowercase italicized letters.

If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand medication in all lowercase italicized letters. If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

If a generic equivalent for a brand-name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

How do I use my formulary?
You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. A non-formulary drug must be covered when your doctor says it is medically necessary. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card to submit a non-formulary exception request.

Some medications on your formulary have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), Non-formulary (NF), quantity limits (QL) or max day supply limit per prescription (DSL).
Please note, this formulary is not subject to PA or ST programs.

You may request exception to certain non-formulary programs when your doctor feels it is necessary. If OptumRx doesn't respond to your non-urgent NF exception request within 72 hours or your urgent NF exception request within 24 hours, then your request will be automatically granted. You may appeal the denial of an exception request. Please review your coverage documents for more information on appeal rights and procedures. We use programs like these to help make sure the medication you take is safe and effective.

When you request coverage of a non-formulary drug, we will notify you or your designee and your provider of the coverage determination within these time frames. If the decision is to provide coverage for a non-urgent request, coverage will be for the duration of the prescription, including refills. If the coverage decision is based on exigent circumstances, coverage will be for the duration of the exigency. Check your plan documents for more information. Some Affordable Care Act (ACA) or Health Care Reform (HCR) preventive medications may have coverage restrictions.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

Mail order
How can I receive medications by mail?
Most prescription refills can be mailed to you at no extra charge. You can sign up for mail-order services at your Kaiser Permanente pharmacy by calling the number on the back of your ID card or by visiting **kp.org**.

When does the formulary change?
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication. OptumRx and Kaiser Permanente Insurance Company may not limit or exclude coverage for a drug if the health insurer previously approved coverage of the drug for an insured's medical condition and the prescribing provider continues to prescribe the drug for the condition. This is provided that the drug is appropriately prescribed and safe and effective for treating the insured's medical condition.

What if I don't agree with a decision about an excluded medication?
You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

What is the maximum cost-share for oral anti-cancer drugs?
The cost-share for orally administered anti-cancer drugs shall not exceed $250 for a 30-day supply.

What categories of medications are covered through my plan?
Your prescription drug benefit will generally cover prescribed generic and brand-name medications listed on the formulary as long as the drug is medically necessary; the prescription is filled by an OptumRx network pharmacy provider; and other coverage rules are followed.

Over-the-counter (OTC) medications are not generally covered; however, certain preventive OTC medications are covered when prescribed by a doctor, such as aspirin and smoking cessation drugs. Durable medical equipment, prescribed by a doctor to treat diabetes or to assist with inhalation devices is also covered.

The formulary lists the pharmacy benefits covered under your outpatient prescription drug benefit and obtained from a Kaiser Permanente pharmacy or an OptumRx network participating retail pharmacy. This formulary does not apply to medications and devices that are obtained through the medical benefit portion of your coverage. For example, medications provided or administered in the doctor's office or in the hospital or, unless specifically stated otherwise, devices covered under the durable medical equipment benefit that are obtained at the doctor's office or through a durable medical equipment vendor.

Diabetes medication and equipment. Your outpatient prescription medication coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

Other medical benefit items. Some durable medical equipment that is covered through your medical benefit is also available at the pharmacy, such as disposable blood glucose test strips; blood glucose monitors; and lancets and lancet puncture devices.

Contraceptives. Your outpatient prescription drug coverage includes all prescribed FDA-approved contraceptive drugs, including over the counter FDA-approved female contraceptive methods at no cost-share when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

Abortion or abortion related services at no cost. All medications used for abortion or services related to abortion, are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor.

ACA Preventive drugs at no cost. All medications, even OTC drugs included under the federal Patient Affordable Care Act (ACA) as preventive medications, are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor. Please note: some medications are only covered at no cost for patients who meet the criteria listed in the formulary.

Medication tips

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications
An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Definitions

Brand name drug A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance Percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment Fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible Amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Exception request A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the nonformulary drug when it is medically necessary for you to take the drug.

Exigent circumstances When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.

Formulary or prescription drug list The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary. The fact that a doctor may prescribe, authorize, or direct a service does not by itself make it medically necessary or confirm coverage by the policy.

Nonformulary drug A prescription drug that is not listed on this formulary.

Out-of-pocket cost Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition. Prescription An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug A drug that by law requires a prescription.

Prior Authorization A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Over-the-counter (OTC) drugs are medications sold directly to a consumer without requiring a prescription. For this formulary, OTC drugs that are covered under your outpatient prescription drug benefit require a prescription from your doctor.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase and italicized (for example, *clobetasol*).

Tier information
Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

The copayment or coinsurance for a covered outpatient prescription drug for an individual prescription should not exceed $250 for a 30-day supply after meeting the deductible, if any.

Please refer to the tier definition table below to see how to identify which medications are preferred or non-preferred drugs.

Drug Tier	Includes	Helpful Tips
PV	$0 **Preventative drugs**	Preventative drugs required under the Affordable Care Act (ACA) at $0 cost share.
Tier 1	$ **Lower-cost** generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$ **Mid-range cost** preferred brand name	Use Tier 2 drugs if Tier 1 drugs are not available or you prefer a brand.
Tier 3	$$ **Exception-based** non-preferred brand	Tier 3 drugs in this plan require an exception for coverage.

Drug list information
In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

OC	**Oral anti-cancer** – Cost share not to exceed $250 per month for a 30-day supply.
QL	**Quantity Limit** – Medication may be limited to a certain quantity.
DSL	**Day Supply Limit** – Medication may be restricted to a maximum day supply limit per prescription.

Please refer to your COI (Certificate of Insurance) for more information about:

- Your medical coverage
- Existing conditions
- Non-formulary drugs
- Filing an appeal related to a denial of a coverage request. Your COI will provide more information on appeal rights and procedures.
- Outpatient prescription drug benefit

OptumRx updates the formulary on a monthly basis. The notice includes a description of the types of changes made during the plan or policy year, and the dates on which such changes are effective.

Changes may include:

- Removal of a drug or dosage form of a medication from the formulary.
- Any change in tier placement of a medication that results in an increase in cost sharing.
- Adding or changing medication coverage requirements such as PA, ST and QL programs.

Kaiser Permanente

Table of Contents

Informational Section 1
ANTIHISTAMINE DRUGS - Drugs for Allergy 8
ANTI-INFECTIVE AGENTS - Drugs for Infections 16
ANTINEOPLASTIC AGENTS - Drugs for Cancer 39
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM 56
AUTONOMIC DRUGS 66
AUTONOMIC DRUGS - Drugs for the Nervous System 66
BLOOD DERIVATIVES - Drugs for the Blood 85
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood 85
CARDIOVASCULAR DRUGS 103
CARDIOVASCULAR DRUGS - Drugs for the Heart 103
CELLULAR AND GENE THERAPY - Drugs for Cancer 131
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System 133
DENTAL AGENTS - Oral Care 190
DEVICES - Medical Supplies and Durable Medical Equipment 190
DIAGNOSTIC AGENTS 200
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants 206
ELECTROLYTIC, CALORIC, AND WATER BALANCE 206
ENZYMES 226
EYE, EAR, NOSE AND THROAT (EENT) PREPS. 228
GASTROINTESTINAL DRUGS 245
GASTROINTESTINAL DRUGS - Drugs for the Stomach 247
GOLD COMPOUNDS 266
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron 267
HORMONES AND SYNTHETIC SUBSTITUTES 267
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones 268
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing 316
MISCELLANEOUS THERAPEUTIC AGENTS 319
NONHORMONAL CONTRACEPTIVES - Drugs for Women 355
OXYTOCICS - Drugs for Women 356
PHARMACEUTICAL AIDS 356
RADIOACTIVE AGENTS 356
RESPIRATORY TRACT AGENTS - Drugs for the Lungs 356
SKIN AND MUCOUS MEMBRANE AGENTS 375
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin 376
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles 427
VITAMINS 428

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	PV	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
ryvent oral tablet 6 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg, 4 mg	1	
ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*)	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
cvs motion sickness oral tablet 50 mg	PV	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg, 4 mg	1	
ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml	1	
ft motion sickness oral tablet 50 mg	PV	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 4 mg	1	
goodsense motion sickness oral tablet 50 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
meclizine hcl oral tablet chewable 25 mg	PV	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
motion sickness relief oral tablet 50 mg	PV	
motion sickness relief oral tablet chewable 25 mg	PV	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PV	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3	
ryvent oral tablet 6 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	3	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
OTHER ANTIHISTAMINES - Drugs for Allergy		
acid reducer oral tablet 10 mg	PV	
ALAWAY OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	PV	
eye itch relief ophthalmic solution 0.035 %	1	
famotidine oral suspension reconstituted 40 mg/5ml	PV	
famotidine oral tablet 10 mg, 20 mg, 40 mg	PV	
famotidine orig st oral tablet 10 mg	PV	
ft acid reducer oral tablet 10 mg	PV	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
nizatidine oral capsule 150 mg, 300 mg	PV	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	3	
PEPCID AC ORAL TABLET 10 MG (*famotidine*)	PV	
PEPCID ORAL TABLET 20 MG, 40 MG (*famotidine*)	PV	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
TAGAMET HB 200 ORAL TABLET 200 MG (*cimetidine*)	PV	
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	3	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PV	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
allergy relief oral tablet 4 mg	1	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml	1	
ft allergy relief oral tablet 4 mg	1	
ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml	1	
goodsense allergy relief oral tablet 4 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	
12hr allergy relief oral tablet 60 mg	1	
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	1	
24hr allergy relief oral tablet 180 mg	1	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy 24-hr oral tablet 180 mg	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy childrens oral suspension 30 mg/5ml	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral capsule 10 mg	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief (loratadine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	1	
allergy relief oral tablet 10 mg, 180 mg	1	
allergy relief/indoor/outdoor oral tablet 10 mg, 180 mg	1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	3	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
cetirizine hcl oral tablet chewable 10 mg	1	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
CLARITIN ORAL TABLET 10 MG (*loratadine*)	3	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	3	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
fexofenadine hcl oral tablet 180 mg, 60 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	1	
ft all day allergy 24 hour oral tablet 10 mg	1	
ft all day allergy oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	1	
ft allergy childrens oral solution 5 mg/5ml	1	
ft allergy relief 12 hour oral tablet 60 mg	1	
ft allergy relief 24 hour oral tablet 180 mg	1	
ft allergy relief cetirizine oral tablet 10 mg	1	
ft allergy relief childrens oral tablet chewable 5 mg	1	
ft allergy relief loratadine oral tablet 10 mg	1	
ft allergy relief oral tablet 180 mg	1	
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
goodsense aller-ease oral tablet 180 mg	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine childrens oral tablet chewable 5 mg	1	
loratadine oral solution 5 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
loratadine oral tablet 10 mg	1	
loratadine oral tablet dispersible 10 mg	1	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	1	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
sm fexofenadine hcl oral tablet 180 mg	1	
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	3	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	3	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	1	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (*cefotetan disodium*)	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 10 gm	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous solution reconstituted 2 gm	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
tazicef injection solution reconstituted 1 gm	1	
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	1	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefepime hcl intravenous solution reconstituted 2 gm	1	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (*ceftaroline fosamil*)	3	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	PV	
amantadine hcl oral solution 50 mg/5ml	PV	
amantadine hcl oral tablet 100 mg	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	PV	DSL = 30 days
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*)	PV	
rimantadine hcl oral tablet 100 mg	PV	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	3	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
amikacin sulfate injection solution 500 mg/2ml	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	3	DSL = 30 days
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	3	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	3	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
neomycin sulfate oral tablet 500 mg	1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (*plazomicin sulfate*)	3	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	3	DSL = 30 days
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
amoxicillin oral capsule 250 mg, 500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (*amoxicillin-pot clavulanate*)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	3	
AUGMENTIN ORAL TABLET 500-125 MG (*amoxicillin-pot clavulanate*)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM (*ampicillin-sulbactam sodium*)	3	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	DSL = 30 days
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	2	
EGATEN ORAL TABLET 250 MG (*triclabendazole*)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	3	
ivermectin oral tablet 3 mg	1	
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	3	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	PV	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	PV	
avidoxy oral tablet 100 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	PV	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	PV	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	PV	DSL = 30 days
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*)	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	3	
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	PV	
mefloquine hcl oral tablet 250 mg	PV	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
primaquine phosphate oral tablet 26.3 (15 base) mg	PV	
pyrimethamine oral tablet 25 mg	PV	DSL = 30 days
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
QUALAQUIN ORAL CAPSULE 324 MG (*quinine sulfate*)	PV	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	PV	
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	2	
ALINIA ORAL TABLET 500 MG (*nitazoxanide*)	2	
atovaquone oral suspension 750 mg/5ml	PV	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
dapsone oral tablet 100 mg, 25 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	3	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	3	DSL = 30 days
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	PV	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	PV	
nitazoxanide oral tablet 500 mg	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	PV	
pentamidine isethionate inhalation solution reconstituted 300 mg	PV	
pentamidine isethionate injection solution reconstituted 300 mg	PV	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (*ethambutol hcl*)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (*rifabutin*)	3	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	3	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	3	DSL = 30 days
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
foscarnet sodium intravenous solution 6000 mg/250ml	PV	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (*foscarnet sodium*)	PV	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	PV	DSL = 30 days
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (*letermovir*)	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	PV	DSL = 30 days
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (*isavuconazonium sulfate*)	3	DSL = 30 days
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	3	DSL = 30 days
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (*fluconazole*)	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (*fluconazole*)	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	3	DSL = 30 days
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	3	DSL = 30 days
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (*posaconazole*)	3	
posaconazole oral suspension 40 mg/ml	1	DSL = 30 days
posaconazole oral tablet delayed release 100 mg	3	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	3	
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	2	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	PV	
VFEND ORAL TABLET 200 MG, 50 MG (*voriconazole*)	PV	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	3	
voriconazole oral suspension reconstituted 40 mg/ml	PV	
voriconazole oral tablet 200 mg, 50 mg	PV	
CARBAPENEM ANTIBIOTICS - Antibiotics		
ertapenem sodium injection solution reconstituted 1 gm	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
imipenem-cilastatin intravenous solution reconstituted 250 mg	1	
meropenem intravenous solution reconstituted 500 mg	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (*imipenem-cilastatin-relebactam*)	3	DSL = 30 days
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (*cefotetan disodium*)	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 10 gm	1	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	1	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*daptomycin*)	3	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	1	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG (*caspofungin acetate*)	3	
caspofungin acetate intravenous solution reconstituted 70 mg	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*anidulafungin*)	3	
micafungin sodium intravenous solution reconstituted 100 mg	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*micafungin sodium*)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*rezafungin acetate*)	3	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (*erythromycin base*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	3	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	3	
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%	1	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	1	
vancomycin hcl oral capsule 125 mg, 250 mg	3	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	3	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*tigecycline*)	3	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	3	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	3	DSL = 30 days
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	3	DSL = 30 days
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	3	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	3	DSL = 30 days
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	2	DSL = 30 days
maraviroc oral tablet 150 mg, 300 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	3	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (*ibalizumab-uiyk*)	3	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (*cabotegravir*)	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (*cabotegravir & rilpivirine*)	3	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	3	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	2	
VOCABRIA ORAL TABLET 30 MG (*cabotegravir sodium*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (*cabotegravir & rilpivirine*)	3	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	3	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	2	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
etravirine oral tablet 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (*etravirine*)	3	
INTELENCE ORAL TABLET 25 MG (*etravirine*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	2	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	3	
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	2	
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PV	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (*zidovudine*)	2	
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
tenofovir disoproxil fumarate oral tablet 300 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (*emtricitabine-tenofovir df*)	2	
TRUVADA ORAL TABLET 200-300 MG (*emtricitabine-tenofovir df*)	PV	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	2	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	3	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	3	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	3	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	3	
PREZISTA ORAL TABLET 150 MG, 600 MG (*darunavir*)	3	
PREZISTA ORAL TABLET 75 MG (*darunavir*)	2	
PREZISTA ORAL TABLET 800 MG (*darunavir*)	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	3	
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	3	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	3	DSL = 30 days
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
LINCOCIN INJECTION SOLUTION 300 MG/ML (*lincomycin hcl*)	3	
lincomycin hcl injection solution 300 mg/ml	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	3	DSL = 30 days
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	3	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (*penicillin g benzathine*)	2	
penicillin g potassium injection solution reconstituted 5000000 unit	1	
penicillin g sodium injection solution reconstituted 5000000 unit	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT (*penicillin g potassium*)	3	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	PV	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	PV	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (*peramivir*)	PV	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PV	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	PV	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	PV	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	PV	
acyclovir oral suspension 200 mg/5ml	PV	
acyclovir oral tablet 400 mg, 800 mg	PV	
ACYCLOVIX COMBINATION THERAPY PACK 200-10 MG-%	3	
adefovir dipivoxil oral tablet 10 mg	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	3	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	3	
cidofovir intravenous solution 75 mg/ml	PV	
entecavir oral tablet 0.5 mg, 1 mg	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PV	
LAGEVRIO ORAL CAPSULE 200 MG (*molnupiravir*)	PV	
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	PV	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	3	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	3	
valacyclovir hcl oral tablet 1 gm, 500 mg	PV	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	PV	DSL = 30 days
valganciclovir hcl oral solution reconstituted 50 mg/ml	PV	DSL = 30 days
valganciclovir hcl oral tablet 450 mg	PV	DSL = 30 days
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	PV	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*remdesivir*)	3	DSL = 30 days
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	3	DSL = 30 days
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (*ribavirin*)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	3	DSL = 30 days
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	3	DSL = 30 days
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
ZITHROMAX ORAL PACKET 1 GM (*azithromycin*)	2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	3	
linezolid intravenous solution 600 mg/300ml	3	
linezolid oral suspension reconstituted 100 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
linezolid oral tablet 600 mg	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*tedizolid phosphate*)	3	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (*linezolid*)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	3	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
nafcillin sodium injection solution reconstituted 1 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
oxacillin sodium injection solution reconstituted 1 gm	1	
oxacillin sodium intravenous solution reconstituted 10 gm	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
amphotericin b intravenous solution reconstituted 50 mg	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (*colistimethate sodium*)	3	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	3	
flucytosine oral capsule 250 mg, 500 mg	3	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*delafloxacin meglumine*)	3	
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (*rifamycin sodium*)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (*rifabutin*)	3	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
rifabutin oral capsule 150 mg	3	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	3	DSL = 30 days
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	2	DSL = 30 days
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (*cefiderocol sulfate tosylate*)	3	DSL = 30 days
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
avidoxy oral tablet 100 mg	1	
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (*doxycycline-benzoyl peroxide*)	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (*doxycycline hyclate*)	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	3	
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	3	
mondoxyne nl oral capsule 100 mg	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	3	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
fosfomycin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	3	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	DSL = 30 days
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	3	
abiraterone acetate oral tablet 250 mg, 500 mg	3	OC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (*paclitaxel protein-bound part*)	3	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*brentuximab vedotin*)	2	
adriamycin intravenous solution reconstituted 50 mg	1	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	3	DSL = 30 days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	3	DSL = 30 days; OC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	3	DSL = 30 days
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	3	DSL = 30 days; OC
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	3	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*pemetrexed disodium*)	3	DSL = 30 days
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*pemetrexed disodium*)	3	DSL = 30 days
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (*copanlisib hcl*)	3	DSL = 30 days
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	3	DSL = 30 days; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	3	DSL = 30 days; OC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	3	DSL = 30 days
anastrozole oral tablet 1 mg	PV	OC
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	PV	OC
AROMASIN ORAL TABLET 25 MG (*exemestane*)	PV	OC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (*nelarabine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
arsenic trioxide intravenous solution 10 mg/10ml	3	
arsenic trioxide intravenous solution 12 mg/6ml	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML (*ofatumumab*)	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 1000 MG/50ML (*ofatumumab*)	3	DSL = 30 days
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	3	DSL = 30 days
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	3	DSL = 30 days
azacitidine injection suspension reconstituted 100 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	3	DSL = 30 days
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (*avelumab*)	3	DSL = 30 days
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*belinostat*)	3	DSL = 30 days
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	2	DSL = 30 days
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	2	DSL = 30 days
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (*inotuzumab ozogamicin*)	3	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	
bexarotene oral capsule 75 mg	3	OC
bicalutamide oral tablet 50 mg	3	OC
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (*blinatumomab*)	3	DSL = 30 days
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	1	
bortezomib intravenous solution 3.5 mg/1.4ml	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (*bosutinib*)	3	DSL = 30 days
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	3	DSL = 30 days; OC
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	3	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	3	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	3	DSL = 30 days
busulfan intravenous solution 6 mg/ml	3	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (*busulfan*)	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	3	DSL = 30 days; OC
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	3	DSL = 30 days
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (*leuprolide mesylate (6 month)*)	3	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 40 MG/2ML (*irinotecan hcl*)	2	
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML (*irinotecan hcl*)	3	
capecitabine oral tablet 150 mg, 500 mg	3	DSL = 30 days; OC
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	3	OC
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1	
carmustine intravenous solution reconstituted 100 mg, 300 mg	1	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	3	
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	3	OC
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
cisplatin solution 50 mg/50ml intravenous	1	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	3	
cladribine intravenous solution 10 mg/10ml	1	
clofarabine intravenous solution 1 mg/ml	1	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (*clofarabine*)	3	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (*glofitamab-gxbm*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (*cabozantinib s-malate*)	3	DSL = 30 days; OC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	3	DSL = 30 days
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	3	DSL = 30 days; OC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
cyclophosphamide oral capsule 25 mg, 50 mg	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	OC
CYCLOPHOSPHAMIDE SOLUTION 1000 MG/10ML INTRAVENOUS	3	
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2000 MG/20ML INTRAVENOUS	3	
CYCLOPHOSPHAMIDE SOLUTION 500 MG/5ML INTRAVENOUS	3	
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*ramucirumab*)	3	DSL = 30 days
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	1	
dactinomycin intravenous solution reconstituted 0.5 mg	3	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (*naxitamab-gqgk*)	3	DSL = 30 days
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (*daratumumab-hyaluronidase-fihj*)	3	DSL = 30 days
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*daratumumab*)	3	DSL = 30 days
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	1	
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	3	
decitabine intravenous solution reconstituted 50 mg	3	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml	1	
docetaxel intravenous concentrate 80 mg/4ml	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	1	
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML (*doxorubicin hcl liposomal*)	3	
doxorubicin hcl intravenous solution 2 mg/ml	1	
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	1	
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (*mirvetuximab soravtansine-gynx*)	3	DSL = 30 days
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	2	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (*epirubicin hcl*)	3	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (*elranatamab-bcmm*)	3	DSL = 30 days
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (*tagraxofusp-erzs*)	3	DSL = 30 days
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	3	DSL = 30 days; OC
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (*elotuzumab*)	3	DSL = 30 days
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*fam-trastuzumab deruxtec-nxki*)	2	DSL = 30 days
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (*epcoritamab-bysp*)	3	DSL = 30 days
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (*cetuximab*)	3	
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	3	DSL = 30 days; OC
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	3	DSL = 30 days
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	3	DSL = 30 days; OC
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	DSL = 30 days; OC
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*etoposide phosphate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	
etoposide oral capsule 50 mg	3	OC
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	3	DSL = 30 days; OC
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	DSL = 30 days; OC
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	DSL = 30 days; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	DSL = 30 days
exemestane oral tablet 25 mg	PV	OC
EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*)	3	DSL = 30 days
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	PV	OC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	3	DSL = 30 days
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	PV	OC
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	
floxuridine injection solution reconstituted 0.5 gm	1	
fludarabine phosphate intravenous solution 50 mg/2ml	1	
fludarabine phosphate intravenous solution reconstituted 50 mg	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (*pralatrexate*)	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	3	DSL = 30 days
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	3	DSL = 30 days
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	3	DSL = 30 days
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (*sirolimus protein-bound part*)	3	DSL = 30 days
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	3	DSL = 30 days
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (*obinutuzumab*)	3	DSL = 30 days
gefitinib oral tablet 250 mg	1	DSL = 30 days; OC
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	1	
gemcitabine hcl intravenous solution reconstituted 1 gm	3	
gemcitabine hcl intravenous solution reconstituted 2 gm, 200 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	3	DSL = 30 days; OC
GLEEVEC ORAL TABLET 100 MG, 400 MG (*imatinib mesylate*)	3	DSL = 30 days; OC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	3	OC
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (*eribulin mesylate*)	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (*trastuzumab-hyaluronidase-oysk*)	3	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab*)	3	DSL = 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-pkrb*)	3	DSL = 30 days
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*topotecan hcl*)	3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	3	DSL = 30 days; OC
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	3	OC
hydroxyurea oral capsule 500 mg	3	OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	3	DSL = 30 days; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	3	DSL = 30 days
ICLUSIG ORAL TABLET 10 MG, 30 MG (*ponatinib hcl*)	3	
ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	3	DSL = 30 days; OC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (*idarubicin hcl*)	2	
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	1	
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	3	DSL = 30 days; OC
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (*ifosfamide*)	3	
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	1	
imatinib mesylate oral tablet 100 mg, 400 mg	3	OC
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	3	DSL = 30 days; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	3	DSL = 30 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	3	DSL = 30 days; OC
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (*durvalumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (*tremelimumab-actl*)	3	DSL = 30 days
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (*talimogene laherparepvec*)	3	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	3	DSL = 30 days; OC
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	3	DSL = 30 days
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	3	DSL = 30 days
IRESSA ORAL TABLET 250 MG (*gefitinib*)	3	DSL = 30 days; OC
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	1	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*romidepsin*)	3	
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	PV	DSL = 30 days
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (*ixabepilone*)	3	DSL = 30 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	3	DSL = 30 days; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	3	DSL = 30 days
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (*mitomycin*)	3	DSL = 30 days
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (*dostarlimab-gxly*)	3	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (*cabazitaxel*)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (*ado-trastuzumab emtansine*)	3	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab-anns*)	3	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (*trastuzumab-anns*)	3	DSL = 30 days
KEMOPLAT INTRAVENOUS SOLUTION 50 MG/50ML	3	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (*pembrolizumab*)	3	DSL = 30 days
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (*tebentafusp-tebn*)	3	DSL = 30 days
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	3	DSL = 30 days; OC
KISQALI ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	3	DSL = 30 days; OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	3	DSL = 30 days
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	3	DSL = 30 days
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (*carfilzomib*)	3	DSL = 30 days
lapatinib ditosylate oral tablet 250 mg	3	DSL = 30 days; OC
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG (*lenvatinib mesylate*)	3	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG (*lenvatinib mesylate*)	3	DSL = 30 days
letrozole oral tablet 2.5 mg	PV	OC
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	3	OC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	
leuprolide acetate injection kit 1 mg/0.2ml	1	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (*cemiplimab-rwlc*)	3	DSL = 30 days
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	3	DSL = 30 days; OC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (*toripalimab-tpzi*)	3	DSL = 30 days
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	3	DSL = 30 days
LUMAKRAS ORAL TABLET 120 MG, 320 MG (*sotorasib*)	3	DSL = 30 days
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (*mosunetuzumab-axgb*)	3	DSL = 30 days
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (*lutetium lu 177 dotatate*)	3	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	3	DSL = 30 days; OC
LYSODREN ORAL TABLET 500 MG (*mitotane*)	3	DSL = 30 days; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (*margetuximab-cmkb*)	3	DSL = 30 days
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	3	DSL = 30 days; OC
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	PV	
megestrol acetate oral tablet 20 mg, 40 mg	3	OC
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	3	DSL = 30 days
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	3	DSL = 30 days; OC
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	3	DSL = 30 days
melphalan hcl intravenous solution reconstituted 50 mg	1	
melphalan oral tablet 2 mg	3	OC
mercaptopurine oral tablet 50 mg	3	OC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	1	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	1	
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*tafasitamab-cxix*)	3	DSL = 30 days
mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-awwb*)	3	DSL = 30 days
MYLERAN ORAL TABLET 2 MG (*busulfan*)	3	OC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (*gemtuzumab ozogamicin*)	3	DSL = 30 days
nelarabine intravenous solution 5 mg/ml	3	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	3	DSL = 30 days; OC
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	3	DSL = 30 days; OC
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	3	OC
nilutamide oral tablet 150 mg	3	OC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	3	DSL = 30 days; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*pentostatin*)	3	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	3	DSL = 30 days
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	3	DSL = 30 days; OC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dkst*)	3	DSL = 30 days
OGSIVEO ORAL TABLET 50 MG (*nirogacestat hydrobromide*)	3	DSL = 30 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	3	DSL = 30 days
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (*pegaspargase*)	3	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (*irinotecan hcl liposome*)	3	DSL = 30 days
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dttb*)	3	DSL = 30 days
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	3	DSL = 30 days
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (*nivolumab*)	3	DSL = 30 days
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (*nivolumab-relatlimab-rmbw*)	3	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	DSL = 30 days
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	3	DSL = 30 days
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	3	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	1	
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (*enfortumab vedotin-ejfv*)	3	DSL = 30 days
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (*carboplatin*)	3	
pazopanib hcl oral tablet 200 mg	1	DSL = 30 days; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML	2	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 850 MG/34ML	3	
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	1	DSL = 30 days
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	3	DSL = 30 days
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	3	DSL = 30 days
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (*pemetrexed*)	3	DSL = 30 days
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*pemetrexed disodium*)	3	DSL = 30 days
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (*pertuzumab*)	3	DSL = 30 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (*pertuz-trastuz-hyaluron-zzxf*)	3	DSL = 30 days
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (*porfimer sodium*)	3	
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (*alpelisib*)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (*lutetium lu 177 vipivotide tet*)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG (*polatuzumab vedotin-piiq*)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG (*polatuzumab vedotin-piiq*)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	DSL = 30 days; OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (*necitumumab*)	3	DSL = 30 days
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (*mogamulizumab-kpkc*)	3	DSL = 30 days
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	3	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	3	DSL = 30 days
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (*sipuleucel-t*)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	DSL = 30 days; OC
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	3	DSL = 30 days
RETEVMO ORAL CAPSULE 40 MG, 80 MG (*selpercatinib*)	3	DSL = 30 days
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	3	DSL = 30 days; OC
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	3	DSL = 30 days
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	3	DSL = 30 days
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (*rituximab-hyaluronidase human*)	3	DSL = 30 days
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab*)	2	
romidepsin intravenous solution reconstituted 10 mg	1	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	3	DSL = 30 days
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	3	DSL = 30 days
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	3	DSL = 30 days; OC
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-pvvr*)	3	DSL = 30 days
RUXIENCE INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab-pvvr*)	3	
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (*amivantamab-vmjw*)	3	DSL = 30 days
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	3	DSL = 30 days; OC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	3	DSL = 30 days
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (*isatuximab-irfc*)	3	DSL = 30 days
SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIKLOS ORAL TABLET 100 MG (*hydroxyurea*)	3	
SIKLOS ORAL TABLET 1000 MG (*hydroxyurea*)	3	DSL = 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	PV	OC
sorafenib tosylate oral tablet 200 mg	1	DSL = 30 days; OC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG (*dasatinib*)	3	DSL = 30 days; OC
SPRYCEL ORAL TABLET 50 MG (*dasatinib*)	3	OC
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	3	DSL = 30 days; OC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	DSL = 30 days; OC
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	3	DSL = 30 days; OC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (*siltuximab*)	3	DSL = 30 days
TABLOID ORAL TABLET 40 MG (*thioguanine*)	3	OC
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	3	DSL = 30 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	3	DSL = 30 days; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	3	DSL = 30 days
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	3	DSL = 30 days; OC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (*talquetamab-tgvs*)	3	DSL = 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG (*talazoparib tosylate*)	3	DSL = 30 days
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG (*talazoparib tosylate*)	3	DSL = 30 days
tamoxifen citrate oral tablet 10 mg, 20 mg	PV	OC
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (*erlotinib hcl*)	3	DSL = 30 days; OC
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	3	OC
TASIGNA ORAL CAPSULE 150 MG, 200 MG (*nilotinib hcl*)	3	DSL = 30 days; OC
TASIGNA ORAL CAPSULE 50 MG (*nilotinib hcl*)	3	DSL = 30 days
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (*brexucabtagene autoleucel*)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	3	
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (*atezolizumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (*atezolizumab*)	3	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (*teclistamab-cqyv*)	3	DSL = 30 days
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*temozolomide*)	3	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	3	OC
temsirolimus intravenous solution 25 mg/ml	3	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (*thiotepa*)	3	DSL = 30 days
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	3	DSL = 30 days
thiotepa injection solution reconstituted 100 mg, 15 mg	3	DSL = 30 days
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	3	DSL = 30 days
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	2	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*tisotumab vedotin-tftv*)	3	DSL = 30 days
topotecan hcl intravenous solution 4 mg/4ml	1	
topotecan hcl intravenous solution reconstituted 4 mg	3	
toremifene citrate oral tablet 60 mg	PV	OC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (*temsirolimus*)	3	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab-qyyp*)	3	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (*trastuzumab-qyyp*)	3	DSL = 30 days
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*bendamustine hcl*)	3	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*bendamustine hcl*)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	3	
tretinoin oral capsule 10 mg	3	DSL = 30 days; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (*arsenic trioxide*)	3	DSL = 30 days
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (*sacituzumab govitecan-hziy*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUQAP ORAL TABLET 160 MG, 200 MG (*capivasertib*)	3	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-abbs*)	3	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab-abbs*)	2	DSL = 30 days
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	3	DSL = 30 days
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	3	DSL = 30 days
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	3	DSL = 30 days; OC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (*dinutuximab*)	3	DSL = 30 days
valrubicin intravesical solution 40 mg/ml	3	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (*valrubicin*)	3	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	3	DSL = 30 days
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*panitumumab*)	3	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	3	DSL = 30 days
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (*bortezomib*)	3	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	3	DSL = 30 days; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	3	DSL = 30 days; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	3	DSL = 30 days; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (*azacitidine*)	3	
vinblastine sulfate intravenous solution 1 mg/ml	1	
vincristine sulfate intravenous solution 1 mg/ml	1	
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	3	DSL = 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	3	DSL = 30 days
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	3	DSL = 30 days
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	3	DSL = 30 days
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	3	DSL = 30 days; OC
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (*daunorubicin-cytarabine lipo*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WELIREG ORAL TABLET 40 MG (*belzutifan*)	3	DSL = 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	3	DSL = 30 days; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	3	DSL = 30 days; OC
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	3	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3	DSL = 30 days
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	3	DSL = 30 days; OC
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	3	DSL = 30 days
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (*ipilimumab*)	3	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	3	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (*trabectedin*)	3	DSL = 30 days
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	3	DSL = 30 days
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (*ziv-aflibercept*)	3	DSL = 30 days
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (*streptozocin*)	3	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	3	DSL = 30 days
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	3	DSL = 30 days; OC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*lurbinectedin*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (*ibritumomab tiuxetan for y-90*)	3	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-bvzr*)	3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	3	
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	3	OC
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	3	DSL = 30 days; OC
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	3	DSL = 30 days
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*loncastuximab tesirine-lpyl*)	3	DSL = 30 days
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (*retifanlimab-dlwr*)	3	DSL = 30 days
ZYTIGA ORAL TABLET 250 MG, 500 MG (*abiraterone acetate*)	3	DSL = 30 days; OC
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	2	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	2	
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (*grass mix pollens allergen ext*)	3	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG (*peanut powder-dnfp*)	3	DSL = 30 days
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	2	
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	DSL = 30 days
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	3	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	3	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	3	DSL = 30 days
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML (*immune globulin (human)-hipp*)	3	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	3	DSL = 30 days
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	2	DSL = 30 days
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (*cytomegalovirus immune glob*)	2	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*digoxin immune fab*)	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*immune globulin (human)*)	2	
GAMASTAN INTRAMUSCULAR INJECTABLE (*immune globulin (human)*)	2	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (*immune globulin (human)*)	3	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (*hepatitis b immune globulin*)	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	3	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	2	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (*hepatitis b immune globulin*)	2	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (*hepatitis b immune globulin*)	2	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 900 UNIT/3ML (*rabies immune globulin*)	3	
HYPERRAB INJECTION SOLUTION 300 UNIT/ML (*rabies immune globulin*)	2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*)	2	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (*tetanus immune globulin*)	2	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	3	DSL = 30 days
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (*rabies immune globulin*)	2	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	2	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (*rho d immune globulin*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (*hepatitis b immune globulin*)	2	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	
OCTAGAM INTRAVENOUS SOLUTION 2 GM/20ML, 30 GM/300ML (*immune globulin (human)*)	3	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML (*immune globulin (human)*)	3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (*varicella-zoster immune glob*)	3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (*rho d immune globulin*)	3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	3	DSL = 30 days
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (*bezlotoxumab*)	3	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (*diphth-acell pertussis-tetanus*)	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (*tetanus-diphtheria toxoids td*)	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (*tetanus-diphtheria toxoids td*)	3	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (*rsv pre-fusion f a&b vac rcmb*)	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	PV	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	PV	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (*rsvpref3 vac recomb adjuvanted*)	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b recomb omv adj*)	PV	
BIOTHRAX INTRAMUSCULAR SUSPENSION (*anthrax vaccine adsorbed*)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (*dengue virus vaccine live tetr*)	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (*hepatitis b vac recombinant*)	2	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (*hepatitis b vac recombinant*)	2	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (*influenza vac a&b sa adj quad*)	PV	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	PV	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (*influenza vac recomb ha quad*)	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac subunit quad*)	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac subunit quad*)	PV	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	PV	
FLUMIST QUADRIVALENT NASAL SUSPENSION (*influenza virus vac live quad*)	PV	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (*influenza vac high-dose quad*)	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	PV	
GARDASIL 9 INTRAMUSCULAR SUSPENSION (*hpv 9-valent recomb vaccine*)	2	DSL = 30 days
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hpv 9-valent recomb vaccine*)	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (*hepatitis a vaccine*)	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (*hepatitis b vac recomb adj*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (*haemophilus b polysac conj vac*)	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (*rabies virus vaccine, hdc*)	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (*diphth-acell pertussis-tetanus*)	2	
IPOL INJECTION INJECTABLE (*poliovirus vaccine inactivated*)	2	
IXIARO INTRAMUSCULAR SUSPENSION (*japanese encephalitis vac inac*)	2	
MENQUADFI INTRAMUSCULAR SOLUTION (*mening acy&w-135 tetanus conj*)	3	
MENVEO INTRAMUSCULAR SOLUTION (*meningococcal a c y&w-135 olig*)	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED (*measles, mumps & rubella vac*)	2	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (*covid-19 mrna virus vaccine*)	3	
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (*haemophilus b polysac conj vac*)	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (*mening acyw(tet conj)-b(rcmb)*)	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (*hepatitis b vac 3-antigen rcmb*)	3	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 20-val conj vacc*)	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles, mumps & rubella vac*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles-mumps-rubella-varicell*)	2	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rabies vaccine, pcec*)	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	
ROTARIX ORAL SUSPENSION (*rotavirus vaccine live oral*)	2	
ROTATEQ ORAL SOLUTION (*rotavirus vac live pentavalent*)	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (*zoster vac recomb adjuvanted*)	2	
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b vac (recomb)*)	PV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (*hepatitis a-hep b recomb vac*)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (*typhoid vi polysaccharide vacc*)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (*typhoid vi polysaccharide vacc*)	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (*varicella virus vaccine live*)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (*cholera vac live attenuated*)	2	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 15-val conj vacc*)	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (*typhoid vaccine*)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (*yellow fever vaccine*)	2	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PV	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	PV	
goodsense nicotine mouth/throat gum 2 mg	PV	
goodsense nicotine mouth/throat lozenge 4 mg	PV	
habitrol transdermal patch 24 hour 21 mg/24hr	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine polacrilex mini mouth/throat lozenge 2 mg	PV	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PV	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	PV	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	PV	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	PV	
nicotine transdermal kit 21-14-7 mg/24hr	PV	
nicotine transdermal patch 24 hour 21 mg/24hr	PV	
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	PV	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PV	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PV	
varenicline tartrate(continue) oral tablet 1 mg	PV	
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (*epinephrine*)	3	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (*ephedrine sulfate (pressors)*)	3	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (*loratadine-pseudoephedrine*)	3	
cold & sinus oral tablet 30-200 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	3	DSL = 30 days
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	3	
EPISNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	1	
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	1	
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg	1	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	1	
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
LETS KIT	3	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	1	
mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
nasal decongestant oral tablet 30 mg	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	3	DSL = 30 days
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
sinus 12 hour oral tablet extended release 12 hour 120 mg	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (*pseudoephedrine hcl*)	3	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	1	
sudogest maximum strength oral tablet 30 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sudogest oral tablet 30 mg	1	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	3	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	3	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml	1	
ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml	1	
ft nasal decongestant pe oral tablet 10 mg	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (*dexmedetomidine hcl*)	3	DSL = 30 days
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	3	DSL = 30 days
maxi-tuss pe max oral liquid 5-100 mg/5ml	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
nasal decongestant pe oral tablet 10 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine hcl*)	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	PV	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	3	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
DONNATAL ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	3	DSL = 30 days
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	3	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (*glycopyrrolate*)	3	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	3	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	3	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	3	
ipratropium bromide inhalation solution 0.02 %	PV	
ipratropium bromide nasal solution 0.03 %, 0.06 %	PV	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	1	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	1	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
PHENOHYTRO ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
ROBINUL ORAL TABLET 1 MG (*glycopyrrolate*)	3	
ROBINUL-FORTE ORAL TABLET 2 MG (*glycopyrrolate*)	3	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide monohydrate*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
tiotropium bromide monohydrate inhalation capsule 18 mcg	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	PV	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	3	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	3	
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	PV	
goodsense nicotine mouth/throat gum 2 mg	PV	
goodsense nicotine mouth/throat lozenge 4 mg	PV	
habitrol transdermal patch 24 hour 21 mg/24hr	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine polacrilex mini mouth/throat lozenge 2 mg	PV	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PV	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	PV	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	PV	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	PV	
nicotine transdermal kit 21-14-7 mg/24hr	PV	
nicotine transdermal patch 24 hour 21 mg/24hr	PV	
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	PV	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PV	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PV	
varenicline tartrate(continue) oral tablet 1 mg	PV	
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	3	
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 250 mg	1	DSL = 30 days
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	
FEXMID ORAL TABLET 7.5 MG (*cyclobenzaprine hcl*)	3	
LORZONE ORAL TABLET 375 MG, 750 MG (*chlorzoxazone*)	3	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	3	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (*cyclobenzaprine hcl-msm*)	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
VP FC KIT EXTERNAL CREAM	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (*tizanidine hcl*)	3	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	3	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	1	
baclofen intrathecal solution prefilled syringe 50 mcg/ml	1	
BACLOFEN ORAL SOLUTION 10 MG/5ML	3	DSL = 30 days
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	
baclofen oral suspension 25 mg/5ml	1	DSL = 30 days
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	3	DSL = 30 days
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 40000 MCG/20ML (*baclofen*)	3	
GABLOFEN INTRATHECAL SOLUTION 20000 MCG/20ML (*baclofen*)	2	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (*baclofen*)	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/5ML (*baclofen*)	3	
LIORESAL INTRATHECAL SOLUTION 10 MG/20ML, 40 MG/20ML (*baclofen*)	3	
LYVISPAH ORAL PACKET 10 MG, 5 MG (*baclofen*)	3	
LYVISPAH ORAL PACKET 20 MG (*baclofen*)	3	DSL = 30 days
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	3	DSL = 30 days
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	3	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	3	
dihydroergotamine mesylate injection solution 1 mg/ml	1	DSL = 30 days
dihydroergotamine mesylate nasal solution 4 mg/ml	1	DSL = 30 days
ergoloid mesylates oral tablet 1 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	3	DSL = 30 days
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	3	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	3	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (*donepezil hcl*)	3	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	3	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	3	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	2	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (*pyridostigmine bromide*)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (*memantine hcl-donepezil hcl*)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG (*tamsulosin hcl*)	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	3	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	3	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol(sensor)*)	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	PV	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
albuterol sulfate oral syrup 2 mg/5ml	PV	
albuterol sulfate oral tablet 2 mg, 4 mg	PV	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	3	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	3	DSL = 30 days
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate (sensor)*)	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	3	
terbutaline sulfate injection solution 1 mg/ml	PV	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PV	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (*plasma human*)	3	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (*hemin*)	3	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (*plasminogen human-tvmh*)	3	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PV	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PV	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (*daprodustat*)	3	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PV	DSL = 30 days
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (*anticoagulant cit dext soln a*)	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	3	DSL = 30 days
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*protein c concentrate (human)*)	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	DSL = 30 days
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 % (*region citrate anticoag (crrt)*)	3	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*antithrombin iii (human)*)	2	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (*anticoagulant sodium citrate*)	3	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*coag fact xa inactivated-zhzo*)	3	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (*idarucizumab*)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3	
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (*crizanlizumab-tmca*)	3	DSL = 30 days
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (*sutimlimab-jome*)	3	DSL = 30 days
OXBRYTA ORAL TABLET 300 MG, 500 MG (*voxelotor*)	3	DSL = 30 days
OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*)	3	DSL = 30 days
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	3	DSL = 30 days
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	3	DSL = 30 days
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	3	DSL = 30 days
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	3	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	3	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	3	DSL = 30 days
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	3	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	3	DSL = 30 days
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	3	DSL = 30 days
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (*motixafortide acetate*)	3	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PV	DSL = 30 days
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	3	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PV	DSL = 30 days
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*tbo-filgrastim*)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	PV	DSL = 30 days
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (*daprodustat*)	3	DSL = 30 days
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	PV	DSL = 30 days
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	PV	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (*plerixafor*)	3	DSL = 30 days
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	3	DSL = 30 days
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (*pegfilgrastim*)	PV	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	PV	DSL = 30 days
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PV	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (*romiplostim*)	3	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (*romiplostim*)	3	DSL = 30 days
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	PV	DSL = 30 days
plerixafor subcutaneous solution 24 mg/1.2ml	1	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	3	DSL = 30 days
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	3	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (*luspatercept-aamt*)	3	DSL = 30 days
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PV	DSL = 30 days
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*)	PV	DSL = 30 days
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	PV	DSL = 30 days
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	DSL = 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	DSL = 30 days
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	PV	DSL = 30 days
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (*absorbable collagen hemostat*)	3	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	3	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*antihemophil factor (rahf-pfm)*)	3	DSL = 30 days
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	3	DSL = 30 days
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	3	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	3	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	3	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	3	
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (*ferric subsulfate*)	3	
AVITENE EXTERNAL PAD (*microfibrillar coll hemostat*)	3	
AVITENE FLOUR EXTERNAL POWDER (*microfibrillar coll hemostat*)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	3	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	3	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (*tranexamic acid*)	3	
DDAVP INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	3	
ENDO AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	3	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	3	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	DSL = 30 days
GELFILM EXTERNAL FILM (*gelatin absorbable*)	3	
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	2	
GEL-FLOW EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (*gelatin absorbable*)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM MOUTH/THROAT POWDER (*gelatin absorbable*)	3	
GELFOAM SPONGE EXTERNAL 12-7 MM (*gelatin absorbable*)	2	
GELFOAM SPONGE SIZE 100 EXTERNAL (*gelatin absorbable*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GELFOAM SPONGE SIZE 200 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (*gelatin absorbable*)	2	
GELFOAM-JMI POWDER EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (*etranacogene dezaparvovec-drlb*)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	3	DSL = 30 days
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML (*emicizumab-kxwh*)	3	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	3	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	3	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	3	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 3500 UNIT (*coagulation factor ix (rix-fp)*)	3	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	3	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3	DSL = 30 days
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	3	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*)	3	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOGENATE FS INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (*antihem factor recomb (rfviii)*)	3	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	3	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	3	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	3	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	3	DSL = 30 days
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	3	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (*coagulation factor ix glycopeg*)	3	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	3	DSL = 30 days
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT (*antihem factor recomb (rfviii)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (*thrombin (recombinant)*)	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (*thrombin (recombinant)*)	2	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	DSL = 30 days
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML (*valoctocogene roxaparvov-rvox*)	3	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	3	DSL = 30 days
SYRINGE AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
THROMBI-GEL 10 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBI-GEL 100 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBI-GEL 40 EXTERNAL PAD (*thrombin-cmc-cacl-gelatin*)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (*thrombin*)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT (*thrombin*)	2	
THROMBIN-JMI EXTERNAL KIT 5000 UNIT (*thrombin*)	3	
THROMBI-PAD EXTERNAL PAD 3"X3" (*thrombin-cmc-cacl*)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (*thrombin*)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (*thrombin*)	3	
tranexamic acid intravenous solution 1000 mg/10ml	1	
tranexamic acid oral tablet 650 mg	1	
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (*coagulation factor xiii a-sub*)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (*microfibrillar coll hemostat*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	3	DSL = 30 days
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	3	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	DSL = 30 days
XYNTHA INTRAVENOUS KIT 2000 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	DSL = 30 days
XYNTHA SOLOFUSE INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	1	DSL = 30 days
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	DSL = 30 days
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML (*enoxaparin sodium*)	3	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (*dalteparin sodium*)	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*)	3	DSL = 30 days
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	3	DSL = 30 days
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	2	DSL = 30 days
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (*enoxaparin sodium*)	2	DSL = 30 days
IRON PREPARATIONS - Vitamins and Minerals		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	3	DSL = 30 days
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
AZESCO ORAL TABLET 13-1 MG	3	
BENTIVITE ORAL TABLET 35-1 MG (*ferrous sulfate-folic acid*)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
CHROMAGEN ORAL CAPSULE (*iron combinations*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITE 150 ORAL TABLET (*iron combinations*)	3	
CORVITE FE ORAL TABLET	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FEONYX ORAL TABLET	3	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (*ferumoxytol*)	PV	
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferocon oral capsule	PV	
ferotrinsic oral capsule	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (*na ferric gluc cplx in sucrose*)	3	
ferrocite plus oral tablet 106-1 mg	1	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
ferrous fumarate oral tablet 324 mg	1	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml	1	
ferrous sulfate oral tablet 325 (65 fe) mg	1	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	1	
ferumoxytol intravenous solution 510 mg/17ml	PV	
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
foltrin oral capsule	PV	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMATOGEN ORAL CAPSULE (*iron combinations*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
iferex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
INFED INJECTION SOLUTION 50 MG/ML (*iron dextran*)	2	
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (*ferric carboxymaltose*)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
k-tan plus oral capsule 162-115.2-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (*ferric derisomaltose*)	3	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum - suc-c-thre-b12-fa*)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
NIFEREX ORAL TABLET (*iron combinations*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (*ferrous sulfate*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TARON FORTE ORAL CAPSULE	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE 324 MG	3	
TULIVITE ORAL TABLET 35-1 MG	3	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*)	2	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (*cyanocobalamin-methylcobalamin*)	3	
b-12 oral tablet 1000 mcg	1	
b-12 oral tablet extended release 1000 mcg	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (*cyanocobalamin*)	3	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
BRILINTA ORAL TABLET 60 MG (*ticagrelor*)	3	
BRILINTA ORAL TABLET 90 MG (*ticagrelor*)	2	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	2	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
goodsense aspirin adults oral tablet 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
mm aspirin oral tablet delayed release 81 mg	PV	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	3	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	3	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	3	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (*alteplase*)	2	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (*alteplase*)	2	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
goodsense aspirin adults oral tablet 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
mm aspirin oral tablet delayed release 81 mg	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
CARDIOVASCULAR DRUGS		
SODIUM-GLUC (SGLT) COTRANSPORTER INHIB		
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	3	DSL = 30 days
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (*irbesartan*)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	3	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	DSL = 30 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (*irbesartan*)	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	3	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	3	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (*telmisartan*)	3	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	DSL = 30 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (*ramipril*)	3	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (*ramipril*)	3	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
VASERETIC ORAL TABLET 10-25 MG (*enalapril-hydrochlorothiazide*)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	PV	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	PV	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	PV	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (*evinacumab-dgnb*)	3	DSL = 30 days
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	3	DSL = 30 days
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inclisiran sodium*)	3	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	3	
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	3	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	3	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	3	
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	3	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID FLAVORED ORAL PACKET 5 GM (*colestipol hcl*)	3	
COLESTID ORAL GRANULES 5 GM (*colestipol hcl*)	3	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	3	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	3	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	3	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	3	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*)	3	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	DSL = 30 days
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	3	
CARDIOTONIC AGENTS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	PV	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	PV	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	PV	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	3	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine hcl*)	3	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	3	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	3	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	3	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	1	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (*amiodarone hcl*)	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (*amlodipine-atorvastatin*)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	3	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fenofibric acid oral tablet 105 mg, 35 mg	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (*fenofibrate*)	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	3	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	3	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (*choline fenofibrate*)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	PV	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	3	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (*amlodipine-atorvastatin*)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	PV	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	PV	
fluvastatin sodium oral capsule 20 mg, 40 mg	PV	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	PV	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	PV	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	PV	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PV	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PV	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	PV	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (*simvastatin*)	PV	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	3	
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	3	
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	3	DSL = 30 days
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inclisiran sodium*)	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	3	DSL = 30 days
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	3	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	3	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	
cilostazol oral tablet 100 mg, 50 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
LIQREV ORAL SUSPENSION 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	3	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
tadalafil oral tablet 10 mg, 20 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
vardenafil hcl oral tablet dispersible 10 mg	1	
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	2	
SCLEROSING AGENTS - Drugs for Varicose Veins		
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (*talc*)	3	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	3	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	3	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	DSL = 30 days
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	3	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*)	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days
papaverine hcl injection solution 30 mg/ml	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	3	DSL = 30 days
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	3	
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (*lifileucel*)	3	
LANTIDRA INTRAVENOUS SUSPENSION (*donislecel-jujn*)	3	
OMISIRGE INTRAVENOUS SUSPENSION (*omidubicel-onlv*)	3	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (*sipuleucel-t*)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (*allogeneic thymus tissue-agdc*)	3	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	3	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	3	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	3	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	3	
CASGEVY INTRAVENOUS SUSPENSION (*exagamglogene autotemcel*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS INTRAVENOUS KIT 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML, 49 X 10 ML, 50 X 10 ML, 51 X 10 ML, 52 X 10 ML, 53 X 10 ML, 54 X 10 ML, 55 X 10 ML, 56 X 10 ML, 57 X 10 ML, 58 X 10 ML, 59 X 10 ML, 60 X 10 ML, 61 X 10 ML, 62 X 10 ML, 63 X 10 ML, 64 X 10 ML, 65 X 10 ML, 66 X 10 ML, 67 X 10 ML, 68 X 10 ML, 69 X 10 ML, 70 X 10 ML (*delandistrogene moxeparvo-rokl*)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (*etranacogene dezaparvovec-drlb*)	3	
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (*talimogene laherparepvec*)	3	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (*tisagenlecleucel*)	3	
LENMELDY INTRAVENOUS SUSPENSION (*atidarsagene autotemcel*)	3	
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (*voretigene neparvovec-rzyl*)	3	
LYFGENIA INTRAVENOUS SUSPENSION (*lovotibeglogene autotemcel*)	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML (*valoctocogene roxaparvov-rvox*)	3	
SKYSONA INTRAVENOUS SUSPENSION (*elivaldogene autotemcel*)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (*brexucabtagene autoleucel*)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	3	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	3	
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML (*onasemnogene abeparvovec-xioi*)	3	
ZOLGENSMA INTRAVENOUS KIT 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (*onasemnogene abeparvovec-xioi*)	3	
ZYNTEGLO INTRAVENOUS SUSPENSION (*betibeglogene autotemcel*)	3	
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	PV	
amantadine hcl oral solution 50 mg/5ml	PV	
amantadine hcl oral tablet 100 mg	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	PV	DSL = 30 days
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (*amantadine hcl*)	PV	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*)	3	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	
diethylpropion hcl oral tablet 25 mg	1	
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	3	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	
phendimetrazine tartrate oral tablet 35 mg	1	
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine hcl oral tablet 37.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	3	DSL = 30 days
amphetamine sulfate oral tablet 10 mg, 5 mg	1	DSL = 30 days
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	DSL = 30 days
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	DSL = 30 days
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	DSL = 30 days
benzphetamine hcl oral tablet 50 mg	1	
DESOXYN ORAL TABLET 5 MG (*methamphetamine hcl*)	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	DSL = 30 days
dextroamphetamine sulfate oral solution 5 mg/5ml	1	DSL = 30 days
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	DSL = 30 days
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	3	DSL = 30 days
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	3	DSL = 30 days
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	3	DSL = 30 days
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	DSL = 30 days
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	DSL = 30 days
methamphetamine hcl oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
PROCENTRA ORAL SOLUTION 5 MG/5ML (*dextroamphetamine sulfate*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	2	DSL = 30 days
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	3	DSL = 30 days
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	3	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
8 hour arthritis pain oral tablet extended release 650 mg	1	
8 hour pain reliever oral tablet extended release 650 mg	1	
8 hr arthritis pain relief oral tablet extended release 650 mg	1	
acetaminophen 8 hour oral tablet extended release 650 mg	1	
acetaminophen childrens oral solution 160 mg/5ml	1	
acetaminophen childrens oral suspension 160 mg/5ml	1	
acetaminophen childrens oral tablet chewable 160 mg	1	
acetaminophen er oral tablet extended release 650 mg	1	
acetaminophen extra strength oral tablet 500 mg	1	
acetaminophen oral liquid 160 mg/5ml	1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1	
acetaminophen oral suspension 160 mg/5ml	1	
acetaminophen oral tablet 325 mg, 500 mg	1	
acetaminophen rectal suppository 120 mg, 650 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	3	DSL = 30 days
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
arthritis pain relief oral tablet extended release 650 mg	1	
arthritis pain reliever oral tablet extended release 650 mg	1	
bac oral tablet 50-325-40 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPAP ORAL TABLET 50-300 MG (*butalbital-acetaminophen*)	3	
butalbital-acetaminophen capsule 50-300 mg oral	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
CURANOL ORAL LIQUID 160 MG/5ML	3	
cvs acetaminophen ex st oral tablet 500 mg	1	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	3	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	3	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	3	
ft 8 hour pain relief oral tablet extended release 650 mg	1	
ft arthritis pain reliever oral tablet extended release 650 mg	1	
ft children's pain/fever oral tablet chewable 160 mg	1	
ft migraine relief oral tablet 250-250-65 mg	1	
ft pain & fever childrens oral suspension 160 mg/5ml	1	
ft pain & fever infants oral suspension 160 mg/5ml	1	
ft pain relief adult extra st oral tablet 500 mg	1	
ft pain relief extra strength oral tablet 500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft pain relief oral tablet 325 mg	1	
ft pain reliever ex str adult oral tablet 500 mg	1	
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
gabapentin oral tablet 600 mg, 800 mg	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
goodsense pain & fever child oral suspension 160 mg/5ml	1	
goodsense pain relief oral tablet 325 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	3	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
liquid acetaminophen oral liquid 160 mg/5ml	1	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (*naltrexone hcl (pain)*)	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	3	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (*acetaminophen*)	3	
migraine relief oral tablet 250-250-65 mg	1	
mm acetaminophen ex str oral tablet 500 mg	1	
m-pap oral liquid 160 mg/5ml	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (*naltrexone hcl (pain)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURAPTINE EXTERNAL CREAM 10 % (*gabapentin*)	3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
pain & fever childrens oral suspension 160 mg/5ml	1	
pain & fever infants oral suspension 160 mg/5ml	1	
pain relief childrens oral elixir 160 mg/5ml	1	
pain relief extra strength oral capsule 500 mg	1	
pain relief extra strength oral tablet 500 mg	1	
pain relief oral liquid 500 mg/15ml	1	
pain relief regular strength oral tablet 325 mg	1	
pain reliever extra strength oral tablet 250-250-65 mg	1	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
PANADOL EXTRA ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	3	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL ORAL TABLET 325 MG (*acetaminophen*)	3	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	3	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (*brivaracetam*)	3	DSL = 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	3	DSL = 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	3	DSL = 30 days
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (*gabapentin & lidocaine*)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	3	DSL = 30 days
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	3	DSL = 30 days
epitol oral tablet 200 mg	1	
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	3	DSL = 30 days
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (*carbamazepine (antipsychotic)*)	2	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	
felbamate oral suspension 600 mg/5ml	3	
felbamate oral tablet 400 mg, 600 mg	3	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	3	DSL = 30 days
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	3	DSL = 30 days
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (*gabapentin (once-daily)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (*levetiracetam*)	3	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	3	
lacosamide intravenous solution 200 mg/20ml	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	PV	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PV	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	PV	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
lamotrigine oral tablet chewable 25 mg, 5 mg	PV	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	PV	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PV	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	1	
levetiracetam intravenous solution 500 mg/5ml	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	2	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	2	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	DSL = 30 days
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	1	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	3	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	3	DSL = 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
subvenite starter kit-blue oral kit 35 x 25 mg	PV	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	3	
vigabatrin oral tablet 500 mg	1	DSL = 30 days
vigadrone oral packet 500 mg	3	
vigadrone oral tablet 500 mg	1	DSL = 30 days
vigpoder oral packet 500 mg	3	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	3	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	3	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	3	DSL = 30 days
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	PV	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	3	DSL = 30 days
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PV	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	PV	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PV	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	PV	
bupropion hcl oral tablet 100 mg, 75 mg	PV	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	PV	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PV	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PV	
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	PV	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (*mirtazapine*)	PV	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (*bupropion hcl*)	PV	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	PV	
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (*brexanolone*)	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	3	DSL = 30 days
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	PV	
aripiprazole oral solution 1 mg/ml	PV	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PV	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PV	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PV	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (*carbamazepine (antipsychotic)*)	2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	PV	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	PV	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PV	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	PV	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
lamotrigine oral tablet chewable 25 mg, 5 mg	PV	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	PV	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PV	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	PV	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PV	
lithium carbonate oral tablet 300 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lithium oral solution 8 meq/5ml	PV	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	PV	
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PV	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	PV	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	PV	
risperidone oral solution 1 mg/ml	PV	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	3	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
subvenite starter kit-blue oral kit 35 x 25 mg	PV	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PV	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*olanzapine*)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	PV	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*olanzapine*)	PV	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
8 hour arthritis pain oral tablet extended release 650 mg	1	
8 hour pain reliever oral tablet extended release 650 mg	1	
8 hr arthritis pain relief oral tablet extended release 650 mg	1	
acetaminophen 8 hour oral tablet extended release 650 mg	1	
acetaminophen childrens oral solution 160 mg/5ml	1	
acetaminophen childrens oral suspension 160 mg/5ml	1	
acetaminophen childrens oral tablet chewable 160 mg	1	
acetaminophen er oral tablet extended release 650 mg	1	
acetaminophen extra strength oral tablet 500 mg	1	
acetaminophen oral liquid 160 mg/5ml	1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1	
acetaminophen oral suspension 160 mg/5ml	1	
acetaminophen oral tablet 325 mg, 500 mg	1	
acetaminophen rectal suppository 120 mg, 650 mg	1	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (*ibuprofen*)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL TABLET 200 MG (*ibuprofen*)	PV	
ALEVE ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	PV	
arthritis pain relief oral tablet extended release 650 mg	1	
arthritis pain reliever oral tablet extended release 650 mg	1	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3	
CURANOL ORAL LIQUID 160 MG/5ML	3	
cvs acetaminophen ex st oral tablet 500 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
diclofenac potassium(migraine) oral packet 50 mg	1	
dihydroergotamine mesylate injection solution 1 mg/ml	1	DSL = 30 days
dihydroergotamine mesylate nasal solution 4 mg/ml	1	DSL = 30 days
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (*naproxen*)	PV	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	PV	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	3	DSL = 30 days
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	3	DSL = 30 days
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
ft 8 hour pain relief oral tablet extended release 650 mg	1	
ft all day pain relief oral tablet 220 mg	PV	
ft arthritis pain reliever oral tablet extended release 650 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft children's pain/fever oral tablet chewable 160 mg	1	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
ft ibuprofen ib childrens oral tablet chewable 100 mg	PV	
ft ibuprofen minis oral capsule 200 mg	PV	
ft ibuprofen oral capsule 200 mg	PV	
ft ibuprofen oral tablet 200 mg	PV	
ft pain & fever childrens oral suspension 160 mg/5ml	1	
ft pain & fever infants oral suspension 160 mg/5ml	1	
ft pain relief adult extra st oral tablet 500 mg	1	
ft pain relief extra strength oral tablet 500 mg	1	
ft pain relief oral tablet 325 mg	1	
ft pain reliever ex str adult oral tablet 500 mg	1	
goodsense aspirin adults oral tablet 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense aspirin oral tablet 325 mg	PV	
goodsense ibuprofen childrens oral tablet chewable 100 mg	PV	
goodsense ibuprofen oral capsule 200 mg	PV	
goodsense ibuprofen oral tablet 200 mg	PV	
goodsense naproxen sodium oral tablet 220 mg	PV	
goodsense pain & fever child oral suspension 160 mg/5ml	1	
goodsense pain relief oral tablet 325 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
IBUPAK ORAL KIT 600 MG (*ibuprofen*)	PV	
ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ibuprofen oral capsule 200 mg	PV	
ibuprofen oral suspension 100 mg/5ml	PV	
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	PV	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ketoprofen er oral capsule extended release 24 hour 200 mg	PV	
ketoprofen oral capsule 25 mg, 50 mg	PV	
KIPROFEN ORAL CAPSULE 25 MG (*ketoprofen*)	PV	
liquid acetaminophen oral liquid 160 mg/5ml	1	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (*acetaminophen*)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
MIGRANAL NASAL SOLUTION 4 MG/ML (*dihydroergotamine mesylate*)	3	DSL = 30 days
mm acetaminophen ex str oral tablet 500 mg	1	
mm aspirin oral tablet delayed release 81 mg	PV	
mm ibuprofen oral tablet 200 mg	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
m-pap oral liquid 160 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	PV	
NAPROSYN ORAL TABLET 500 MG (*naproxen*)	PV	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
pain & fever childrens oral suspension 160 mg/5ml	1	
pain & fever infants oral suspension 160 mg/5ml	1	
pain relief childrens oral elixir 160 mg/5ml	1	
pain relief extra strength oral capsule 500 mg	1	
pain relief extra strength oral tablet 500 mg	1	
pain relief oral liquid 500 mg/15ml	1	
pain relief regular strength oral tablet 325 mg	1	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL ORAL TABLET 325 MG (*acetaminophen*)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	PV	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PV	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	PV	
pimozide oral tablet 1 mg, 2 mg	PV	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	3	DSL = 30 days
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
banophen oral capsule 25 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
banophen oral tablet 25 mg	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3	DSL = 30 days
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PV	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3	DSL = 30 days
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	DSL = 30 days
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	3	DSL = 30 days
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (*dexmedetomidine hcl*)	3	DSL = 30 days
liquid allergy relief oral liquid 12.5 mg/5ml	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	3	DSL = 30 days
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
meprobamate oral tablet 200 mg, 400 mg	PV	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PV	
ramelteon oral tablet 8 mg	1	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	3	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
tasimelteon oral capsule 20 mg	1	DSL = 30 days
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	3	
zaleplon oral capsule 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	DSL = 30 days
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	PV	
aripiprazole oral solution 1 mg/ml	PV	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PV	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PV	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PV	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	3	DSL = 30 days
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PV	DSL = 30 days
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PV	DSL = 30 days
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*clozapine*)	PV	DSL = 30 days
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	PV	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	PV	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	PV	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (*paliperidone*)	PV	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	PV	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	PV	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	PV	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PV	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	3	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	3	DSL = 30 days
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	3	DSL = 30 days
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PV	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PV	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PV	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	PV	
risperidone oral solution 1 mg/ml	PV	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	3	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	PV	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (*risperidone*)	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	PV	DSL = 30 days
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PV	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (*olanzapine*)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	PV	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*olanzapine*)	PV	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	3	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg, 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	
BUPAP ORAL TABLET 50-300 MG (*butalbital-acetaminophen*)	3	
butalbital-acetaminophen capsule 50-300 mg oral	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
DONNATAL ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	3	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	3	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOHYTRO ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	PV	DSL = 30 days
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PV	
diazepam intensol oral concentrate 5 mg/ml	PV	
diazepam oral concentrate 5 mg/ml	PV	
diazepam oral solution 5 mg/5ml	PV	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PV	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (*lorazepam*)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (*lorazepam*)	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	DSL = 30 days
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 5 MG (*clobazam*)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (*diazepam*)	3	DSL = 30 days
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (*diazepam*)	3	DSL = 30 days
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PV	DSL = 30 days
alprazolam intensol oral concentrate 1 mg/ml	PV	DSL = 30 days
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PV	DSL = 30 days
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	PV	DSL = 30 days
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PV	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	PV	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PV	
diazepam intensol oral concentrate 5 mg/ml	PV	
diazepam oral concentrate 5 mg/ml	PV	
diazepam oral solution 5 mg/5ml	PV	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PV	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
DORAL ORAL TABLET 15 MG (*quazepam*)	3	
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	DSL = 30 days
HALCION ORAL TABLET 0.25 MG (*triazolam*)	3	DSL = 30 days
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lorazepam oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (*lorazepam*)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (*lorazepam*)	3	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	3	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*midazolam*)	3	
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PV	DSL = 30 days
quazepam oral tablet 15 mg	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	3	DSL = 30 days
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 5 MG (*clobazam*)	3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	DSL = 30 days
triazolam oral tablet 0.125 mg, 0.25 mg	1	DSL = 30 days
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PV	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	PV	DSL = 30 days
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	PV	DSL = 30 days
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (*haloperidol decanoate*)	PV	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	PV	
haloperidol lactate oral concentrate 2 mg/ml	PV	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PV	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*erenumab-aooe*)	3	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (*erenumab-aooe*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	3	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	3	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	3	DSL = 30 days
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	3	DSL = 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	3	DSL = 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	3	DSL = 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	3	DSL = 30 days
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (*eptinezumab-jjmr*)	3	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	3	DSL = 30 days
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	3	
TASMAR ORAL TABLET 100 MG (*tolcapone*)	3	
tolcapone oral tablet 100 mg	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (*flibanserin*)	3	DSL = 30 days
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML (*aducanumab-avwa*)	3	DSL = 30 days
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	3	DSL = 30 days
EXSERVAN ORAL FILM 50 MG (*riluzole*)	3	DSL = 30 days
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
guanfacine hcl oral tablet 1 mg, 2 mg	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	3	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (*lecanemab-irmb*)	3	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	3	DSL = 30 days
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (*memantine hcl*)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (*memantine hcl-donepezil hcl*)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	3	DSL = 30 days
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	3	DSL = 30 days
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (*edaravone*)	3	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
RELYVRIO ORAL PACKET 3-1 GM (*phenylbutyrate-taurursodiol*)	3	DSL = 30 days
RILUTEK ORAL TABLET 50 MG (*riluzole*)	3	
riluzole oral tablet 50 mg	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	DSL = 30 days
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (*atomoxetine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	DSL = 30 days
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	3	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	3	DSL = 30 days
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	3	DSL = 30 days
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	3	DSL = 30 days
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (*celecoxib-capsaic-men-methsal*)	3	
SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*)	3	
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	3	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	3	DSL = 30 days
LODOSYN ORAL TABLET 25 MG (*carbidopa*)	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
PARLODEL ORAL CAPSULE 5 MG (*bromocriptine mesylate*)	3	
PARLODEL ORAL TABLET 2.5 MG (*bromocriptine mesylate*)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	PV	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	2	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3	
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
KETAMINE HCL SUBLINGUAL TROCHE 100 MG	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 500 MG PE/10ML (*fosphenytoin sodium*)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
desflurane inhalation solution	1	
FORANE INHALATION SOLUTION (*isoflurane*)	2	
isoflurane inhalation solution	1	
sevoflurane inhalation solution	1	
SUPRANE INHALATION SOLUTION (*desflurane*)	3	
terrell inhalation solution	1	
ULTANE INHALATION SOLUTION (*sevoflurane*)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	PV	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	PV	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	PV	
phenelzine sulfate oral tablet 15 mg	PV	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	PV	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	3	DSL = 30 days
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	DSL = 30 days
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (*pramipexole dihydrochloride*)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	3	DSL = 30 days
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	DSL = 30 days
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	DSL = 30 days
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	3	
DEMEROL INJECTION SOLUTION 50 MG/ML (*meperidine hcl*)	3	DSL = 30 days
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	3	DSL = 30 days
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (*sufentanil citrate*)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
FENTANYL CITRATE (BULK) SOLUTION 500 MG/50ML	3	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml	1	DSL = 30 days
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	DSL = 30 days
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	DSL = 30 days
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML	3	
FENTANYL CITRATE-NACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 2.5-0.9 MG/100ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	DSL = 30 days
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	3	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	DSL = 30 days
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	DSL = 30 days
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	1	DSL = 30 days
hydromorphone hcl injection solution 2 mg/ml	1	DSL = 30 days
hydromorphone hcl oral liquid 1 mg/ml	1	DSL = 30 days
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	DSL = 30 days
hydromorphone hcl rectal suppository 3 mg	1	DSL = 30 days
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	3	DSL = 30 days
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (*morphine sulfate microinfusion*)	2	DSL = 30 days
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (*morphine sulfate microinfusion*)	2	DSL = 30 days
levorphanol tartrate oral tablet 2 mg	1	DSL = 30 days
levorphanol tartrate oral tablet 3 mg	1	
meperidine hcl injection solution 50 mg/ml	1	DSL = 30 days
meperidine hcl oral solution 50 mg/5ml	1	DSL = 30 days
meperidine hcl oral tablet 50 mg	1	DSL = 30 days
methadone hcl injection solution 10 mg/ml	1	DSL = 30 days
methadone hcl intensol oral concentrate 10 mg/ml	1	DSL = 30 days
methadone hcl oral concentrate 10 mg/ml	1	DSL = 30 days
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	DSL = 30 days
methadone hcl oral tablet 10 mg, 5 mg	1	DSL = 30 days
methadone hcl oral tablet soluble 40 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	DSL = 30 days
methadose oral tablet soluble 40 mg	1	DSL = 30 days
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	DSL = 30 days
mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)	1	DSL = 30 days
MORPHINE SULFATE (BULK) SOLUTION 7812.5 MG/125ML	3	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	
morphine sulfate (pf) intravenous solution 1 mg/ml	3	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	DSL = 30 days
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	DSL = 30 days
morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml	1	
morphine sulfate oral solution 10 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (*morphine sulfate*)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	3	DSL = 30 days
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	3	DSL = 30 days
oxycodone hcl oral capsule 5 mg	1	DSL = 30 days
oxycodone hcl oral concentrate 100 mg/5ml	1	DSL = 30 days
oxycodone hcl oral solution 5 mg/5ml	1	DSL = 30 days
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	3	DSL = 30 days
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	DSL = 30 days
oxymorphone hcl oral tablet 10 mg, 5 mg	1	DSL = 30 days
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
QDOLO ORAL SOLUTION 5 MG/ML (*tramadol hcl*)	3	DSL = 30 days
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	3	DSL = 30 days
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	3	DSL = 30 days
SEGLENTIS ORAL TABLET 56-44 MG (*celecoxib-tramadol hcl*)	3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*tramadol hcl*)	3	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	3	DSL = 30 days
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	3	
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	DSL = 30 days
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl liquid 4 mg/0.1ml nasal (otc)	3	
naloxone hcl liquid 4 mg/0.1ml nasal (rx)	1	
naltrexone hcl oral tablet 50 mg	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (*naloxone hcl*)	3	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (*naloxone hcl*)	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	3	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (*buprenorphine*)	3	DSL = 30 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (*buprenorphine*)	3	DSL = 30 days
buprenorphine hcl injection solution 0.3 mg/ml	1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	DSL = 30 days
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	DSL = 30 days
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	3	DSL = 30 days
nalbuphine hcl injection solution 20 mg/ml	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	3	DSL = 30 days
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3	DSL = 30 days
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3	DSL = 30 days
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	3	DSL = 30 days
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (*ibuprofen*)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL TABLET 200 MG (*ibuprofen*)	PV	
ALEVE ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	PV	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (*ibuprofen*)	PV	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
cold & sinus oral tablet 30-200 mg	1	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	PV	DSL = 30 days
DAYPRO ORAL TABLET 600 MG (*oxaprozin*)	PV	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	PV	
diclofenac potassium oral capsule 25 mg	PV	
diclofenac potassium oral tablet 25 mg, 50 mg	PV	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	PV	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	PV	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
diflunisal oral tablet 500 mg	1	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (*naproxen*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ec-naproxen oral tablet delayed release 375 mg, 500 mg	PV	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	PV	
etodolac oral capsule 200 mg, 300 mg	PV	
etodolac oral tablet 400 mg, 500 mg	PV	
fenoprofen calcium oral capsule 200 mg, 400 mg	PV	
fenoprofen calcium oral tablet 600 mg	PV	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	PV	
flurbiprofen oral tablet 100 mg, 50 mg	PV	
ft all day pain relief oral tablet 220 mg	PV	
ft ibuprofen ib childrens oral tablet chewable 100 mg	PV	
ft ibuprofen minis oral capsule 200 mg	PV	
ft ibuprofen oral capsule 200 mg	PV	
ft ibuprofen oral tablet 200 mg	PV	
goodsense ibuprofen childrens oral tablet chewable 100 mg	PV	
goodsense ibuprofen oral capsule 200 mg	PV	
goodsense ibuprofen oral tablet 200 mg	PV	
goodsense naproxen sodium oral tablet 220 mg	PV	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
IBUPAK ORAL KIT 600 MG (*ibuprofen*)	PV	
ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ibuprofen oral capsule 200 mg	PV	
ibuprofen oral suspension 100 mg/5ml	PV	
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	PV	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
inavix combination therapy pack 75 & 0.025 mg-%	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	PV	DSL = 30 days
indomethacin er oral capsule extended release 75 mg	PV	
indomethacin oral capsule 25 mg, 50 mg	PV	
indomethacin oral suspension 25 mg/5ml	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
indomethacin rectal suppository 50 mg	PV	DSL = 30 days
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-% (*diclofenac sodium-capsaicin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
ketoprofen er oral capsule extended release 24 hour 200 mg	PV	
ketoprofen oral capsule 25 mg, 50 mg	PV	
ketorolac tromethamine injection solution 15 mg/ml	PV	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	PV	
ketorolac tromethamine intramuscular solution 60 mg/2ml	PV	
ketorolac tromethamine oral tablet 10 mg	PV	
ketorolac tromethamine solution 30 mg/ml injection	PV	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
KIPROFEN ORAL CAPSULE 25 MG (*ketoprofen*)	PV	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	PV	
LODINE ORAL TABLET 400 MG (*etodolac*)	PV	
LOFENA ORAL TABLET 25 MG (*diclofenac potassium*)	PV	
meclofenamate sodium oral capsule 100 mg, 50 mg	PV	
mefenamic acid oral capsule 250 mg	PV	
meloxicam oral capsule 10 mg, 5 mg	PV	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	PV	
meloxicam oral tablet 15 mg, 7.5 mg	PV	
mm ibuprofen oral tablet 200 mg	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
nabumetone oral tablet 500 mg, 750 mg	PV	
NALFON ORAL CAPSULE 400 MG (*fenoprofen calcium*)	PV	
NALFON ORAL TABLET 600 MG (*fenoprofen calcium*)	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	PV	
NAPROSYN ORAL TABLET 500 MG (*naproxen*)	PV	
NAPROTIN COMBINATION KIT 500 & 0.025 MG & % (*naproxen-capsaicin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
NUDICLO TABPAK COMBINATION THERAPY PACK 75 & 0.025 MG-% (*diclofenac sodium-capsaicin*)	3	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (*diclofenac sodium-liniment*)	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (*diclofenac sodium-liniment*)	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (*etodolac-liniment*)	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG (*ibuprofen-liniment*)	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (*meloxicam-liniment*)	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (*nabumetone-liniment*)	PV	
OXAPROZIN ORAL CAPSULE 300 MG	PV	DSL = 30 days
oxaprozin oral tablet 600 mg	PV	
piroxicam oral capsule 10 mg, 20 mg	PV	
PRASTERA ORAL KIT 200 & 400 MG (*prasterone & ibuprofen*)	3	
previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%	1	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	PV	DSL = 30 days
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	PV	
sulindac oral tablet 150 mg, 200 mg	PV	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
tolmetin sodium oral capsule 400 mg	PV	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TORONOVA SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	PV	
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	PV	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PV	
compro rectal suppository 25 mg	PV	
fluphenazine decanoate injection solution 25 mg/ml	PV	
fluphenazine hcl injection solution 2.5 mg/ml	PV	
fluphenazine hcl oral concentrate 5 mg/ml	PV	
fluphenazine hcl oral elixir 2.5 mg/5ml	PV	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PV	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PV	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PV	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PV	
prochlorperazine rectal suppository 25 mg	PV	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PV	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PV	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	2	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	3	
bac oral tablet 50-325-40 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	3	DSL = 30 days
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	3	DSL = 30 days
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	3	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	DSL = 30 days
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	DSL = 30 days
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	3	
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	3	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (*butalbital-apap-caff-cod*)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	3	DSL = 30 days
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	3	DSL = 30 days
ft migraine relief oral tablet 250-250-65 mg	1	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	3	
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	DSL = 30 days
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	DSL = 30 days
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	DSL = 30 days
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	DSL = 30 days
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	DSL = 30 days
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
migraine relief oral tablet 250-250-65 mg	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
pain reliever extra strength oral tablet 250-250-65 mg	1	
PANADOL EXTRA ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	3	DSL = 30 days
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	3	DSL = 30 days
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (*methylphenidate hcl*)	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	3	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (*methylphenidate hcl*)	3	DSL = 30 days
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
ft migraine relief oral tablet 250-250-65 mg	1	
goodsense aspirin adults oral tablet 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
migraine relief oral tablet 250-250-65 mg	1	
mm aspirin oral tablet delayed release 81 mg	PV	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
pain reliever extra strength oral tablet 250-250-65 mg	1	
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	PV	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	PV	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PV	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
DULOXICAINE COMBINATION KIT 30 & 4 MG & % (*duloxetine-lidocaine hcl*)	3	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	PV	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	PV	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	PV	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	PV	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	PV	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PV	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	3	
frovatriptan succinate oral tablet 2.5 mg	1	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	3	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	3	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	3	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	3	DSL = 30 days
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (*sumatriptan-ondansetron*)	3	
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	3	DSL = 30 days
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	3	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	3	
zolmitriptan nasal solution 5 mg	1	
zolmitriptan oral tablet 2.5 mg, 5 mg	1	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (*zolmitriptan*)	3	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (*citalopram hydrobromide*)	PV	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	PV	
citalopram hydrobromide oral solution 10 mg/5ml	PV	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PV	
escitalopram oxalate oral solution 5 mg/5ml	PV	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PV	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	PV	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PV	
fluoxetine hcl oral capsule delayed release 90 mg	PV	
fluoxetine hcl oral solution 20 mg/5ml	PV	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	PV	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PV	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PV	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PV	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PV	
paroxetine hcl oral suspension 10 mg/5ml	PV	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PV	
paroxetine mesylate oral capsule 7.5 mg	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	PV	
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	PV	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	PV	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (*fluoxetine hcl*)	PV	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	3	
sertraline hcl oral concentrate 20 mg/ml	PV	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	PV	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	PV	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	PV	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	PV	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PV	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PV	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PV	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	PV	
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PV	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PV	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	PV	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	PV	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	PV	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
doxepin hcl oral concentrate 10 mg/ml	PV	
doxepin hcl oral tablet 3 mg, 6 mg	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	PV	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PV	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	PV	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	PV	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PV	
nortriptyline hcl oral solution 10 mg/5ml	PV	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	PV	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PV	
protriptyline hcl oral tablet 10 mg, 5 mg	PV	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	3	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	PV	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	3	DSL = 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (*deutetrabenazine*)	3	DSL = 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (*deutetrabenazine*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	3	DSL = 30 days
INGREZZA ORAL CAPSULE 60 MG (*valbenazine tosylate*)	3	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	3	DSL = 30 days
tetrabenazine oral tablet 12.5 mg, 25 mg	3	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	3	
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
diclofenac sodium oral tablet delayed release 75 mg	PV	
modafinil oral tablet 100 mg, 200 mg	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	2	
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	3	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	3	DSL = 30 days
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (*blood glucose calibration*)	PV	
ACCU-CHEK FASTCLIX LANCET KIT KIT (*lancets misc.*)	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (*lancets misc.*)	2	
ACCU-CHEK TENDER 1 INFUSION KIT (*iv sets-tubing*)	3	
ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*)	3	
ADULT AEROSOL MASK	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	PV	
AERIVA CONCENTRATOR NEBULIZER	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (*spacer/aero-holding chambers*)	2	
AEROECLIPSE EZ TWIST TUBING (*respiratory therapy supplies*)	2	
AEROECLIPSE II W/ELBOW ADAPTER (*nebulizers*)	3	
AEROECLIPSE II W/UNIV TUBING (*nebulizers*)	3	
AEROECLIPSE MASK LARGE (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK MEDIUM (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK SMALL (*respiratory therapy supplies*)	2	
AEROECLIPSE XL NEBULIZER (*nebulizers*)	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PV	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	PV	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	PV	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	PV	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	PV	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	PV	
AUTOLET LANCING DEVICE (*lancet devices*)	PV	
AUTOSOFT 30 INFUSION SET (*insulin infusion pump supplies*)	3	
AUTOSOFT 90 INFUSION SET (*insulin infusion pump supplies*)	3	
AUTOSOFT XC INFUSION SET (*insulin infusion pump supplies*)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	PV	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (*needle (disp)*)	3	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" (*needle (disp)*)	3	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" (*needle (disp)*)	2	
BD SHARPS COLLECTOR (*sharps container*)	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PV	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	PV	
BIGFOOT UNITY PROGRAM KIT (*blood glucose monitoring suppl*)	3	
BLOOD GLUCOSE MONITORING 333 DEVICE	3	
BLUESTAR DEVICE (*blood glucose monitor software*)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREATHE COMFORT HUMIDIFIER (*humidifiers*)	3	
BREATHE EASE HUMIDIFIER	3	
BREATHE EASE NEB MASK/CHILD	2	
BREATHE EASE NEB MASK/INFANT	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	3	
CAREPOINT POLY HUB NEEDLE 30G X 1/2"	3	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (*blood glucose calibration*)	PV	
CARESENS LANCETS 30G (*lancets*)	PV	
CARESENS N FELIZ BT DEVICE (*blood glucose monitoring suppl*)	3	
CARESENS N FELIZ DEVICE (*blood glucose monitoring suppl*)	3	
CARETOUCH 2 CPAP HOSE HANGER (*respiratory therapy supplies*)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (*blood glucose calibration*)	PV	
CARETOUCH CPAP & BIPAP HOSE (*respiratory therapy supplies*)	2	
CARETOUCH CPAP MASK WIPES (*respiratory therapy supplies*)	2	
CARETOUCH CPAP PRE-WASH SOLN (*respiratory therapy supplies*)	2	
CARETOUCH CPAP TUBE BRUSH (*respiratory therapy supplies*)	2	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2" (*needle (disp)*)	3	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	PV	
CARETOUCH UNIVERSL CPAP FILTER (*respiratory therapy supplies*)	2	
CEQUR SIMPLICITY 2U DEVICE (*injection device for insulin*)	PV	
CHEMSTRIP BG LOG BOOK (*blood glucose monitoring suppl*)	PV	
CLEVER CHOICE COMFORT EZ (*lancets*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	PV	
COMPRESSOR NEBULIZER	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (*blood glucose calibration*)	PV	
CONTOUR MONITOR DEVICE DEVICE (*blood glucose monitoring suppl*)	3	
CONTOUR MONITOR KIT W/DEVICE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (*blood glucose calibration*)	PV	
CONTOUR NEXT EZ KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT GEN MONITOR DEVICE (*blood glucose monitoring suppl*)	3	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT LINK KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT ONE DEVICE (*blood glucose monitoring suppl*)	3	
CONTOUR NEXT ONE KIT (*blood glucose monitoring suppl*)	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	3	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	3	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	3	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	3	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPSAFE ALCOHOL PREP PAD 70 % (*alcohol swabs*)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DROPSAFE SICURA 25G X 1" (*needle (disp)*)	3	
EASIVENT (*spacer/aero-holding chambers*)	2	
EASY COMFORT SHARPS CONTAINER	3	
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	PV	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (*blood glucose calibration*)	PV	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	
EMBRACE WAVE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	3	
EMBRACE WAVE GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	3	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	3	
EVERSENSE E3 SENSOR/HOLDER (*continuous glucose sensor*)	3	
EVERSENSE E3 SMART TRANSMITTER (*continuous glucose transmitter*)	3	
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	3	
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	3	
EXTENDED INFUSION SET 32"/9MM	3	
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/LARGE (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
FORA TEST N' GO ADVANCE DEVICE (*blood glucose/ketone monitor*)	3	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (*blood glucose calibration*)	PV	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (*blood glucose monitoring suppl*)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	3	
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	3	
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	3	
GUARDIAN CONNECT TRANSMITTER (*continuous glucose transmitter*)	3	
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	3	
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	3	
GUARDIAN SENSOR 3	3	
HOME PAP KIT IN VITRO KIT 2.5 %	3	
HUMATROPEN FOR 12MG DEVICE (*injection device*)	PV	
HUMATROPEN FOR 24MG DEVICE (*injection device*)	PV	
HUMATROPEN FOR 6MG DEVICE (*injection device*)	PV	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
INSPIREASE RESERVOIR BAGS (*spacer/aero-hold chamber bags*)	3	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (*insulin pen needle*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	PV	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	PV	
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (*insulin syringe-needle u-100*)	PV	
LANCETS (*lancets*)	PV	
MC 300 W/UNIVERSAL TUBING (*nebulizers*)	3	
MC 300-MOUTHPIECE (*nebulizers*)	3	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	PV	
MINIMED PUMP RESERVOIR 3ML (*insulin infusion pump supplies*)	3	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (*blood glucose monitoring suppl*)	3	
MM BLULINK GLUCOSE MONIT SYS DEVICE (*blood glucose monitoring suppl*)	3	
NEBULIZER MASK ADULT	2	
NEBULIZER MASK CHILD	2	
NEODOT THERMOMETER	3	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	PV	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	PV	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	PV	
NOVOPEN ECHO DEVICE (*injection device for insulin*)	PV	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
OMBRA COMPRESSOR AIR FILTERS (*respiratory therapy supplies*)	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*)	3	
OMNIPOD 5 G6 PODS (GEN 5) (*insulin disposable pump*)	3	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	PV	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ONETOUCH ULTRA IN VITRO LIQUID (*blood glucose calibration*)	PV	
ONETOUCH VERIO FLEX SYSTEM DEVICE (*blood glucose monitoring suppl*)	3	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ONETOUCH VERIO IN VITRO LIQUID HIGH (*blood glucose calibration*)	PV	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
PARI ALTERA NEBULIZER HANDSET (*respiratory therapy supplies*)	2	
PARI BABY NEBULIZER SET (*nebulizers*)	3	
PARI PRONEB MAX LC PLUS (*nebulizers*)	3	
PARI PRONEB MAX LC SPRINT (*nebulizers*)	3	
PARI SMARTMASK BABY/ELBOW (*respiratory therapy supplies*)	2	
PARI TREK S COMBO PACK DEVICE (*respiratory therapy supplies*)	3	
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	2	
PEDIATRIC COMPRESSOR NEBULIZER	3	
PIP BLOOD GLUCOSE MONITORING DEVICE (*blood glucose monitoring suppl*)	3	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
PRONEB ULTRA FILTER SET (*respiratory therapy supplies*)	2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	PV	
REUSABLE COMFORTSEAL MASK-LRG (*respiratory therapy supplies*)	2	
REUSABLE COMFORTSEAL MASK-MED (*respiratory therapy supplies*)	2	
REUSABLE COMFORTSEAL MASK-SML (*respiratory therapy supplies*)	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	PV	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SILTREX SHEET (*occlusive silicone sheets*)	3	
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE (*peak flow meter*)	3	
T:SLIM X2 3ML CARTRIDGE (*insulin infusion pump supplies*)	3	
TECHLITE LANCETS 26G (*lancets*)	PV	
TEMPO REFILL KIT (*blood glucose monitoring suppl*)	3	
TEMPO SMART BUTTON (*blood glucose monitoring suppl*)	PV	
TEMPO WELCOME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (*triamcinolone acet-silicone*)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (*blood glucose calibration*)	PV	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	PV	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (*blood glucose calibration*)	PV	
TRUE METRIX METER KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
TRUSTEEL INFUSION SET (*insulin infusion pump supplies*)	3	
ULTRA NEB ACCESSORIES KIT	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (*blood glucose calibration*)	PV	
VARISOFT INFUSION SET (*insulin infusion pump supplies*)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	PV	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE SAFE LANCET MINI 21G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 23G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 28G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 30G (*lancets*)	PV	
VERIFINE SHARPS CONTAINER (*sharps container*)	3	
VERSAPAP DEVICE (*respiratory therapy supplies*)	3	
VERSAPAP W/UNIVERSAL TUBING DEVICE (*respiratory therapy supplies*)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	DSL = 30 days
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (*cosyntropin*)	2	
cosyntropin injection solution reconstituted 0.25 mg	1	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	
CARDIAC FUNCTION		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PV	
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	PV	
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (*glucose blood*)	PV	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	PV	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	PV	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	PV	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	PV	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (*glucose blood*)	PV	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (*ketone blood test*)	3	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (*glucose blood*)	PV	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	PV	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	PV	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	PV	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	PV	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	PV	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	PV	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (*glucose blood*)	PV	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*)	PV	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
TRUETRACK TEST IN VITRO STRIP (*glucose blood*)	PV	
DIAGNOSTIC AGENTS		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (*lido-prilocaine-blood collect*)	3	
CARESTART COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (*covid-19 at home test*)	3	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	
COVID-19 AT-HOME TEST IN VITRO KIT	3	
COVID-19 SPECIMEN COLLECTION KIT	3	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
INDICAID COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
LUCIRA COVID-19 & FLU TEST IN VITRO KIT (*influenza-sars molecular test*)	3	
METHACHOLINE CHLORIDE INHALATION KIT	3	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (*covid-19 at home test*)	3	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
PROVOCHOLINE INHALATION KIT (*methacholine chloride*)	3	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (*covid-19 at home test*)	3	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	3	
XENOVIEW INHALATION GAS 1 % (*xenon xe 129 hyperpolarized*)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	2	
MYASTHENIA GRAVIS		
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	
OCULAR DISORDERS		
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
BIO GLO OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (*fluorescein-proparacaine*)	3	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION 0.3-0.4 %	3	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
fluor-i-strips a.t. ophthalmic strip 1 mg	1	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (*fluorexon-benoxinate*)	3	
GLOSTRIPS OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG (*lissamine green*)	3	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (*trypan blue*)	3	
PH		
PH STRIPS IN VITRO DIAGNOSTIC TEST	3	
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3	
metyrosine oral capsule 250 mg	1	
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (*metyrapone*)	2	
PROTEIN		
CHEMSTRIP MICRAL IN VITRO STRIP (*albumin (urine) test*)	2	
RESPIRATORY FUNCTION		
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG (*mannitol*)	3	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*)	3	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (*glucose urine test-glucose ox*)	2	
THYROID FUNCTION		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (*thyrotropin alfa*)	2	
URINE AND FECES CONTENTS		
CHEMSTRIP 10 MD IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 10/SG IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 2 GP IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 5 OB IN VITRO STRIP (*multiple urine tests*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHEMSTRIP 7 IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 9 IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*)	2	
CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	2	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	2	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	1	
glutaraldehyde external solution 25 %	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	PV	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	3	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (*potassium citrate*)	3	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	3	DSL = 30 days
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	3	DSL = 30 days
carglumic acid oral tablet soluble 200 mg	1	DSL = 30 days
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	2	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	3	DSL = 30 days
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	3	DSL = 30 days
sodium phenylbutyrate oral powder 3 gm/tsp	3	DSL = 30 days
sodium phenylbutyrate oral tablet 500 mg	3	DSL = 30 days
CALORIC AGENTS - Drugs for Nutrition		
3232a infant formula oral powder	3	
aminoamrms oral capsule	3	
AMINOPMRMS ORAL CAPSULE (*nutritional supplements*)	3	
aminoreliefrms oral capsule	3	
APP SLIM RMS ORAL CAPSULE (*nutritional supp - diet aids*)	3	
ARGIMENT AT ORAL PACKET (*amino acids*)	3	
ARGINAID ORAL PACKET (*nutritional supplements*)	3	
asilnasalrms oral capsule	1	
AXONA ORAL PACKET (*dietary management product*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (*nutritional supplements*)	3	
BOOST ORIGINAL ORAL LIQUID (*nutritional supplements*)	3	
BOOST PLUS ORAL LIQUID (*nutritional supplements*)	3	
BOOST SOOTHE ORAL LIQUID (*protein*)	3	
BRAINSUSTAIN ORAL PACKET (*nutritional supplements*)	3	
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (*nutritional supplements*)	3	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
COMPLEAT ORIGINAL PLANT-BASED ENTERAL LIQUID (*nutritional supplements*)	3	
COMPLEAT PEDI ORIG PLANT-BASED ENTERAL LIQUID (*nutritional supplements*)	3	
COMPLEAT STANDARD 1.4 ORAL LIQUID (*nutritional supplements*)	3	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DOJOLVI ORAL LIQUID 100 % (*triheptanoin*)	3	DSL = 30 days
EAA SUPPLEMENT ORAL PACKET (*nutritional supplements*)	3	
ENFAGROW NEUROPRO TODDLER ORAL LIQUID (*infant foods*)	3	
ENFAGROW PREMIUM TODDLER GENTL ORAL POWDER (*infant foods*)	3	
ENFAGROW PREMIUM TODDLER ORAL POWDER (*infant foods*)	3	
ENFAMIL A.R. INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL DHA & ARA SUPPLEMENT ORAL LIQUID (*infant foods*)	3	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL ENSPIRE OPTIMUM ORAL POWDER (*infant foods*)	3	
ENFAMIL GENTLEASE ORAL LIQUID (*infant foods*)	3	
ENFAMIL GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE (*infant foods*)	3	
ENFAMIL INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO ENFACARE ORAL LIQUID (*infant foods*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET (*infant foods*)	3	
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL LIQUID (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL PACKET (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO SENSITIVE ORAL POWDER (*infant foods*)	3	
ENFAMIL NUTRAMIGEN LIPIL ORAL LIQUID (*infant foods*)	3	
ENFAMIL NUTRAMIGEN ORAL LIQUID (*infant foods*)	3	
ENFAMIL NUTRAMIGEN PROBIOT LGG ORAL POWDER (*infant foods*)	3	
ENLYTE ORAL CAPSULE (*dietary management product*)	3	
ENSURE ENLIVE ORAL LIQUID (*nutritional supplements*)	3	
ENSURE ORIGINAL ORAL LIQUID (*nutritional supplements*)	3	
ENSURE ORIGINAL/FIBER ORAL LIQUID (*nutritional supplements*)	3	
ENSURE PLUS ORAL LIQUID (*nutritional supplements*)	3	
ENSURE PLUS WITH FIBER ORAL LIQUID (*nutritional supplements*)	3	
ENSURE SURGERY ORAL LIQUID (*nutritional supplements*)	3	
ENTERADE IBS-D ORAL LIQUID (*nutritional supplements*)	3	
ENU NUTRITIONAL SHAKE ORAL LIQUID (*nutritional supplements*)	3	
ENU PRO3 PLUS ORAL POWDER (*nutritional supplements*)	3	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (*nutritional supplements*)	3	
FITFOOD LEAN COLLAGEN ORAL POWDER (*protein*)	3	
FOLITE ORAL TABLET	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
FOSTEUM PLUS ORAL CAPSULE (*dietary management product*)	3	
GERBER GOOD START GENTLEPRO ORAL POWDER (*infant foods*)	3	
GERBER GOOD START SOOTHEPRO ORAL POWDER (*infant foods*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYTACTIN BETTERMILK 15 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BUILD 10PE ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BUILD 20/20 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BURST ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN COMPLETE 10PE ORAL BAR (*nutritional supplements*)	3	
GLYTACTIN RESTORE 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RESTORE 5 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN RTD 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RTD 15 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RTD LITE 15 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN SWIRL 15 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN SWIRL 15PE ORAL PACKET (*nutritional supplements*)	3	
HOMACTIN AA PLUS ORAL LIQUID (*nutritional supplements*)	3	
HOMACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
IGG 2000 CWP ORAL CAPSULE (*protein*)	3	
IGG 2000 CWP ORAL POWDER (*protein*)	3	
IGG PURE ORAL POWDER (*protein*)	3	
ISOVACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
KATE FARMS BLENDED MEALS PED ORAL (*nutritional supplements*)	3	
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS STANDARD 1.4 ORAL LIQUID (*nutritional supplements*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETOVIE 3:1 ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE 4:1 ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE PEPTIDE ORAL LIQUID (*nutritional supplements*)	3	
L-CYSTINE POWDER	3	
LIQUACEL ORAL LIQUID (*amino acids*)	3	
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (*nutritional supplements*)	3	
L-ISOLEUCINE POWDER	3	
LORMATE ORAL CAPSULE	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum - suc-c-thre-b12-fa*)	3	
NEPRO/CARBSTEADY ORAL LIQUID (*nutritional supplements*)	3	
NEW ZEALAND WHEY PROTEIN ORAL POWDER (*protein*)	3	
NICAPRIN ORAL TABLET (*dietary management product*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OPTICLEANSE GHI ORAL PACKET (*nutritional supplements*)	3	
OPTICLEANSE PLUS ORAL PACKET (*nutritional supplements*)	3	
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (*nutritional supplements*)	3	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (*nutritional supplements*)	3	
PKU EASY SHAKE & GO ORAL POWDER (*nutritional supplements*)	3	
pku trio oral powder	3	
PREKUNIL ORAL TABLET (*nutritional supplements*)	3	
PROCEL ORAL POWDER (*protein*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRO-CRITIC ORAL PACKET	3	
PROLEVA ORAL TABLET	3	
PROSOURCE GELATEIN PLUS ORAL GEL (*protein*)	3	
PROSOURCE GELATEIN PLUS/MCT ORAL GEL (*protein*)	3	
PROSOURCE GELATEIN20 ORAL GEL (*protein*)	3	
PROSOURCE NO CARB ORAL LIQUID (*protein*)	3	
PROSOURCE PLUS ORAL LIQUID (*nutritional supplements*)	3	
PROSOURCE PROTEIN ORAL POWDER (*protein*)	3	
PROSOURCE TF FREE ENTERAL LIQUID (*protein*)	3	
PROSOURCE TF20 ENFIT COMPATIBL ENTERAL LIQUID (*protein*)	3	
PROSOURCE XTRACAL ORAL LIQUID (*nutritional supplements*)	3	
PROSOURCE ZAC ORAL LIQUID (*nutritional supplements*)	3	
PRO-STAT/FIBER ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PROTALITY ORAL LIQUID (*nutritional supplements*)	3	
protein fortifier oral liquid	1	
PROTEINEX ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PROTEINEX P18 ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PURAMINO DHA/ARA ORAL POWDER (*infant foods*)	3	
RHEUMATE ORAL CAPSULE (*dietary management product*)	3	
SIMILAC 360 TOTAL CARE ORAL POWDER (*infant foods*)	3	
SIMILAC ALIMENTUM IMMUNESUPP ORAL LIQUID (*infant foods*)	3	
SIMILAC ALIMENTUM TODDLER ORAL POWDER (*infant foods*)	3	
SIMILAC NEOSURE OPTIGRO ORAL LIQUID (*infant foods*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
TOBAKIENT ORAL CAPSULE (*dietary management product*)	3	
TYLACTIN BUILD 20PE TYR ORAL PACKET (*nutritional supplements*)	3	
TYLACTIN COMPLETE 15 PE ORAL BAR (*nutritional supplements*)	3	
TYLACTIN RESTORE 10 ORAL LIQUID (*nutritional supplements*)	3	
TYLACTIN RESTORE 5PE ORAL PACKET (*nutritional supplements*)	3	
TYLACTIN RTD 15 ORAL LIQUID (*nutritional supplements*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYROS 2 ORAL POWDER (*nutritional supplements*)	3	
ucd trio oral powder	3	
UTYMAX ORAL PACKET (*nutritional supplements*)	3	
VASCULERA ORAL TABLET (*dietary management product*)	3	
VEGAPRO ORAL POWDER (*protein*)	3	
VILACTIN AA PLUS ORAL LIQUID (*nutritional supplements*)	3	
VILACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
VIVONEX PEDIATRIC ORAL PACKET (*nutritional supplements*)	3	
VIVONEX PEDIATRIC RTF ORAL LIQUID (*nutritional supplements*)	3	
VIVONEX PLUS ORAL PACKET (*nutritional supplements*)	3	
whey protein oral powder	3	
XYZBAC ORAL TABLET	3	
ZYVEXOL ORAL TABLET	3	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (*burosumab-twza*)	3	DSL = 30 days
IRRIGATING SOLUTIONS		
glycine irrigation solution 1.5 %	1	
glycine urologic irrigation solution 1.5 %	1	
PHYSIOLYTE IRRIGATION SOLUTION (*irrigation solns physiological*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (*irrigation solns physiological*)	3	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	3	
ringers irrigation irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	1	
TIS-U-SOL IRRIGATION SOLUTION (*ringers irrigation*)	3	
LOOP DIURETICS - Drugs for Water Balance		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	3	DSL = 30 days
calcium acetate (phos binder) oral capsule 667 mg	PV	
calcium acetate (phos binder) oral tablet 667 mg	PV	
calcium acetate oral tablet 667 mg	PV	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	PV	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	PV	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	PV	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PV	
sevelamer carbonate oral tablet 800 mg	PV	
sevelamer hcl oral tablet 400 mg, 800 mg	PV	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	3	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	3	DSL = 30 days
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
BACMIN ORAL TABLET (*multiple vitamins-minerals*)	3	
biocel oral tablet	1	
b-plex plus oral tablet	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcium acetate (phos binder) oral capsule 667 mg	PV	
calcium acetate (phos binder) oral tablet 667 mg	PV	
calcium acetate oral tablet 667 mg	PV	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLASMA HIGH K PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLASMA-TROMET PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION LOW DEX PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION NON-ENR PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN LOW DEXTROSE PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN LOW TROMETHA PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN PLASMA-TROME PERFUSION SOLUTION	3	
CARDIOPLEGIA MAINTENANCE PERFUSION SOLUTION	3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
DAYAVITE ORAL TABLET	3	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (*multiple vitamins-minerals*)	3	
DEXATRAN ORAL CAPSULE (*multiple vitamins-minerals*)	3	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
DIATROL ORAL TABLET (*multiple vitamins-minerals*)	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	PV	
effer-k oral tablet effervescent 25 meq	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
FENTANYL CITRATE-NACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 2.5-0.9 MG/100ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferrocite plus oral tablet 106-1 mg	1	
FOLAGENT DHA ORAL CAPSULE	3	
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLIFLEX ORAL TABLET (*multiple vitamins-minerals*)	3	
FOLITE ORAL TABLET	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLITIN-Z ORAL TABLET (*multiple vitamins-minerals*)	3	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	3	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYLAZINC ORAL TABLET	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (*calfactant in nacl*)	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
ISOLYTE-S INTRAVENOUS SOLUTION (*electrolyte-s*)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	1	
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	1	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (*multiple vitamins-minerals*)	3	
klor-con 10 oral tablet extended release 10 meq	PV	
klor-con m10 oral tablet extended release 10 meq	PV	
klor-con m15 oral tablet extended release 15 meq	PV	
klor-con m20 oral tablet extended release 20 meq	PV	
klor-con oral packet 20 meq	PV	
klor-con oral tablet extended release 8 meq	PV	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	PV	
k-prime oral tablet effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (*potassium chloride*)	PV	
k-tan plus oral capsule 162-115.2-1 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	1	
LIMBREL250 ORAL CAPSULE 250-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	3	
LIVITA ADULTS ORAL LIQUID (*multiple vitamins-minerals*)	3	
LIVITA CHILDREN ORAL LIQUID (*pediatric multivit-minerals*)	3	
lysiplex plus oral tablet	1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium-oxide oral tablet 400 (240 mg) mg	PV	
mag-oxide oral tablet 200 mg	PV	
MENATROL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
MICROPLEGIA MSA-MSG PERFUSION SOLUTION	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
multiple electro type 1 ph 5.5 intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
MULTIPRO ORAL CAPSULE	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
NUTRICAP ORAL TABLET (*multiple vitamins-minerals*)	3	
nutrifac zx oral tablet	1	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONEVITE ORAL TABLET	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/d oral tablet 250-6.25 mg-mcg	1	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	PV	
phosphorous oral tablet 155-852-130 mg	PV	
phosphorus supplement oral packet 280-160-250 mg	PV	
phosphorus w/sod & potassium oral packet 280-160-250 mg	PV	
phospho-trin 250 neutral oral tablet 155-852-130 mg	PV	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (*potassium phosphate monobasic*)	PV	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (*electrolyte-148*)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (*electrolyte-a*)	3	
POKONZA ORAL PACKET 10 MEQ (*potassium chloride*)	PV	DSL = 30 days
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	PV	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	PV	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride oral packet 20 meq	PV	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (*bicarb-dextrose-ca (crrt)*)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (*bicarb-dextose-k-mg (crrt)*)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (*bicarb-mg (crrt)*)	3	
PROFOLA ORAL TABLET	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
SIDEROL ORAL TABLET (*multiple vitamins-minerals*)	3	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (*magnesium cl-calcium carbonate*)	3	
sodium chloride (pf) injection solution 0.9 %	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium chloride oral solution 4 meq/ml	1	
sodium chloride oral tablet 1 gm	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
STROVITE ONE ORAL TABLET (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
SUPPORT ORAL LIQUID	3	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG	PV	
TRUELYTE ORAL SOLUTION	3	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%	1	
v-c forte oral capsule	1	
VENEXA FE ORAL TABLET (*multiple vitamins-minerals*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENEXA ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
vic-forte oral capsule	1	
vita s forte oral tablet	1	
vitacel oral tablet	1	
vitachew adult multi vitamin oral tablet chewable	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAROCA PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRAMYN ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL + IRON ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
WELLFOLA ORAL TABLET	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
wes-phos 250 neutral oral tablet 155-852-130 mg	PV	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
zinc oral tablet 50 mg	1	
SALT AND SUGAR SUBSTITUTES		
ASPARTAME (FOR COMPOUNDING) POWDER	3	
ASPARTAME (NUTRASWEET) POWDER (*aspartame*)	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	3	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (*enalapril-hydrochlorothiazide*)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	3	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	3	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	3	DSL = 30 days
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (*tolvaptan*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	3	
tolvaptan oral tablet 15 mg, 30 mg	3	
ENZYMES		
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (*alteplase*)	2	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	3	DSL = 30 days
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	3	
BRINEURA KIT 2 X 150 MG/5ML (*cerliponase alfa*)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (*alteplase*)	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	3	DSL = 30 days
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	3	DSL = 30 days
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	2	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML (*pegunigalsidase alfa-iwxj*)	3	DSL = 30 days
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (*rasburicase*)	3	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	3	DSL = 30 days
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	3	DSL = 30 days
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	3	DSL = 30 days
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*velmanase alfa-tycv*)	3	DSL = 30 days
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	3	DSL = 30 days
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (*vestronidase alfa-vjbk*)	3	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*avalglucosidase alfa-ngpt*)	3	DSL = 30 days
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	3	DSL = 30 days
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (*cipaglucosidase alfa-atga*)	3	DSL = 30 days
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	3	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (*elapegademase-lvlr*)	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	3	DSL = 30 days
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	3	DSL = 30 days
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (*olipudase alfa-rpcp*)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*olipudase alfa-rpcp*)	3	DSL = 30 days
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (*brimonidine tartrate*)	3	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALAWAY OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	2	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	3	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bepotastine besilate ophthalmic solution 1.5 %	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
epinastine hcl ophthalmic solution 0.05 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eye itch relief ophthalmic solution 0.035 %	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	3	
ANTIBACTERIALS (EENT) - Drugs for Infections		
ARESTIN DENTAL 1 MG (*minocycline hcl*)	3	
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	3	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	3	
CETRAXAL OTIC SOLUTION 0.2 % (*ciprofloxacin hcl*)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	3	
levofloxacin ophthalmic solution 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	2	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	3	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	2	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	2	
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	3	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	3	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	1	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	3	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	3	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	3	
DEXYCU INTRAOCULAR SUSPENSION 9 % (*dexamethasone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
difluprednate ophthalmic emulsion 0.05 %	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	3	
flac otic oil 0.01 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	3	
hydrocortisone-acetic acid otic solution 1-2 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (*fluocinolone acetonide*)	3	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	3	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	3	
mometasone furoate nasal suspension 50 mcg/act	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	3	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
prednisolone acetate ophthalmic suspension 1 %	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (*fluocinolone acetonide*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (*triamcinolone acetonide*)	3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
artificial tears ophthalmic solution 0.5-0.6 %	1	
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (*silver nitrate-pot nitrate*)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (*povidone-iodine*)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (*carbamide peroxide*)	3	
ft earwax removal kit otic solution 6.5 %	1	
ft earwax removal otic solution 6.5 %	1	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
silver nitrate external solution 0.5 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	3	DSL = 30 days
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	2	
cyclosporine ophthalmic emulsion 0.05 %	1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	3	
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	3	
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (*hypromellose*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
altachlore ophthalmic ointment 5 %	1	
altachlore ophthalmic solution 5 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
artificial tears ophthalmic solution , 0.5-0.6 %	1	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (*dextran 70-hypromellose*)	3	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	3	DSL = 30 days
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	3	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	3	
ft lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	3	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	3	
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
goodsense lubricating plus pf ophthalmic solution 0.5 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	2	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	3	DSL = 30 days
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	1	
lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
lubricant eye drops pf ophthalmic solution 0.5 %	1	
lubricant pm ophthalmic ointment	1	
lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	3	DSL = 30 days
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	3	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
MUCOSITISRX MOUTH/THROAT PACKET (*artificial saliva*)	3	
MURO 128 OPHTHALMIC OINTMENT 5 % (*sodium chloride (hypertonic)*)	3	
MURO 128 OPHTHALMIC SOLUTION 5 % (*sodium chloride (hypertonic)*)	3	
nasal moisturizing spray nasal solution 0.65 %	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	3	DSL = 30 days
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 % (*riboflav5 & riboflav5-dextran*)	2	
polyvinyl alcohol ophthalmic solution 1.4 %	1	
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
SALIVAMAX MOUTH/THROAT PACKET (*artificial saliva*)	3	
SENTIA OPHTHALMIC SOLUTION 0.6 %	3	
sesame oil nasal spray nasal solution	3	
sodium chloride (hypertonic) ophthalmic ointment 5 %	1	
sodium chloride (hypertonic) ophthalmic solution 5 %	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	DSL = 30 days
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % (*propylene glycol*)	3	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*teprotumumab-trbw*)	3	DSL = 30 days
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	3	DSL = 30 days
ultra fresh pm ophthalmic ointment	1	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	1	
VENTIVA TEARS OPHTHALMIC SOLUTION 0.5 %	3	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	2	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	PV	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	PV	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PV	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	PV	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	PV	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	PV	
diclofenac sodium ophthalmic solution 0.1 %	PV	
flurbiprofen sodium ophthalmic solution 0.03 %	PV	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PV	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	PV	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PV	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	PV	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	2	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (*proparacaine hcl*)	2	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	2	
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
COCAINE HCL NASAL SOLUTION 40 MG/ML	3	
cough drops mouth/throat lozenge 5.4 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (*fluorescein-proparacaine*)	3	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
goodsense cough simply menthol mouth/throat lozenge 5.4 mg	1	
GOPRELTO NASAL SOLUTION 40 MG/ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IHEEZO OPHTHALMIC GEL 3 % (*chloroprocaine hcl*)	3	
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
tetracaine hcl ophthalmic solution 0.5 %	1	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (*echothiophate iodide*)	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*)	3	DSL = 30 days
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
atropine sulfate ophthalmic ointment 1 %	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (*cyclopentolate hcl*)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	2	
cyclopentolate hcl ophthalmic solution 1 %	1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (*homatropine hbr*)	3	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (*tropicamide*)	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (*bimatoprost*)	3	DSL = 30 days
IDOSE TR INTRAOCULAR IMPLANT 75 MCG (*travoprost*)	3	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	3	
LATANOPROST OIL	3	
latanoprost ophthalmic solution 0.005 %	1	
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	3	
travoprost (bak free) ophthalmic solution 0.004 %	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	3	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	3	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (*brolucizumab-dbll*)	3	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	2	DSL = 30 days
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*)	3	DSL = 30 days
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	3	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-awwb*)	3	DSL = 30 days
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	DSL = 30 days
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (*faricimab-svoa*)	3	DSL = 30 days
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-bvzr*)	3	
VASOCONSTRICTORS		
12 hour nasal decongestant nasal solution 0.05 %	1	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	2	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
ft eye drops ophthalmic solution 0.05 %	1	
ft nasal spray nasal solution 0.05 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
giltuss severe sinus nasal solution 0.05 %	1	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
nasal spray 12 hour nasal solution 0.05 %	1	
nasal spray no drip nasal solution 0.05 %	1	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % (*phenylephrine hcl*)	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (*lido-epinephrine-tetracaine*)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	3	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	1	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	1	
antacid calcium oral tablet chewable 500 mg	1	
antacid calcium rich oral tablet chewable 500 mg	1	
antacid extra strength oral tablet chewable 160-105 mg, 750 mg	1	
antacid maximum oral tablet chewable 1000 mg	1	
antacid maximum strength oral suspension 800-800-80 mg/10ml	1	
antacid oral suspension 400-400-40 mg/10ml	1	
antacid oral tablet chewable 500 mg, 750 mg	1	
antacid regular strength oral suspension 200-200-20 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
antacid/antigas oral suspension 400-400-40 mg/10ml	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
cvs antacid extra strength oral tablet chewable 750 mg	1	
diotame instydose oral suspension 262 mg/15ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	1	
ft antacid extra strength oral tablet chewable 750 mg	1	
ft antacid regular strength oral tablet chewable 500 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet chewable 262 mg	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (*alum & mag hydroxide-simeth*)	2	
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml	1	
goodsense antacid extra str oral tablet chewable 750 mg	1	
goodsense antacid oral tablet chewable 500 mg, 750 mg	1	
goodsense omep/sod bicarb oral capsule 20-1100 mg	1	
hm stomach relief oral suspension 525 mg/30ml	1	
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	3	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (*alum & mag hydroxide-simeth*)	3	
mag-al plus oral liquid 200-200-20 mg/5ml	1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium oxide oral tablet 400 mg, 420 mg	PV	
magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml	1	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
sm calcium antacid ex st oral tablet chewable 750 mg	1	
smooth antacid extra strength oral tablet chewable 750 mg	1	
sodium bicarbonate oral tablet 325 mg, 650 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (*omeprazole-sodium bicarbonate*)	3	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	3	
IMMUNOMODULATORY AGENT		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	3	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (*vedolizumab*)	3	DSL = 30 days
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (*mirikizumab-mrkz*)	3	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	3	DSL = 30 days
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	2	DSL = 30 days
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	PV	DSL = 30 days
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	PV	
granisetron hcl oral tablet 1 mg	PV	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	PV	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	PV	
ondansetron hcl oral solution 4 mg/5ml	PV	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	PV	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	PV	
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	PV	
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PV	
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (*sumatriptan-ondansetron*)	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (*granisetron*)	PV	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
acidophilus lactobacillus oral capsule	1	
ACTIPHLORA ORAL CAPSULE (*probiotic product*)	3	
anti-diarrheal oral solution 1 mg/7.5ml	1	
anti-diarrheal oral tablet 2 mg	1	
BACICAP ORAL CAPSULE	3	
BILAC ORAL CAPSULE	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
BOLSITOL ORAL CAPSULE (*lactobacillus*)	3	
DERMACINRX PROBISOL ORAL CAPSULE (*probiotic product*)	3	
DERMACINRX PROBITRAN ORAL CAPSULE (*probiotic product*)	3	
diotame instydose oral suspension 262 mg/15ml	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
FLORASTOR ADVANCED ORAL CAPSULE (*probiotic product*)	3	
ft anti-diarrheal oral solution 1 mg/7.5ml	1	
ft anti-diarrheal oral tablet 2 mg	1	
ft anti-diarrheal/anti-gas oral tablet 2-125 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet chewable 262 mg	1	
GENORAVANCE ORAL CAPSULE (*probiotic product*)	3	
goodsense anti-diarrheal oral solution 1 mg/7.5ml	1	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	
high potency probiotic oral capsule	1	
hm stomach relief oral suspension 525 mg/30ml	1	
IMODIUM A-D ORAL TABLET 2 MG (*loperamide hcl*)	3	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (*loperamide-simethicone*)	3	
LACTEROL ORAL CAPSULE (*probiotic product*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lactobacillus oral tablet ，0.05-0.05 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3	
loperamide hcl oral capsule 2 mg	1	
loperamide hcl oral solution 1 mg/7.5ml	1	
loperamide hcl oral tablet 2 mg	1	
loperamide-simethicone oral tablet 2-125 mg	1	
MICROFLOR 33 ORAL CAPSULE (*probiotic product*)	3	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	3	
NEWFLORA PROBIOTIC ORAL CAPSULE	3	
opium oral tincture 10 mg/ml (1%)	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
PRIMIDAR ORAL CAPSULE (*probiotic product*)	3	
PROBICHEW ORAL TABLET CHEWABLE	3	
PROBINATE ORAL CAPSULE (*probiotic product*)	3	
PROBIONEXX ORAL CAPSULE	3	
PROBITROL ORAL CAPSULE (*probiotic product*)	3	
PROBIZEN ORAL CAPSULE	3	
PROMELLA IN PREBIOTIC ORAL CAPSULE	3	
PROMEROL ORAL CAPSULE (*probiotic product*)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
quad-probiotic oral capsule	1	
REJUVAFLOR ORAL CAPSULE	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (*lactobacillus casei-folic acid*)	3	
REVITAFLOR ORAL CAPSULE	3	
saccharomyces boulardii oral capsule 250 mg	1	
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
VISBIOME ORAL PACKET (*probiotic product*)	3	
WELLPRO 31 ORAL CAPSULE	3	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	3	DSL = 30 days
XYBIOTIC ORAL CAPSULE	3	
ZELAC ORAL CAPSULE	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PV	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	3	DSL = 30 days
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (*scopolamine base*)	PV	
ANTIFLATULENTS - Drugs for Gas		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	1	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	1	
antacid maximum strength oral suspension 800-800-80 mg/10ml	1	
antacid oral suspension 400-400-40 mg/10ml	1	
antacid regular strength oral suspension 200-200-20 mg/5ml	1	
antacid/antigas oral suspension 400-400-40 mg/10ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	1	
ft anti-diarrheal/anti-gas oral tablet 2-125 mg	1	
ft gas relief extra strength oral capsule 125 mg	1	
ft gas relief extra strength oral tablet chewable 125 mg	1	
ft gas relief infants oral suspension 20 mg/0.3ml	1	
ft gas relief oral tablet chewable 80 mg	1	
ft gas relief ultra strength oral capsule 180 mg	1	
gas relief extra strength oral capsule 125 mg	1	
gas relief infants oral suspension 20 mg/0.3ml	1	
gas relief oral tablet chewable 80 mg	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (*alum & mag hydroxide-simeth*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml	1	
heartland gas relief oral tablet chewable 80 mg	1	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (*loperamide-simethicone*)	3	
infants gas relief oral suspension 20 mg/0.3ml	1	
loperamide-simethicone oral tablet 2-125 mg	1	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (*alum & mag hydroxide-simeth*)	3	
mag-al plus oral liquid 200-200-20 mg/5ml	1	
magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml	1	
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (*simethicone*)	3	
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG (*simethicone*)	3	
simethicone drops infants oral suspension 20 mg/0.3ml	1	
simethicone oral capsule 125 mg	1	
simethicone oral tablet chewable 80 mg	1	
simethicone ultra strength oral capsule 180 mg	1	
TEENY TUMMY GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	3	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (*meclizine hcl*)	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	3	
compro rectal suppository 25 mg	PV	
cvs motion sickness oral tablet 50 mg	PV	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	3	DSL = 30 days
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	DSL = 30 days
ft motion sickness oral tablet 50 mg	PV	
goodsense motion sickness oral tablet 50 mg	PV	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
meclizine hcl oral tablet chewable 25 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
motion sickness relief oral tablet 50 mg	PV	
motion sickness relief oral tablet chewable 25 mg	PV	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PV	
prochlorperazine rectal suppository 25 mg	PV	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (*trimethobenzamide hcl*)	PV	
trimethobenzamide hcl oral capsule 300 mg	PV	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	3	DSL = 30 days
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
balsalazide disodium oral capsule 750 mg	1	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	2	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (*mesalamine*)	3	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	3	DSL = 30 days
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	3	DSL = 30 days
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	
mesalamine er oral capsule extended release 500 mg	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
mesalamine-cleanser rectal kit 4 gm	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	2	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	3	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
HELIDAC THERAPY ORAL (*metronid-tetracyc-bis subsal*)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
antacid calcium oral tablet chewable 500 mg	1	
antacid calcium rich oral tablet chewable 500 mg	1	
antacid extra strength oral tablet chewable 750 mg	1	
antacid maximum oral tablet chewable 1000 mg	1	
antacid oral tablet chewable 500 mg, 750 mg	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cvs antacid extra strength oral tablet chewable 750 mg	1	
diotame instydose oral suspension 262 mg/15ml	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	3	
ft antacid extra strength oral tablet chewable 750 mg	1	
ft antacid regular strength oral tablet chewable 500 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet chewable 262 mg	1	
goodsense antacid extra str oral tablet chewable 750 mg	1	
goodsense antacid oral tablet chewable 500 mg, 750 mg	1	
hm stomach relief oral suspension 525 mg/30ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium oxide oral tablet 400 mg, 420 mg	PV	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
sm calcium antacid ex st oral tablet chewable 750 mg	1	
smooth antacid extra strength oral tablet chewable 750 mg	1	
sodium bicarbonate oral tablet 325 mg, 650 mg	1	
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
antacid extra strength oral tablet chewable 160-105 mg	1	
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (*glycerin (laxative)*)	3	
bisacodyl ec oral tablet delayed release 5 mg	PV	
bisacodyl oral tablet delayed release 5 mg	PV	
bisacodyl rectal suppository 10 mg	PV	
chocolated laxative oral tablet chewable 15 mg	1	
citroma oral solution 1.745 gm/30ml	PV	
clearlax oral powder 17 gm/scoop	PV	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*sod picosulfate-mag ox-cit acd*)	PV	
cvs gentle laxative rectal suppository 10 mg	PV	
docusate calcium oral capsule 240 mg	1	
docusate mini rectal enema 283 mg/5ml	1	
docusate sodium oral capsule 100 mg	PV	
docusate sodium oral capsule 250 mg	1	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	1	
docusate sodium oral syrup 60 mg/15ml	1	
docuzen oral tablet 8.6-50 mg	1	
dok oral tablet 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (*docusate sodium*)	3	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (*sennosides*)	3	
EX-LAX ORAL TABLET CHEWABLE 15 MG (*sennosides*)	3	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	PV	
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
fiber laxative + calcium oral tablet 625 mg	1	
fiber laxative oral tablet 625 mg	1	
fiber oral powder 28.3 %	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft clearlax oral powder 17 gm/scoop	PV	
ft fiber laxative oral tablet 500 mg, 625 mg	1	
ft fiber oral powder 43 %	1	
ft gentle laxative rectal suppository 10 mg	PV	
ft laxative oral tablet delayed release 5 mg	PV	
ft magnesium citrate oral solution 1.745 gm/30ml	PV	
ft milk of magnesia oral suspension 1200 mg/15ml	1	
ft mineral oil oral oil	1	
ft senna laxative oral tablet 8.6 mg	1	
ft senna laxatives oral tablet 8.6 mg	1	
ft senna-s oral tablet 8.6-50 mg	1	
ft stool softener oral capsule 100 mg	PV	
ft stool softener oral capsule 250 mg	1	
ft stool softener oral tablet 100 mg, 50-8.6 mg	1	
gavilax oral powder 17 gm/scoop	PV	
gavilyte-c oral solution reconstituted 240 gm	PV	
gavilyte-g oral solution reconstituted 236 gm	PV	
gentle laxative oral tablet delayed release 5 mg	PV	
gentle laxative rectal suppository 10 mg	PV	
gentlelax oral powder 17 gm/scoop	PV	
geri-kot oral tablet 8.6 mg	1	
GIALAX ORAL KIT (*polyethylene glycol 3350*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glycerin (adult) rectal suppository 2 gm	1	
glycerin adult rectal suppository 2 gm	1	
glycerin childrens rectal suppository 1.2 gm	1	
glycolax oral powder 17 gm/scoop	PV	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	PV	
goodsense enema rectal enema 7-19 gm/118ml	PV	
goodsense milk of magnesia oral suspension 1200 mg/15ml	1	
goodsense senna laxative oral tablet 8.6 mg	1	
goodsense stimulant lax plus oral tablet 8.6-50 mg	1	
goodsense stool softener oral capsule 100 mg	PV	
hm stool softener oral capsule 100 mg	PV	
laxative max str oral tablet 25 mg	1	
laxative regular strength oral tablet 15 mg	1	
magnesium citrate oral solution 1.745 gm/30ml	PV	
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (*psyllium*)	3	
milk of magnesia concentrate oral suspension 2400 mg/10ml	1	
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	1	
mineral oil heavy oral oil	1	
mm clearlax oral powder 17 gm/scoop	PV	
mm stool softener laxative oral capsule 100 mg	PV	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	PV	
natural senna laxative oral tablet 8.6 mg	1	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML (*docusate sodium*)	3	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (*magnesium citrate*)	PV	
ONELAX RECTAL SUPPOSITORY 10 MG (*bisacodyl*)	PV	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (*sennosides*)	3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	PV	
peg-3350/electrolytes oral solution reconstituted 236 gm	PV	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	PV	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	PV	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (*sennosides*)	3	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
polyethylene glycol 3350 oral powder 17 gm/scoop	PV	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PROBICHEW ORAL TABLET CHEWABLE	3	
qc magnesium citrate oral solution 1.745 gm/30ml	PV	
reguloid oral powder 43 %	1	
senexon-s oral tablet 8.6-50 mg	1	
senna oral liquid 8.8 mg/5ml	1	
senna oral syrup 8.8 mg/5ml	1	
senna oral tablet 8.6 mg	1	
senna plus oral tablet 8.6-50 mg	1	
senna s oral tablet 8.6-50 mg	1	
senna smooth oral tablet 15 mg	1	
senna-docusate sodium oral tablet 8.6-50 mg	1	
senna-lax oral tablet 8.6 mg	1	
senna-plus oral tablet 8.6-50 mg	1	
senna-s oral tablet 8.6-50 mg	1	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (*sennosides*)	3	
SENOKOT S ORAL TABLET 8.6-50 MG (*sennosides-docusate sodium*)	3	
sm milk of magnesia oral suspension 1200 mg/15ml	1	
stimulant laxative oral tablet 8.6-50 mg	1	
stool softener laxative oral capsule 100 mg	PV	
stool softener oral capsule 100 mg	PV	
stool softener oral capsule 250 mg	1	
stool softener plus laxative oral tablet 8.6-50 mg	1	
stool softener/laxative oral tablet 50-8.6 mg	1	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	PV	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	PV	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vegetable lax+stool softener oral tablet 8.6-50 mg	1	
wal-mucil oral powder 43 %	1	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	3	DSL = 30 days
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	3	DSL = 30 days
URSO 250 ORAL TABLET 250 MG (*ursodiol*)	3	
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	DSL = 30 days
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (*ursodiol*)	3	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
lactase enzyme oral tablet 3000 unit, 9000 unit	1	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	DSL = 30 days
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	3	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	3	DSL = 30 days
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	3	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	3	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (*vedolizumab*)	3	DSL = 30 days
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	3	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3	DSL = 30 days
lubiprostone oral capsule 24 mcg, 8 mcg	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	3	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	3	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	3	DSL = 30 days
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (*mirikizumab-mrkz*)	3	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	
ORLISTAT ORAL CAPSULE 120 MG	3	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (*methylnaltrexone bromide*)	3	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	3	DSL = 30 days
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (*risankizumab-rzaa*)	3	DSL = 30 days
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	3	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	3	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	3	
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	3	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	3	DSL = 30 days
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	3	
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
acid reducer oral tablet 10 mg	PV	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	PV	
DUEXIS ORAL TABLET 800-26.6 MG (*ibuprofen-famotidine*)	3	
famotidine oral suspension reconstituted 40 mg/5ml	PV	
famotidine oral tablet 10 mg, 20 mg, 40 mg	PV	
famotidine orig st oral tablet 10 mg	PV	
ft acid reducer oral tablet 10 mg	PV	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
nizatidine oral capsule 150 mg, 300 mg	PV	
PEPCID AC ORAL TABLET 10 MG (*famotidine*)	PV	
PEPCID ORAL TABLET 20 MG, 40 MG (*famotidine*)	PV	
TAGAMET HB 200 ORAL TABLET 200 MG (*cimetidine*)	PV	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	2	DSL = 30 days
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (*aprepitant*)	PV	DSL = 30 days
aprepitant oral 80 & 125 mg	PV	DSL = 30 days
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	PV	DSL = 30 days
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	PV	
EMEND ORAL CAPSULE 80 MG (*aprepitant*)	PV	DSL = 30 days
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	PV	DSL = 30 days
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	PV	DSL = 30 days
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	PV	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PV	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	PV	DSL = 30 days
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	PV	
metoclopramide hcl oral tablet 10 mg, 5 mg	PV	
metoclopramide hcl oral tablet dispersible 5 mg	PV	
REGLAN ORAL TABLET 10 MG, 5 MG (*metoclopramide hcl*)	PV	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	PV	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	PV	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (*sucralfate*)	PV	
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sucralfate oral suspension 1 gm/10ml	PV	
sucralfate oral tablet 1 gm	PV	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
acid reducer oral tablet delayed release 20 mg	PV	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	3	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	3	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	1	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	PV	
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	PV	
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (*pantoprazole sodium*)	PV	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (*lansoprazole*)	PV	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (*omeprazole*)	PV	
ft acid reducer oral capsule delayed release 15 mg	PV	
ft omeprazole oral tablet delayed release 20 mg	PV	
goodsense lansoprazole oral tablet delayed release dispersible 15 mg	PV	
goodsense omep/sod bicarb oral capsule 20-1100 mg	1	
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	3	
lansoprazole oral capsule delayed release 15 mg	PV	
lansoprazole oral capsule delayed release 30 mg	PV	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	PV	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	PV	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	PV	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
omeprazole magnesium oral tablet delayed release 20 mg	PV	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	PV	
omeprazole oral tablet delayed release 20 mg	PV	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (*omeprazole*)	PV	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	
pantoprazole sodium oral packet 40 mg	PV	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	PV	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	PV	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	PV	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	PV	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	PV	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	PV	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	PV	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	
rabeprazole sodium oral tablet delayed release 20 mg	1	
sm lansoprazole oral capsule delayed release 15 mg	PV	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (*naproxen-esomeprazole*)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	3	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	3	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (*omeprazole-sodium bicarbonate*)	3	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (*omeprazole-sodium bicarbonate*)	3	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	3	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	3	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	3	DSL = 30 days
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	3	
deferasirox oral packet 180 mg, 360 mg, 90 mg	3	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	
deferiprone oral tablet 1000 mg	1	
deferiprone oral tablet 500 mg	3	DSL = 30 days
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	3	DSL = 30 days
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	3	DSL = 30 days
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	3	
FERRIPROX ORAL TABLET 500 MG (*deferiprone*)	3	DSL = 30 days
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	3	DSL = 30 days
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	3	DSL = 30 days
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	3	DSL = 30 days
penicillamine oral capsule 250 mg	3	
penicillamine oral tablet 250 mg	3	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	3	DSL = 30 days
trientine hcl oral capsule 250 mg, 500 mg	1	DSL = 30 days
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	DSL = 30 days
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
AGAMREE ORAL SUSPENSION 40 MG/ML (*vamorolone*)	3	DSL = 30 days
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (*fluticasone-salmeterol(sensor)*)	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	3	DSL = 30 days
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate(sensor)*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (*mometasone furoate*)	2	DSL = 30 days
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (*mometasone furoate*)	PV	DSL = 30 days
BETA 1 KIT INJECTION KIT 30 MG/5ML	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (*betameth sod phos-ace & anesth*)	3	
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	1	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	
budesonide er oral tablet extended release 24 hour 9 mg	3	DSL = 30 days
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
budesonide oral capsule delayed release particles 3 mg	1	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (*betamethasone sod phos & acet*)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	3	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	1	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (*methylprednisolone acetate*)	PV	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	1	
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	3	
DMT SUIK COMBINATION KIT 10 MG/ML (*dexameth sod phos & anesthetic*)	3	
DOUBLEDEX INJECTION KIT 10 MG/ML (*dexamethasone sodium phosphate*)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	3	DSL = 30 days
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	3	DSL = 30 days
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	3	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (*triamcinolone hexacetonide*)	2	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	3	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (*triamcinolone acetonide*)	2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (*triamcinolone acetonide*)	3	
MAS CARE-PAK INJECTION KIT 10 MG/ML (*dexamethasone sodium phosphate*)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (*methylprednisolone*)	PV	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	PV	
methylprednisolone acetate suspension 40 mg/ml injection	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	PV	
methylprednisolone acetate suspension 80 mg/ml injection	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	PV	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PV	
methylprednisolone oral tablet therapy pack 4 mg	PV	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
mometasone furoate nasal suspension 50 mcg/act	1	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	3	
P-CARE K40 INJECTION KIT 40 MG/ML	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (*prednisolone sodium phosphate*)	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
POD-CARE 100K INJECTION KIT 40 MG/ML	3	
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	PV	
prednisone oral solution 5 mg/5ml	PV	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PV	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PV	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML (*triamcinolone acetonide*)	3	
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML (*triamcinolone acetonide*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	3	DSL = 30 days
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	3	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	PV	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (*hydrocortisone sod succinate*)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	3	DSL = 30 days
TOPIDEX INJECTION KIT 10 MG/ML	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML, 80 MG/ML	3	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	2	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	3	DSL = 30 days
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (*triamcinolone acetonide*)	3	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	PV	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PV	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	PV	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	PV	
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	3	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	3	
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	2	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (*testosterone*)	3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	3	DSL = 30 days
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (*testosterone undecanoate*)	3	
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	1	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	3	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (*testosterone cypionate*)	3	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 25 MG, 50 MG	3	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
testosterone transdermal solution 30 mg/act	1	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	3	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	2	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	3	
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	3	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	3	DSL = 30 days
mifepristone oral tablet 300 mg	1	DSL = 30 days
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (*teplizumab-mzwv*)	3	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	3	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	3	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	PV	OC
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	PV	OC
AROMASIN ORAL TABLET 25 MG (*exemestane*)	PV	OC
exemestane oral tablet 25 mg	PV	OC
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	PV	OC
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	3	DSL = 30 days; OC
letrozole oral tablet 2.5 mg	PV	OC
ANTIGONADTROPINS - Hormones		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	
fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	DSL = 30 days
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	3	DSL = 30 days
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
GLUCO TO GO 15 ORAL GEL 40 % (*dextrose (diabetic use)*)	3	
GLUCO TO GO ORAL TABLET CHEWABLE 4 GM (*dextrose (diabetic use)*)	3	
GLUTOSE 5 ORAL GEL 40 % (*dextrose (diabetic use)*)	3	
INSTA-GLUCOSE ORAL GEL 77.4 % (*dextrose (diabetic use)*)	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	1	DSL = 30 days
calcitonin (salmon) nasal solution 200 unit/act	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	DSL = 30 days
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (*etelcalcetide hcl*)	3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	3	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	PV	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PV	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (*metformin hcl*)	PV	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PV	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	3	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	3	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	PV	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	PV	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	PV	
metformin hcl oral solution 500 mg/5ml	PV	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PV	
metformin hcl oral tablet 625 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PV	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	PV	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (*dapagliflozin prop-metformin*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	3	
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	PV	
aftera oral tablet 1.5 mg	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camila oral tablet 0.35 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
curae oral tablet 1.5 mg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
deblitane oral tablet 0.35 mg	PV	
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	PV	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
dolishale oral tablet 90-20 mcg	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
econtra one-step oral tablet 1.5 mg	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
errin oral tablet 0.35 mg	PV	
estarylla oral tablet 0.25-35 mg-mcg	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
heather oral tablet 0.35 mg	PV	
her style oral tablet 1.5 mg	PV	
iclevia oral tablet 0.15-0.03 mg	PV	
incassia oral tablet 0.35 mg	PV	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jencycla oral tablet 0.35 mg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kelnor 1/50 oral tablet 1-50 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin 1/20 oral tablet 1-20 mg-mcg	PV	
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
layolis fe oral tablet chewable 0.8-25 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel oral tablet 1.5 mg	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyleq oral tablet 0.35 mg	PV	
lyza oral tablet 0.35 mg	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PV	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PV	
merzee oral capsule 1-20 mg-mcg(24)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin 24 fe oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
my choice oral tablet 1.5 mg	PV	
my way oral tablet 1.5 mg	PV	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
nora-be oral tablet 0.35 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone oral tablet 0.35 mg	PV	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norlyroc oral tablet 0.35 mg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
nymyo oral tablet 0.25-35 mg-mcg	PV	
ocella oral tablet 3-0.03 mg	PV	
opcicon one-step oral tablet 1.5 mg	PV	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	3	
option 2 oral tablet 1.5 mg	PV	
philith oral tablet 0.4-35 mg-mcg	PV	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	PV	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
react oral tablet 1.5 mg	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
sharobel oral tablet 0.35 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	PV	
SLYND ORAL TABLET 4 MG (*drospirenone*)	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
take action oral tablet 1.5 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PV	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	3	
ONGLYZA ORAL TABLET 5 MG (*saxagliptin hcl*)	3	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	3	
saxagliptin hcl oral tablet 2.5 mg, 5 mg	1	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	3	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	PV	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (*clomiphene citrate*)	3	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	3	
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	PV	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PV	
raloxifene hcl oral tablet 60 mg	PV	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	PV	OC
tamoxifen citrate oral tablet 10 mg, 20 mg	PV	OC
toremifene citrate oral tablet 60 mg	PV	OC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	PV	
afirmelle oral tablet 0.1-20 mg-mcg	PV	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amabelz oral tablet 0.5-0.1 mg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (*estradiol-progesterone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PV	
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (*estradiol valerate*)	3	
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PV	
dolishale oral tablet 90-20 mcg	PV	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	PV	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*estradiol*)	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM (*estradiol*)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PV	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	PV	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PV	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
iclevia oral tablet 0.15-0.03 mg	PV	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	3	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jinteli oral tablet 1-5 mg-mcg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kelnor 1/50 oral tablet 1-50 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin 1/20 oral tablet 1-20 mg-mcg	PV	
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	
layolis fe oral tablet chewable 0.8-25 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin 24 fe oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
mimvey oral tablet 1-0.5 mg	PV	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
nymyo oral tablet 0.25-35 mg-mcg	PV	
ocella oral tablet 3-0.03 mg	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
philith oral tablet 0.4-35 mg-mcg	PV	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	3	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zumandimine oral tablet 3-0.03 mg	PV	
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	2	
glucagon emergency kit injection kit 1 mg	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (*leuprolide mesylate (6 month)*)	3	
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	2	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (*follitropin alfa*)	3	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (*follitropin alfa*)	2	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*follitropin alfa*)	3	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	
leuprolide acetate injection kit 1 mg/0.2ml	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate*)	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	3	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	2	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	3	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (*choriogonadotropin alfa*)	2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	3	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate (cpp)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	3	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	3	DSL = 30 days
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	3	DSL = 30 days
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	3	DSL = 30 days
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	3	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	2	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	3	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*)	2	DSL = 30 days
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	3	DSL = 30 days
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	3	DSL = 30 days
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	3	DSL = 30 days
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	3	DSL = 30 days
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	3	DSL = 30 days
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	3	DSL = 30 days
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PV	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	3	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PV	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin detemir*)	PV	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin detemir*)	PV	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	3	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	3	DSL = 30 days
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	3	DSL = 30 days
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	3	DSL = 30 days
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	3	DSL = 30 days
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	3	DSL = 30 days
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	PV	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PARATHYROID AGENTS - Drugs for Bones		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	3	DSL = 30 days
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	3	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	DSL = 30 days
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	3	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	DSL = 30 days
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	DSL = 30 days
DDAVP INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	3	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	3	DSL = 30 days
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (*somatropin*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (*somatropin (non-refrigerated)*)	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	3	DSL = 30 days
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	3	DSL = 30 days
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	3	
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	PV	
afirmelle oral tablet 0.1-20 mg-mcg	PV	
aftera oral tablet 1.5 mg	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amabelz oral tablet 0.5-0.1 mg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (*estradiol-progesterone*)	3	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camila oral tablet 0.35 mg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PV	
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PV	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
curae oral tablet 1.5 mg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
deblitane oral tablet 0.35 mg	PV	
delyla oral tablet 0.1-20 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	PV	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
dolishale oral tablet 90-20 mcg	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
econtra one-step oral tablet 1.5 mg	PV	
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
errin oral tablet 0.35 mg	PV	
estarylla oral tablet 0.25-35 mg-mcg	PV	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (*progesterone*)	PV	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
heather oral tablet 0.35 mg	PV	
her style oral tablet 1.5 mg	PV	
iclevia oral tablet 0.15-0.03 mg	PV	
incassia oral tablet 0.35 mg	PV	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jencycla oral tablet 0.35 mg	PV	
jinteli oral tablet 1-5 mg-mcg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kelnor 1/50 oral tablet 1-50 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin 1/20 oral tablet 1-20 mg-mcg	PV	
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	
layolis fe oral tablet chewable 0.8-25 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel oral tablet 1.5 mg	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyleq oral tablet 0.35 mg	PV	
lyza oral tablet 0.35 mg	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PV	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PV	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PV	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	PV	
megestrol acetate oral tablet 20 mg, 40 mg	3	OC
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin 24 fe oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
mimvey oral tablet 1-0.5 mg	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
my choice oral tablet 1.5 mg	PV	
my way oral tablet 1.5 mg	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
nora-be oral tablet 0.35 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acetate oral tablet 5 mg	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone oral tablet 0.35 mg	PV	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	
norlyroc oral tablet 0.35 mg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
nymyo oral tablet 0.25-35 mg-mcg	PV	
ocella oral tablet 3-0.03 mg	PV	
opcicon one-step oral tablet 1.5 mg	PV	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	3	
option 2 oral tablet 1.5 mg	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
philith oral tablet 0.4-35 mg-mcg	PV	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	PV	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
progesterone intramuscular oil 50 mg/ml	PV	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	PV	
progesterone oral capsule 100 mg, 200 mg	PV	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	PV	
react oral tablet 1.5 mg	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
sharobel oral tablet 0.35 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	PV	
SLYND ORAL TABLET 4 MG (*drospirenone*)	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
take action oral tablet 1.5 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	PV	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT (*insulin regular human*)	3	
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	3	DSL = 30 days
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	PV	
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	PV	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (*insulin lispro*)	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	PV	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	PV	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	PV	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	3	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro-aabc*)	3	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PV	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PV	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	PV	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BEXAGLIFLOZIN ORAL TABLET 20 MG	3	
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	3	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	3	DSL = 30 days
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (*dapagliflozin-saxagliptin*)	3	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	3	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (*dapagliflozin prop-metformin*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	3	
SOMATOSTATIN AGONISTS - Hormones		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	DSL = 30 days
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	3	DSL = 30 days
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	3	DSL = 30 days
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	3	DSL = 30 days
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	3	DSL = 30 days
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	3	DSL = 30 days
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (*tesamorelin acetate*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (*somatropin (non-refrigerated)*)	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	3	
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	3	DSL = 30 days
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	PV	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PV	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PV	
glipizide oral tablet 10 mg, 5 mg	PV	
glipizide oral tablet 2.5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PV	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PV	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (*glipizide*)	PV	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	PV	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PV	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PV	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PV	
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	PV	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	PV	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	PV	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	PV	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PV	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PV	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (*thyroid*)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	3	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	3	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (*levothyroxine sodium*)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	3	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml	1	
BUPIVACAINE HCL (BULK) SOLUTION 4760 MG/119ML	3	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	1	
BUPIVACAINE HCL INJECTION SOLUTION 0.125 %	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.125 % (50 ML), 0.25 % (10 ML)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupivacaine hcl solution 0.25 % injection	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	1	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	1	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
EXPAREL INJECTION SUSPENSION 1.3 % (*bupivacaine liposome*)	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
LETS KIT	3	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	1	
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	1	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	1	
lidocaine hcl solution 2 % injection	1	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (*bupivacaine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 % (*bupivacaine hcl*)	2	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.5 % (*bupivacaine hcl*)	3	
MARLIDO INJECTION KIT 2 & 0.5 %	3	
MARLIDO-25 INJECTION KIT 1 & 0.25 % (*lidocaine hcl-bupivacaine hcl*)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (*bupivacaine hcl & anesthetic*)	3	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
POINT OF CARE LM-2.2 INJECTION KIT 1 & 0.25 % (*lidocaine hcl-bupivacaine hcl*)	3	
POINT OF CARE LM-2.5 INJECTION KIT 1 & 0.25 % (*lidocaine hcl-bupivacaine hcl*)	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (*bupivacaine hcl*)	1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (*bupivacaine hcl*)	2	
SENSORCAINE-MPF INJECTION SOLUTION 0.5 %, 0.75 % (*bupivacaine hcl*)	1	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (*bupivacaine hcl*)	3	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (*lidocaine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (*lidocaine hcl*)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	3	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg, 5 mg	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	3	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
ANTIDOTES - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (*sugammadex sodium*)	2	
BRIDION INTRAVENOUS SOLUTION 500 MG/5ML (*sugammadex sodium*)	3	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	3	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*digoxin immune fab*)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	PV	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	2	
glucagon emergency kit injection kit 1 mg	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	3	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (*levoleucovorin*)	PV	DSL = 30 days
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	PV	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	PV	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PV	
levoleucovorin calcium intravenous solution reconstituted 50 mg	PV	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	PV	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	PV	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	PV	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	PV	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PV	
sevelamer carbonate oral tablet 800 mg	PV	
sevelamer hcl oral tablet 400 mg, 800 mg	PV	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	3	DSL = 30 days
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIGOUT AGENTS - Drugs for Gout		
ALEVE ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
allopurinol oral tablet 100 mg, 300 mg	PV	
ALLOPURINOL ORAL TABLET 200 MG	PV	
ANAPROX DS ORAL TABLET 550 MG (*naproxen sodium*)	PV	
colchicine oral capsule 0.6 mg	PV	
colchicine oral tablet 0.6 mg	PV	
colchicine-probenecid oral tablet 0.5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (*naproxen*)	PV	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	PV	
febuxostat oral tablet 40 mg, 80 mg	PV	
ft all day pain relief oral tablet 220 mg	PV	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	PV	DSL = 30 days
goodsense naproxen sodium oral tablet 220 mg	PV	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	PV	DSL = 30 days
indomethacin er oral capsule extended release 75 mg	PV	
indomethacin oral capsule 25 mg, 50 mg	PV	
indomethacin oral suspension 25 mg/5ml	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
indomethacin rectal suppository 50 mg	PV	DSL = 30 days
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (*pegloticase*)	PV	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	PV	
NAPROSYN ORAL TABLET 500 MG (*naproxen*)	PV	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
probenecid oral tablet 500 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	PV	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	3	DSL = 30 days
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (*eteplirsen*)	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	3	DSL = 30 days
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (*nusinersen*)	3	DSL = 30 days
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	3	DSL = 30 days
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (*viltolarsen*)	3	DSL = 30 days
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (*golodirsen*)	3	DSL = 30 days
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	3	DSL = 30 days
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	3	DSL = 30 days
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (*teriparatide (recombinant)*)	3	DSL = 30 days
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	3	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	DSL = 30 days
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	3	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	DSL = 30 days
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (*risedronate sodium*)	3	
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	3	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcitonin (salmon) injection solution 200 unit/ml	1	DSL = 30 days
calcitonin (salmon) nasal solution 200 unit/act	1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (*estradiol valerate*)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	2	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PV	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	PV	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*estradiol*)	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM (*estradiol*)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PV	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	PV	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PV	
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
ibandronate sodium intravenous solution 3 mg/3ml	1	
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	PV	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	DSL = 30 days
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	3	
raloxifene hcl oral tablet 60 mg	PV	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	3	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release 35 mg	1	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	3	DSL = 30 days
yuvafem vaginal tablet 10 mcg	1	
zoledronic acid intravenous concentrate 4 mg/5ml	1	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	1	
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
ORMALVI ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
easygel dental gel 0.4 %	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
fluoridex daily renewal mouth/throat concentrate 0.63 %	PV	
FLUORIDEX DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	PV	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	PV	
sf dental gel 1.1 %	PV	
sodium fluoride 5000 plus dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental paste 1.1 %	PV	
sodium fluoride dental cream 1.1 %	PV	
sodium fluoride dental gel 1.1 %	PV	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	PV	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (*sodium fluoride*)	PV	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	3	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	3	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	3	
VEOPOZ INJECTION SOLUTION 400 MG/2ML (*pozelimab-bbfg*)	3	DSL = 30 days
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	3	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	3	DSL = 30 days
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	DSL = 30 days
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	3	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	3	
cyclosporine intravenous solution 50 mg/ml	1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	3	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	DSL = 30 days
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (*leflunomide & diclofenac sod*)	3	
leflunomide oral tablet 10 mg, 20 mg	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	3	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (*methotrexate (anti-rheumatic)*)	3	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*methotrexate (anti-rheumatic)*)	2	
penicillamine oral capsule 250 mg	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillamine oral tablet 250 mg	3	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	3	DSL = 30 days
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	3	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	DSL = 30 days
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	3	DSL = 30 days
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	DSL = 30 days
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azathioprine sodium injection solution reconstituted 100 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	3	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	DSL = 30 days
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	3	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	3	DSL = 30 days
cyclosporine intravenous solution 50 mg/ml	1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	DSL = 30 days
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	3	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	DSL = 30 days
fingolimod hcl oral capsule 0.5 mg	1	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	3	DSL = 30 days
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	3	DSL = 30 days
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	3	DSL = 30 days
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-aacf*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	3	DSL = 30 days
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	DSL = 30 days
leflunomide oral tablet 10 mg, 20 mg	3	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	3	DSL = 30 days
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	DSL = 30 days; OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	3	
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	3	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (*ocrelizumab*)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	3	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	DSL = 30 days; OC
PONVORY ORAL TABLET 20 MG (*ponesimod*)	3	DSL = 30 days
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	3	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	3	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	3	DSL = 30 days; OC
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	2	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (*rozanolixizumab-noli*)	3	DSL = 30 days
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
teriflunomide oral tablet 14 mg, 7 mg	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	3	DSL = 30 days; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	3	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	3	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	3	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	3	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (*efgartigimod alfa-hyalur-qvfc*)	3	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (*efgartigimod alfa-fcab*)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	3	DSL = 30 days
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	3	DSL = 30 days
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	2	
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	3	DSL = 30 days
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*mycophenolate mofetil hcl*)	3	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	3	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	3	
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
cyclophosphamide oral capsule 25 mg, 50 mg	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOPHOSPHAMIDE SOLUTION 1000 MG/10ML INTRAVENOUS	3	
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2000 MG/20ML INTRAVENOUS	3	
CYCLOPHOSPHAMIDE SOLUTION 500 MG/5ML INTRAVENOUS	3	
cyclosporine intravenous solution 50 mg/ml	1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (*emapalumab-lzsg*)	3	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
leflunomide oral tablet 10 mg, 20 mg	3	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	3	DSL = 30 days
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
mercaptopurine oral tablet 50 mg	3	OC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mycophenolate mofetil intravenous solution reconstituted 500 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
pimecrolimus external cream 1 %	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	DSL = 30 days; OC
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (*sirolimus*)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	3	DSL = 30 days
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	3	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	3	DSL = 30 days
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	3	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3	DSL = 30 days
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	3	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	3	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ACUNOL ORAL TABLET (*homeopathic products*)	PV	
ALTEMIA ORAL EMULSION (*omega-3 fatty acids*)	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	3	DSL = 30 days
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*vutrisiran sodium*)	3	DSL = 30 days
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG (*carbocysteine*)	3	
betaine oral powder	1	DSL = 30 days
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
bp vit 3 oral capsule 1 mg	1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (*levocarnitine*)	3	
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	3	DSL = 30 days
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
coenzyme q-10 oral capsule 200 mg, 30 mg	1	
coenzyme q10 oral capsule 50 mg	1	
COLCIGEL EXTERNAL GEL (*homeopathic products*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COLD-EEZE MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
COLD-EEZE PLUS COLD & FLU MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
COLD-EEZE PLUS DEFENSE MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
coq10 oral capsule 200 mg	1	
CYSTADANE ORAL POWDER (*betaine*)	3	DSL = 30 days
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	2	DSL = 30 days
dalfampridine er oral tablet extended release 12 hour 10 mg	3	DSL = 30 days
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (*l-methylfolate-algae*)	3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (*l-methylfolate-algae*)	3	
DEPREXIS (*dtx app-behav & mental hlth*)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (*prasterone (dhea)*)	3	
ECZEMOL ORAL TABLET (*homeopathic products*)	PV	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG (*l-methylfolate*)	3	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	2	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	3	DSL = 30 days
ENTERAGAM ORAL PACKET 5 GM (*sbi/protein isolate*)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	3	DSL = 30 days
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	3	
fish oil high potency oral capsule 1000 mg	1	
fish oil oral capsule 1000 mg, 500 mg	1	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	3	DSL = 30 days
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (*givosiran sodium*)	3	DSL = 30 days
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	3	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
IMUBOLIC ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
levocarnitine intravenous solution 200 mg/ml	1	
levocarnitine oral solution 1 gm/10ml	3	
levocarnitine sf oral solution 1 gm/10ml	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIMBREL ORAL CAPSULE 250 MG, 500 MG (*flavocoxid*)	3	
LIMBREL250 ORAL CAPSULE 250-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
l-methylfolate calcium oral tablet 15 mg, 7.5 mg	1	
l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg	1	
l-methylfolate oral tablet 15 mg, 7.5 mg	1	
l-methylfolate-algae oral capsule 15-90.314 mg	1	
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	1	
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3	
LUMINOPIA (*dtx app - visual*)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
METANX ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	3	DSL = 30 days
MODIA (*dtx app - subst use disorder*)	3	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	3	
MORCIN EXTERNAL CREAM	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum - suc-c-thre-b12-fa*)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	3	DSL = 30 days
nitisinone oral capsule 20 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (*fosdenopterin hydrobromide*)	3	DSL = 30 days
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
odorless coated fish oil oral capsule delayed release 1000 mg	1	
omega-3 fish oil oral capsule 1000 mg	1	
omega-3 microgel oral capsule 600 mg	3	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (*patisiran sodium*)	3	DSL = 30 days
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	3	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	3	DSL = 30 days
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	3	
OVEEZA ORAL CAPSULE 0.5 MG (*fa-b12-ala-co q10-omega 3*)	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (*lumasiran sodium*)	3	DSL = 30 days
PENTOSAN POLYSULFATE SODIUM ORAL CAPSULE DELAYED RELEASE 150 MG, 200 MG	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PODIAPN ORAL CAPSULE (*l-methylfolate-b6-b12*)	3	
PRASTERA ORAL KIT 200 & 400 MG (*prasterone & ibuprofen*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PRID EXTERNAL OINTMENT (*homeopathic products*)	PV	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	3	DSL = 30 days
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	3	DSL = 30 days
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG (*homeopathic products*)	PV	
PSORIZIDE ULTRA ORAL TABLET (*homeopathic products*)	PV	
REBYOTA RECTAL SUSPENSION 150 ML (*fecal microbiota, live-jslm*)	3	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	3	DSL = 30 days
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RETHYMIC INTRAMUSCULAR IMPLANT (*allogeneic thymus tissue-agdc*)	3	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	3	DSL = 30 days
RIMSO-50 INTRAVESICAL SOLUTION 50 % (*dimethyl sulfoxide*)	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	3	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	3	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	3	DSL = 30 days
sapropterin dihydrochloride oral tablet 100 mg	1	DSL = 30 days
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	3	DSL = 30 days
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	3	DSL = 30 days
SOLESTA INJECTION GEL 50-15 MG/ML (*dextranomer-sodium hyaluronate*)	3	
SPEEDGEL RX EXTERNAL GEL (*homeopathic products*)	PV	
STREPTOCOCCINUM 30C SUBLINGUAL PELLET	PV	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*)	3	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*)	3	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	3	DSL = 30 days
THIOLA ORAL TABLET 100 MG (*tiopronin*)	2	
tiopronin oral tablet 100 mg	1	
tiopronin oral tablet delayed release 100 mg, 300 mg	1	DSL = 30 days
TRANZGEL EXTERNAL GEL (*homeopathic products*)	PV	
TRAUMEEL EXTERNAL OINTMENT (*homeopathic products*)	PV	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	3	
ULTRA HERS RX ORAL CAPSULE	3	
ULTRA HIS ORAL CAPSULE	3	
ULTRA PCOS ORAL CAPSULE	3	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
urin ds oral tablet 81.6 mg	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	3	DSL = 30 days
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VORVIDA (*dtx app - subst use disorder*)	3	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3	DSL = 30 days
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
WONDR HEALTH OUTCOME BONUS (*dtx app - wellness*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	3	DSL = 30 days
XYZMUNE ORAL CAPSULE	3	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	3	DSL = 30 days
ZEEL ARTHIRITIS PAIN RELIEF EXTERNAL OINTMENT (*homeopathic products*)	PV	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	3	DSL = 30 days
PROTECTIVE AGENTS		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*trilaciclib dihydrochloride*)	PV	DSL = 30 days
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexrazoxane intravenous solution reconstituted 250 mg	PV	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*amifostine*)	PV	
mesna intravenous solution 100 mg/ml	PV	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (*mesna*)	PV	
MESNEX ORAL TABLET 400 MG (*mesna*)	PV	DSL = 30 days; OC
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	PV	
CONDOMS	PV	
DUREX EXTRA SENSITIVE THIN DEVICE (*condoms latex lubricated*)	PV	
FC2 FEMALE CONDOM (*condoms - female*)	PV	
FEMCAP VAGINAL DEVICE 22 MM, 30 MM (*cervical caps*)	3	
FEMCAP VAGINAL DEVICE 26 MM (*cervical caps*)	PV	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	PV	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	PV	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	2	
methergine oral tablet 0.2 mg	1	
methylergonovine maleate oral tablet 0.2 mg	1	
MIFEPREX ORAL TABLET 200 MG (*mifepristone*)	PV	
mifepristone oral tablet 200 mg	PV	
MPM PAK ORAL THERAPY PACK 200-0.2-8-800 MG (*mifeprist-misoprost-ondan-ibup*)	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (*wound dressings*)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (*wound dressings*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (*transdermal base*)	3	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (*lutetium lu 177 dotatate*)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (*lutetium lu 177 vipivotide tet*)	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (*radium ra 223 dichloride*)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML (*epinephrine*)	3	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (*ephedrine sulfate (pressors)*)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	3	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	3	
EPISNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	1	
nasal decongestant oral tablet 30 mg	1	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	
sinus 12 hour oral tablet extended release 12 hour 120 mg	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (*pseudoephedrine hcl*)	3	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	1	
sudogest maximum strength oral tablet 30 mg	1	
sudogest oral tablet 30 mg	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	PV	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
ipratropium bromide inhalation solution 0.02 %	PV	
ipratropium bromide nasal solution 0.03 %, 0.06 %	PV	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide monohydrate*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
tiotropium bromide monohydrate inhalation capsule 18 mcg	1	
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	3	DSL = 30 days
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	3	DSL = 30 days
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	3	DSL = 30 days
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	3	DSL = 30 days
pirfenidone oral capsule 267 mg	1	DSL = 30 days
pirfenidone oral tablet 267 mg, 801 mg	1	DSL = 30 days
pirfenidone oral tablet 534 mg	1	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (*mepolizumab*)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITUSSIVES - Drugs for Cough and Cold		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
chest congestion relief dm oral syrup 10-100 mg/5ml	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	DSL = 30 days
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
cough dm oral suspension extended release 30 mg/5ml	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml	1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft 12 hour cough relief oral suspension extended release 30 mg/5ml	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml	1	
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
ft tussin dm max adult oral liquid 20-400 mg/20ml	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
guaifenesin-dm oral syrup 100-10 mg/5ml	1	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	3	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
mucus dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief dm oral liquid 20-400 mg/20ml	1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (*dextromethorphan polistirex*)	3	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
tussin dm cough + chest oral liquid 20-400 mg/20ml	1	
tussin dm max oral liquid 20-400 mg/20ml	1	
tussin dm oral syrup 100-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	3	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (*ivacaftor*)	3	DSL = 30 days
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	3	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
EXPECTORANTS - Drugs for the Lungs		
chest congestion relief dm oral syrup 10-100 mg/5ml	1	
chest congestion relief oral liquid 100 mg/5ml	1	
chest congestion relief oral tablet 400 mg	1	
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	1	
ft chest congestion relief oral tablet 400 mg	1	
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg	1	
ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
ft tussin adult oral liquid 200 mg/10ml	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
ft tussin dm max adult oral liquid 20-400 mg/20ml	1	
geri-tussin oral syrup 100 mg/5ml	1	
goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg	1	
goodsense mucus relief oral tablet 400 mg	1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	1	
guaifenesin er oral tablet extended release 12 hour 1200 mg	1	
guaifenesin oral liquid 100 mg/5ml	1	
guaifenesin oral tablet 400 mg	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
guaifenesin-dm oral syrup 100-10 mg/5ml	1	
iodine strong oral solution 5 %	1	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (*guaifenesin*)	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	1	
maxi-tuss pe max oral liquid 5-100 mg/5ml	1	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (*guaifenesin*)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
mucus dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
mucus relief dm oral liquid 20-400 mg/20ml	1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief max st oral tablet extended release 12 hour 1200 mg	1	
mucus relief oral tablet 400 mg	1	
mucus+chest congestion oral liquid 200 mg/10ml	1	
potassium iodide oral solution 1 gm/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
SSKI ORAL SOLUTION 1 GM/ML (*potassium iodide (expectorant)*)	2	
tusnel-ex oral liquid 100 mg/5ml	1	
tussin dm cough + chest oral liquid 20-400 mg/20ml	1	
tussin dm max oral liquid 20-400 mg/20ml	1	
tussin dm oral syrup 100-10 mg/5ml	1	
tussin mucus & chest congest oral liquid 100 mg/5ml	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg, 4 mg	1	
banophen oral capsule 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg, 4 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 4 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	PV	
ryvent oral tablet 6 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	3	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	3	DSL = 30 days
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	3	DSL = 30 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	3	
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	PV	
montelukast sodium oral packet 4 mg	PV	
montelukast sodium oral tablet 10 mg	PV	
montelukast sodium oral tablet chewable 4 mg, 5 mg	PV	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	PV	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	PV	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	PV	
zafirlukast oral tablet 10 mg, 20 mg	PV	
zileuton er oral tablet extended release 12 hour 600 mg	3	DSL = 30 days
ZYFLO ORAL TABLET 600 MG (*zileuton*)	3	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	2	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	3	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	
nasal moisturizing spray nasal solution 0.65 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (*sodium chloride*)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (*fluticasone propionate(sensor)*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	3	DSL = 30 days
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	3	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (*roflumilast*)	3	
DALIRESP ORAL TABLET 500 MCG (*roflumilast*)	3	
roflumilast oral tablet 250 mcg, 500 mcg	1	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	
LIQREV ORAL SUSPENSION 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tadalafil oral tablet 10 mg, 20 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML (*poractant alfa*)	2	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (*calfactant in nacl*)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (*beractant in nacl*)	2	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	DSL = 30 days
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	DSL = 30 days
ESBRIET ORAL CAPSULE 267 MG (*pirfenidone*)	3	DSL = 30 days
ESBRIET ORAL TABLET 267 MG (*pirfenidone*)	3	DSL = 30 days
ESBRIET ORAL TABLET 801 MG (*pirfenidone*)	3	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
pirfenidone oral capsule 267 mg	1	DSL = 30 days
pirfenidone oral tablet 267 mg, 801 mg	1	DSL = 30 days
pirfenidone oral tablet 534 mg	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	3	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
12hr allergy relief oral tablet 60 mg	1	
24hr allergy relief oral tablet 180 mg	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy 24-hr oral tablet 180 mg	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy childrens oral suspension 30 mg/5ml	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral capsule 10 mg	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief (loratadine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief oral tablet 10 mg, 180 mg	1	
allergy relief/indoor/outdoor oral tablet 10 mg, 180 mg	1	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
cetirizine hcl oral tablet chewable 10 mg	1	
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	3	
CLARITIN ORAL TABLET 10 MG (*loratadine*)	3	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	3	
desloratadine oral tablet 5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desloratadine oral tablet dispersible 5 mg	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
fexofenadine hcl oral tablet 180 mg, 60 mg	1	
ft all day allergy 24 hour oral tablet 10 mg	1	
ft all day allergy oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft allergy childrens oral solution 5 mg/5ml	1	
ft allergy relief 12 hour oral tablet 60 mg	1	
ft allergy relief 24 hour oral tablet 180 mg	1	
ft allergy relief cetirizine oral tablet 10 mg	1	
ft allergy relief childrens oral tablet chewable 5 mg	1	
ft allergy relief loratadine oral tablet 10 mg	1	
ft allergy relief oral tablet 180 mg	1	
goodsense aller-ease oral tablet 180 mg	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine childrens oral tablet chewable 5 mg	1	
loratadine oral solution 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
loratadine oral tablet dispersible 10 mg	1	
sm fexofenadine hcl oral tablet 180 mg	1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	3	
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	3	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	PV	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
albuterol sulfate oral syrup 2 mg/5ml	PV	
albuterol sulfate oral tablet 2 mg, 4 mg	PV	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate (sensor)*)	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
terbutaline sulfate injection solution 1 mg/ml	PV	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PV	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	3	DSL = 30 days
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	3	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3	DSL = 30 days
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
bexarotene oral capsule 75 mg	3	OC
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	3	OC

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
athletes foot (terbinafine) external cream 1 %	1	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
ft athletes foot (terbinafine) external cream 1 %	1	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 1 % (*naftifine hcl*)	3	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (*terbinafine & miconazole*)	3	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	3	
antibiotic external ointment 500 unit/gm	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
bacitracin external ointment 500 unit/gm	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bacitracin zinc external ointment 500 unit/gm	1	
bacitracin zinc-aloe external ointment 500 unit/gm	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (*sulfacetamide sodium-sulfur*)	3	
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	3	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	3	
CLINDACIN ETZ EXTERNAL KIT 1 % (*clindamycin phos & cleanser*)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	3	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
goodsense first aid antibiotic external ointment	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	3	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	3	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	3	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin sulfate oral tablet 500 mg	1	
neomycin-polymyxin b gu irrigation solution 40-200000	1	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (*neomycin-bacitracin-polymyxin*)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	3	
neuac external gel 1.2-5 %	1	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	3	
NUCARACLINPAK EXTERNAL KIT 1 % (*clindamycin phos-moisturizer*)	3	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (*clindamycin-benzoyl per-moist*)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
OVACE PLUS EXTERNAL CREAM 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (*sulfacetamide sodium*)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	3	
OVACE WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	3	
OXIAICE EXTERNAL LOTION 4-15 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION NS EXTERNAL SHAMPOO 9.8 % (*sulfacetamide sodium*)	3	
poly bacitracin external ointment 500-10000 unit/gm	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
sodium sulfacetamide external shampoo 10 %, 9.8 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	1	
sulfamez wash external emulsion 10-1 %	1	
SUMADAN EXTERNAL KIT 9-4.5 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (*sulfacetamide sodium-sulfur*)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit	1	
triple antibiotic pain relief external ointment 1 %	1	
triple antibiotic+pain relief external ointment 1 %	1	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	3	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	3	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
MYCOZYL HC EXTERNAL GEL 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
RECURA EXTERNAL CREAM (*misc antifungal combo products*)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	3	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	3	DSL = 30 days
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
ACYCLOVIX COMBINATION THERAPY PACK 200-10 MG-%	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AGONEAZE EXTERNAL KIT 2.5-2.5 %	1	
ana-lex rectal kit 2-2 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANODYNE LPT EXTERNAL KIT 2.5-2.5 %	1	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine-dressing*)	3	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (*lidocaine*)	3	
ASTERO EXTERNAL GEL 4 % (*lidocaine hcl*)	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (*betameth sod phos-ace & anesth*)	3	
BRUSELIX EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
BRUSELIX EXTERNAL GEL 3.88 % (*lidocaine hcl*)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (*lido-prilocaine-blood collect*)	3	
CETACAINE EXTERNAL AEROSOL 2-2-14 % (*butamben-tetracaine-benzocaine*)	3	
CETACAINE EXTERNAL GEL 2-2-14 % (*butamben-tetracaine-benzocaine*)	3	
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (*gabapentin & lidocaine*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 % (*lidocaine hcl*)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (*lidocaine-dimethicone*)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (*lidocaine-emollient*)	3	
DERMALID EXTERNAL THERAPY PACK 5 %	3	
dibucaine (perianal) external ointment 1 %	1	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DMT SUIK COMBINATION KIT 10 MG/ML (*dexameth sod phos & anesthetic*)	3	
doxepin hcl external cream 5 %	1	
DULOXICAINE COMBINATION KIT 30 & 4 MG & % (*duloxetine-lidocaine hcl*)	3	
EHA EXTERNAL LOTION 4 %	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMREAL EXTERNAL KIT 2.5-2.5 %	3	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	
ENZNONUTY EXTERNAL OINTMENT 20-10-10 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	3	
ethyl chloride external aerosol	1	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (*pentafluoroprop-tetrafluoroeth*)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (*pentafluoroprop-tetrafluoroeth*)	3	
glydo external prefilled syringe 2 %	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HURRICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
instant oral pain relief max mouth/throat gel 20 %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LIDO BDK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
lidocaine external cream 4 %	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external cream 3 %, 4 %	1	
LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
lidocaine hcl external lotion 3 %	1	
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine pain relief max st external cream 4 %	1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
lidocaine-prilocaine external kit 2.5-2.5 %	1	
LIDOCAN EXTERNAL PATCH 5 % (*lidocaine*)	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (*lidocaine-hydrocortisone ace*)	3	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	3	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOLITE EXTERNAL KIT 5 %	3	
lidopin external cream 3 %	1	
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDOPURE PATCH EXTERNAL KIT 5 % (*lidocaine-adhesive sheets*)	3	
LIDOREX EXTERNAL GEL 2.8 % (*lidocaine hcl*)	3	
LIDORX EXTERNAL GEL 3 %	3	
LIDOSOL EXTERNAL KIT 5 %	3	
LIDOSOL-50 EXTERNAL KIT 5 %	3	
LIDO-SORB EXTERNAL LOTION 3 % (*lidocaine hcl*)	3	
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTOR EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine-dressing*)	3	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 % (*lidocaine-hydrocortisone ace*)	3	
LIDOTRAL EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
LIDOTRAL EXTERNAL GEL 3.88 % (*lidocaine hcl*)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (*lidocaine-menthol*)	3	
LIDOTRAN EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
LIDOVIX L EXTERNAL KIT 5 %	3	
LIDTOPIC EXTERNAL CREAM 7.5 % (*lidocaine*)	3	
LIDTOPIC MAX EXTERNAL CREAM 10 % (*lidocaine hcl*)	3	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (*lidocaine-menthol*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
LOLLICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
LYDEXA EXTERNAL CREAM 4.12 % (*lidocaine hcl*)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (*bupivacaine hcl & anesthetic*)	3	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
NENDRUX EXTERNAL GEL 5-40 %	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (*celecoxib-capsaic-men-methsal*)	3	
NYNUTEY EXTERNAL CREAM 23-7 %	3	
pain relieving + lidocaine external cream 4 %	1	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg	1	
PLIAGLIS EXTERNAL CREAM 7-7 % (*lidocaine-tetracaine*)	3	
PLIAGLIS EXTERNAL KIT 7-7 % (*lidocaine-tetracaine*)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (*pramoxine-hc*)	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
premium lidocaine external ointment 5 %	1	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 % (*lidocaine-prilocaine*)	3	
PRILOVIX EXTERNAL KIT 2.5-2.5 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRILOVIX LITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX LITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIXIL EXTERNAL KIT 2.5-2.5 %	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
PROXIVOL EXTERNAL GEL 2 % (*lidocaine hcl*)	3	
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (*phenazopyridine hcl*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
RELADOR PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
SKYADERM-LP EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine-dressing*)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (*lido-epinephrine-tetracaine*)	3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TRIDACAINE EXTERNAL PATCH 5 % (*lidocaine*)	3	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
triple antibiotic pain relief external ointment 1 %	1	
triple antibiotic+pain relief external ointment 1 %	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (*lidocaine-capsaicin*)	3	
urinary pain relief oral tablet 95 mg	1	
URO-PAIN ORAL TABLET 95 MG (*phenazopyridine hcl*)	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
XYLIDERM EXTERNAL KIT 5 % (*lidocaine-adhesive sheets*)	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIONODIL 100 EXTERNAL LOTION 3 %	3	
ZIONODIL EXTERNAL LOTION 3 %	3	
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	3	
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	3	
docosanol external cream 10 %	1	
ft docosanol external cream 10 %	1	
penciclovir external cream 1 %	1	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	3	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	3	
ASTRINGENTS - Drugs for the Skin		
astringent external packet	1	
boudreauxs butt paste external ointment 40 %	1	
calamine external lotion 8-8 %	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
DERMELEVE ADVANCED FORMULA EXTERNAL CREAM 0.2 % (*aluminum acetate*)	3	
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 % (*aluminum acetate*)	3	
diaper rash external ointment 40 %	1	
DRYSOL EXTERNAL SOLUTION 20 % (*aluminum chloride*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	2	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal external cream 2 %	1	
antifungal external powder 2 %	1	
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 % (*miconazole nitrate*)	3	
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole vaginal cream 1 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
cvs clotrimazole 3 vaginal cream 2 %	1	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	
DESENEX EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
econazole nitrate external cream 1 %	1	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	3	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	3	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	3	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	3	
ft antifungal external cream 2 %	1	
ft miconazole 7 vaginal cream 2 %	1	
ft tioconazole-1 vaginal ointment 6.5 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	3	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	3	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	3	
micaderm external cream 2 %	1	
miconazole 3 vaginal suppository 200 mg	1	
miconazole 7 vaginal cream 2 %	1	
miconazole 7 vaginal suppository 100 mg	1	
miconazole nitrate external cream 2 %	1	
miconazole nitrate external solution 2 %	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
miconazorb af external powder 2 %	1	
MICONI-AL EXTERNAL SOLUTION 2 %	3	
MICOTRIN AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
MYCOZYL AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (*terbinafine & miconazole*)	3	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	3	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	3	
PEDIZOLPAK EXTERNAL THERAPY PACK 2 & 2 %	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
ZEASORB-AF EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	3	
lactic acid external lotion 10 %	1	
methyl salicylate external liquid	1	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (*diclofenac sodium-liniment*)	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (*diclofenac sodium-liniment*)	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (*etodolac-liniment*)	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG (*ibuprofen-liniment*)	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (*meloxicam-liniment*)	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (*nabumetone-liniment*)	PV	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
turpentine external spirit	1	
urea hydrating external foam 35 %	1	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
lactic acid e external cream 10-3500 %-unt/30gm	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
AQUA-NU EXTERNAL OINTMENT (*emollient*)	2	
AQUAPHILIC EXTERNAL OINTMENT (*emollient*)	2	
calamine external lotion 8-8 %	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (*lidocaine-dimethicone*)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (*lidocaine-emollient*)	3	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (*fluocinonide & dimethicone*)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
lactic acid e external cream 10-3500 %-unt/30gm	1	
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 % (*mometasone furo-dimethicone*)	3	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (*clindamycin-benzoyl per-moist*)	3	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROSILK EXTERNAL GEL (*silicone*)	3	
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 % (*mometasone furo-dimethicone*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT (*silicone-vitamin e*)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT (*silicone-vitamin e*)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SWEEN MOISTURIZING BODY EXTERNAL CREAM (*skin protectants, misc.*)	3	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
VANICREAM EXTERNAL OINTMENT (*emollient*)	2	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	3	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	3	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (*hydroquinone-tretinoin*)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (*palifermin*)	3	DSL = 30 days
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
RENOVA EXTERNAL CREAM 0.02 % (*tretinoin (facial wrinkles)*)	3	
RENOVA PUMP EXTERNAL CREAM 0.02 % (*tretinoin (facial wrinkles)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	2	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	2	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (*tretinoin microsphere*)	3	DSL = 30 days
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (*tretinoin microsphere*)	3	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	3	
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	3	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	3	
ala-cort external cream 1 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external ointment 0.1 %	1	
ana-lex rectal kit 2-2 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	3	
budesonide rectal foam 2 mg	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	3	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	2	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	3	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	2	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	3	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (*fluocinonide & dimethicone*)	3	
FLUOVIX PLUS EXTERNAL THERAPY PACK 0.1 %	3	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
flurandrenolide external cream 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
goodsense anti-itch max str external cream 1 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external foam 0.05 %	1	DSL = 30 days
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	3	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	3	
HALOG EXTERNAL SOLUTION 0.1 % (*halcinonide*)	3	DSL = 30 days
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate external cream 1 %	1	
hydrocortisone acetate external ointment 1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
HYDROXATE EXTERNAL GEL 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL CREAM 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL GEL 2 % (*hydrocortisone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	3	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (*triamcinolone acetonide*)	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
kourzeq mouth/throat paste 0.1 %	1	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	3	DSL = 30 days
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %	1	
LIDOCORT EXTERNAL CREAM 3-0.5 % (*lidocaine-hydrocortisone ace*)	3	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 % (*lidocaine-hydrocortisone ace*)	3	
LOCOID EXTERNAL LOTION 0.1 % (*hydrocortisone butyrate*)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	3	
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 % (*mometasone furo-dimethicone*)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYCOZYL HC EXTERNAL GEL 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	3	
NUCORT EXTERNAL LOTION 2 % (*hydrocortisone acetate*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
oralone mouth/throat paste 0.1 %	1	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (*pramoxine-hc*)	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PREPARATION H EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 % (*mometasone furo-dimethicone*)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	3	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	3	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	3	
tovet external foam 0.05 %	1	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triamcinolone in absorbase external ointment 0.05 %	1	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (*triamcinolone acet-silicone*)	3	
triderm external cream 0.5 %	1	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (*benzoyl perox-hydrocortisone*)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	DSL = 30 days
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
blanche external cream 4 %	1	
hydroquinone external cream 4 %	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (*hydroquinone-tretinoin*)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KAXM EXTERNAL EMULSION 4 %	3	
KEIDO EXTERNAL EMULSION 6 %	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEXM EXTERNAL EMULSION 6 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTEA EXTERNAL EMULSION 8 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
KUXM EXTERNAL EMULSION 8 %	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
IMMUNOMODULATORY AGENT(S) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	3	DSL = 30 days
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
pimecrolimus external cream 1 %	1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	3	DSL = 30 days
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	3	
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (*spesolimab-sbzo*)	3	DSL = 30 days
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	3	
tacrolimus external ointment 0.03 %, 0.1 %	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	
KERATOLYTIC AGENTS - Drugs for the Skin		
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
BENSAL HP EXTERNAL OINTMENT 3 %	3	
bp 10-1 external emulsion 10-1 %	1	
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	3	
CEM-UREA EXTERNAL SOLUTION 45 % (*urea*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (*sulfacetamide sodium-sulfur*)	3	
corn & callus remover external liquid 17 %	1	
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
goodsense liquid wart remover external liquid 17 %	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
KERALYT EXTERNAL GEL 6 % (*salicylic acid*)	2	
KERALYT EXTERNAL SHAMPOO 6 % (*salicylic acid*)	3	
KERALYT SCALP EXTERNAL KIT 6 % (*salicylic acid*)	3	
METDRAY EXTERNAL GEL 2-17 %	3	
NUTRASEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROMISEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	3	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
RAYASAL EXTERNAL CREAM 5.9 %	3	
RESORCINOL-SULFUR EXTERNAL LOTION 2-5 %	3	
SALICATE EXTERNAL LIQUID 10 % (*salicylic acid*)	3	
salicylic acid er external solution 28.5 %	1	
salicylic acid external foam 6 %	1	
salicylic acid external gel 6 %	1	
salicylic acid external ointment 3 %	1	
salicylic acid external shampoo 6 %	1	
salicylic acid external solution 26 %	1	
salicylic acid wart remover external liquid 27.5 %	1	
salicylic acid-cleanser external kit 6 % cream	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
SALVAX EXTERNAL FOAM 6 % (*salicylic acid*)	3	
SALYCIM EXTERNAL CREAM 6 % (*salicylic acid*)	3	
SALYNTRA EXTERNAL GEL 6 %	2	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	1	
sulfamez wash external emulsion 10-1 %	1	
SUMADAN EXTERNAL KIT 9-4.5 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (*sulfacetamide sodium-sulfur*)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (*salicylic acid*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	3	
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %, 47 %	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea hydrating external foam 35 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	
ureacin-20 external cream 20 %	1	
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 % (*salicylic acid-urea*)	3	
uredeb external cream 39 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
URESOL EXTERNAL CREAM 42.5 % (*urea*)	3	
VIRASAL EXTERNAL LIQUID 27.5 % (*salicylic acid*)	3	
XALIX EXTERNAL SOLUTION 28 % (*salicylic acid*)	3	
xurea external cream 39 %	1	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ALCOHOL PREP PADS EXTERNAL 70 %	3	
BENZAC AC WASH EXTERNAL LIQUID 5 % (*benzoyl peroxide*)	3	
benzalkonium chloride external solution , 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	3	
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*)	3	
BENZEPRO EXTERNAL 5.8 % (*benzoyl peroxide*)	3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (*benzoyl peroxide*)	3	
benzepro external foam 5.3 %	1	
BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*)	3	
BENZEPRO FOAMING CLOTHS EXTERNAL 6 % (*benzoyl peroxide*)	3	
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (*doxycycline-benzoyl peroxide*)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
benzoyl peroxide external foam 9.8 %	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
BETADINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
bp wash external liquid 2.5 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
chlorhexidine gluconate external solution 4 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
dyna-hex 4 external solution 4 %	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	3	
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	3	
HIBICLENS EXTERNAL SOLUTION 4 % (*chlorhexidine gluconate*)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
iodine tincture external tincture 2 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
IODOSORB EXTERNAL GEL 0.9 %	3	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	1	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % (*benzoyl peroxide*)	3	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % (*benzoyl peroxide*)	3	
medpura hand sanitizer external gel 70 %	1	
neuac external gel 1.2-5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCARARXPAK EXTERNAL KIT 1-2.5 % (*clindamycin-benzoyl per-moist*)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
povidone-iodine external solution 10 %	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*)	3	
RAYASORE KIT EXTERNAL KIT 1 & 10 %	3	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	3	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	2	
SULFAMYLON EXTERNAL PACKET 5 % (*mafenide acetate*)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (*benzoyl perox-hydrocortisone*)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
DFS/MS/MENTH/CAP PAK EXTERNAL KIT 1.5&25-6-0.025 %	3	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
diclofenac sodium external gel 1 %	PV	
diclofenac sodium external gel 3 %	1	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLOFONO EXTERNAL GEL 1.6 % (*diclofenac sodium*)	PV	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLOVIX EXTERNAL KIT 1.5 & 2-2.5-4 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	PV	
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	PV	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
FROTEK EXTERNAL CREAM 10 % (*ketoprofen*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (*leflunomide & diclofenac sod*)	3	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
METDRAY EXTERNAL GEL 2-17 %	3	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	
PROFINAC EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	
SOLARAVIX EXTERNAL THERAPY PACK 3 %	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
XRYLIX EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
ft lice killing max st external shampoo 0.33-4 %	1	
goodsense lice killing external liquid 1 %	1	
goodsense lice killing max str external shampoo 0.33-4 %	1	
ivermectin external cream 1 %	1	
lice killing external shampoo 0.33-4 %, 4-0.33 %	1	
lice killing shampoo max str external shampoo 0.33-4 %	1	
lice treatment external liquid 1 %	1	
malathion external lotion 0.5 %	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	3	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	3	
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	3	
spinosad external suspension 0.9 %	1	
stop lice complete treatment combination kit 0.33-4-0.5 %	1	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (*amantad-amitrip-gabap-cycloben*)	3	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	3	DSL = 30 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (*isotretinoin*)	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (*isotretinoin*)	3	DSL = 30 days
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ACESO AG EXTERNAL PAD 4"X4"	3	
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	DSL = 30 days
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	3	DSL = 30 days
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	3	
ALADERM PLUS EXTERNAL EMULSION (*dermatological products, misc.*)	3	
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	3	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	3	
ARIDA EXTERNAL GEL (*silver*)	3	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AZADROX EXTERNAL GEL (*silver*)	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	
BIAFINE EXTERNAL EMULSION (*wound dressings*)	3	
BILAYER MATRIX WOUND DRESSING EXTERNAL SHEET 5 CM X 5 CM	3	
bimatoprost external solution 0.03 %	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	
BIONECT EXTERNAL CREAM 0.2 % (*hyaluronate sodium*)	3	
BPCO EXTERNAL OINTMENT	3	
brimonidine tartrate external gel 0.33 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
calcipotriene external cream 0.005 %	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
CALCITRENE EXTERNAL OINTMENT 0.005 % (*calcipotriene*)	3	
calcitriol external ointment 3 mcg/gm	1	
CALSODORE EXTERNAL THERAPY PACK 0.005-5 %	3	
capsaicin external cream 0.025 %, 0.075 %, 0.1 %	1	
capsaicin hp external cream 0.1 %	1	
capsaicin pain relief external cream 0.1 %	1	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
capzix external cream 0.1 %	1	
CARAC EXTERNAL CREAM 0.5 % (*fluorouracil*)	3	
CERACADE EXTERNAL EMULSION (*dermatological products, misc.*)	3	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
COLLANEX EXTERNAL POWDER (*wound dressings*)	3	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	3	
COPADERM EXTERNAL GEL (*scar treatment products*)	3	
COPASIL EXTERNAL GEL (*scar treatment products*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	DSL = 30 days
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DAZOMON EXTERNAL GEL 0.25 %	3	
DELUO EXTERNAL SOLUTION (*wound cleansers*)	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % (*capsaicin*)	2	
DERMASO PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
DERMELLE EXTERNAL GEL (*scar treatment products*)	3	
DERPIXA EXTERNAL GEL (*wound dressings*)	3	
DEXERYL EXTERNAL CREAM (*dermatological products, misc.*)	3	
DFS/MS/MENTH/CAP PAK EXTERNAL KIT 1.5&25-6-0.025 %	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIAOXIA EXTERNAL GEL 6-4 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DIASOXIA EXTERNAL CREAM 6-4 %, 8.5-4 %	3	
DIASOXIA EXTERNAL GEL 8.5-4 %	3	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
diclofenac sodium external gel 1 %	PV	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLOFONO EXTERNAL GEL 1.6 % (*diclofenac sodium*)	PV	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLOVIX EXTERNAL KIT 1.5 & 2-2.5-4 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	3	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DIMOXIA EXTERNAL GEL 4-5 %	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
doxycycline oral capsule delayed release 40 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
EFUDEX EXTERNAL CREAM 5 % (*fluorouracil*)	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
EMULSION SB EXTERNAL EMULSION (*dermatological products, misc.*)	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
EPICERAM EXTERNAL EMULSION (*dermatological products, misc.*)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
EPISIL MOUTH/THROAT LIQUID (*oral wound care products*)	3	
ESKATA EXTERNAL SOLUTION 40 % (*hydrogen peroxide*)	3	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
FILSUVEZ EXTERNAL GEL 10 % (*birch triterpenes*)	3	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
GELX MOUTH/THROAT GEL (*oral wound care products*)	3	
GENADUR COMBINATION KIT (*dermatological products, misc.*)	3	
GENADUR EXTERNAL LIQUID (*dermatological products, misc.*)	3	
HALUCORT EXTERNAL GEL (*dermatological products, misc.*)	3	
HAPRODERM EXTERNAL GEL	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HPR PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
HPR PLUS EXTERNAL FOAM (*dermatological products, misc.*)	3	
HPR PLUS HYDROGEL EXTERNAL KIT (*dermatological products, misc.*)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
HYLATOPIC PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 % (*hypochlorous acid*)	3	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
INTERCEED EXTERNAL PAD (*oxidized cellulose*)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	DSL = 30 days
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
JUVAZIN EXTERNAL GEL (*scar treatment products*)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
KAMDOY EXTERNAL EMULSION (*dermatological products, misc.*)	3	
KERAGEL EXTERNAL GEL (*wound dressings*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KIVIK EXTERNAL EMULSION (*dermatological products, misc.*)	3	
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	3	DSL = 30 days
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (*difelikefalin acetate*)	3	DSL = 30 days
LATISSE EXTERNAL SOLUTION 0.03 % (*bimatoprost*)	3	
LAVARE WOUND WASH EXTERNAL GEL	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	2	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (*lidocaine-menthol*)	3	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	DSL = 30 days
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (*lidocaine-menthol*)	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
LUXAMEND EXTERNAL CREAM (*wound dressings*)	3	
MEDERMA ADVANCED SCAR GEL EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA FOR KIDS EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA SPF 30 EXTERNAL CREAM (*scar treatment products*)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	
MIMYX EXTERNAL CREAM (*dermatological products, misc.*)	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (*minocycline hcl*)	3	
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM (*collagen matrix (porcine)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	3	
MUCOTROL MOUTH/THROAT WAFER (*oral wound care products*)	3	
MUGARD MOUTH/THROAT LIQUID (*oral wound care products*)	3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 % (*baclofen*)	3	
NEOSALUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
NEOSALUS EXTERNAL FOAM (*dermatological products, misc.*)	3	
NEOSALUS EXTERNAL LOTION (*dermatological products, misc.*)	3	
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	3	
nitroglycerin rectal ointment 0.4 %	1	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (*celecoxib-capsaic-men-methsal*)	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NUVAIL EXTERNAL SOLUTION (*dermatological products, misc.*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	3	DSL = 30 days
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (*oral wound care products*)	3	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
OXIAICE EXTERNAL LOTION 4-15 %	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	3	DSL = 30 days
PENLEN EXTERNAL EMULSION (*dermatological products, misc.*)	3	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHLAG SPRAY EXTERNAL EMULSION (*dermatological products, misc.*)	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
pimecrolimus external cream 1 %	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PODOXIA EXTERNAL SOLUTION 7-4 %	3	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
PR CREAM EXTERNAL KIT (*dermatological products, misc.*)	3	
PRAKETAMIDE EXTERNAL CREAM 5 % (*ketamine hcl*)	3	
PRESERA EXTERNAL FOAM (*dermatological products, misc.*)	3	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PROFINAC EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PRUCLAIR EXTERNAL CREAM (*dermatological products, misc.*)	3	
PRUMYX EXTERNAL CREAM (*dermatological products, misc.*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
RADIAPLEXRX EXTERNAL GEL (*wound dressings*)	3	
RAYASORE KIT EXTERNAL KIT 1 & 10 %	3	
RECEDO EXTERNAL GEL (*scar treatment products*)	3	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	3	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
REMIGEN EXTERNAL CREAM	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
SCARCIN EXTERNAL CREAM	3	
SCARCIN EXTERNAL GEL	3	
SCARCIN EXTERNAL LIQUID	3	
SCARSILK EXTERNAL GEL	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
SILATRIX MOUTH/THROAT GEL 10 %	3	
SILHEAL-10 EXTERNAL PAD	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	3	DSL = 30 days
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" (*silver*)	3	
SKARCADE EXTERNAL PAD	3	
skarjel external gel	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	3	
SOLARAVIX EXTERNAL THERAPY PACK 3 %	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	3	
SOLOX EXTERNAL GEL (*silver*)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	3	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	3	DSL = 30 days
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (*spesolimab-sbzo*)	3	DSL = 30 days
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	3	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	3	
STRATA CTX EXTERNAL GEL (*dermatological products, misc.*)	3	
STRATA GRT EXTERNAL GEL (*wound dressings*)	3	
STRATA MARK EXTERNAL GEL (*dermatological products, misc.*)	3	
STRATA TRIZ EXTERNAL GEL (*scar treatment products*)	3	
STRATA XRT EXTERNAL GEL (*dermatological products, misc.*)	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SYNERDERM EXTERNAL EMULSION (*dermatological products, misc.*)	3	
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (*absorbable fibrin sealant*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
tacrolimus external ointment 0.03 %, 0.1 %	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	3	DSL = 30 days
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
tazarotene external cream 0.1 %	1	
TAZAROTENE EXTERNAL FOAM 0.1 %	3	
tazarotene external gel 0.05 %, 0.1 %	1	
TAZORAC EXTERNAL CREAM 0.05 % (*tazarotene*)	2	
TAZORAC EXTERNAL CREAM 0.1 % (*tazarotene*)	3	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	3	
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	
TRIONEX EXTERNAL KIT 0.005 % (*calcipotriene & dressing*)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (*lidocaine-capsaicin*)	3	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	3	DSL = 30 days
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	2	
VENELEX EXTERNAL OINTMENT (*balsam peru-castor oil*)	3	
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	3	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	3	DSL = 30 days
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	DSL = 30 days
XERALUX EXTERNAL CREAM (*dermatological products, misc.*)	3	
XRYLIX EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZENPHOR WOUND GEL EXTERNAL GEL	3	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
ZITHRANOL EXTERNAL SHAMPOO 1 % (*anthralin*)	3	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	3	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast (antiseborrheic)*)	3	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal maximum strength external solution 1 %	1	
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
ft antifungal external cream 1 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MICOMITIN EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
MICOTRIN AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
MYCOZYL AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
TM-TOLNAFTATE EXTERNAL SOLUTION 1 %	3	
TM-TOLNAFTATE LR EXTERNAL SOLUTION 1 %	3	
TOLNAFI-AL EXTERNAL SOLUTION 1 %	3	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	
tolnaftate external powder 1 %	1	
TRITOLNACIDE S EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (*tolterodine tartrate*)	3	
DETROL ORAL TABLET 1 MG, 2 MG (*tolterodine tartrate*)	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	
flavoxate hcl oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	3	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	3	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	3	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	3	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	1	
LIQREV ORAL SUSPENSION 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*sildenafil citrate*)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (*vibegron*)	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	2	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ACTITROM-D ORAL CAPSULE (*bioflavonoid products*)	3	
ACTIVITE ORAL TABLET 1 MG	3	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
ADRENAL C FORMULA ORAL TABLET (*bioflavonoid products*)	3	
AMLADEX ORAL TABLET (*multiple vitamin*)	3	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZESCO ORAL TABLET 13-1 MG	3	
BACMIN ORAL TABLET (*multiple vitamins-minerals*)	3	
biocel oral tablet	1	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
cod liver oil oral oil	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
daflonex-xl oral capsule	1	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DAVIMET-M ORAL TABLET CHEWABLE (*multiple vitamin*)	3	
DAYAVITE ORAL TABLET	3	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE (*multiple vitamin*)	3	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (*multiple vitamins-minerals*)	3	
DEXATRAN ORAL CAPSULE (*multiple vitamins-minerals*)	3	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
DIATROL ORAL TABLET (*multiple vitamins-minerals*)	3	
EASY-C IMMUNE HEALTH W/BIOFLAV ORAL CAPSULE 500-200 MG (*bioflavonoid products*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
FOLAGENT DHA ORAL CAPSULE	3	
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	3	
folbee plus oral tablet	1	
FOLCYTEINE ORAL TABLET (*multiple vitamin*)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLIFLEX ORAL TABLET (*multiple vitamins-minerals*)	3	
FOLITIN-Z ORAL TABLET (*multiple vitamins-minerals*)	3	
HYLAVITE ORAL TABLET	3	
HYLAZINC ORAL TABLET	3	
INFUVITE ADULT INTRAVENOUS INJECTABLE (*multiple vitamin*)	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*)	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (*multiple vitamins-minerals*)	3	
LIVITA ADULTS ORAL LIQUID (*multiple vitamins-minerals*)	3	
LIVITA CHILDREN ORAL LIQUID (*pediatric multivit-minerals*)	3	
lysiplex plus oral tablet	1	
MENATROL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MULTIPRO ORAL CAPSULE	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
mynephrocaps oral capsule 1 mg	1	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
nephronex oral tablet	1	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	3	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
NITRIVIA ORAL CAPSULE	3	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (*pediatric multiple vitamins*)	3	
NOVITE ORAL CAPSULE	3	
NUTRA-Z+ ORAL CAPSULE	3	
NUTRICAP ORAL TABLET (*multiple vitamins-minerals*)	3	
nutrifac zx oral tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONEVITE ORAL TABLET	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
POLY-VITE PEDIATRIC ORAL SOLUTION	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
PRO HERS RX ORAL CAPSULE	3	
PRO HIS RX ORAL CAPSULE	3	
PRO PCOS RX ORAL CAPSULE	3	
PROFOLA ORAL TABLET	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
SIDEROL ORAL TABLET (*multiple vitamins-minerals*)	3	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
STROVITE ONE ORAL TABLET (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
SUPPORT ORAL LIQUID	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
triphrocaps oral capsule 1 mg	1	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	3	
TRUE MULTIVITAMIN ORAL TABLET	3	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
urosex oral tablet	1	
v-c forte oral capsule	1	
VENEXA FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENEXA ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
vic-forte oral capsule	1	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
virt-caps oral capsule 1 mg	1	
vita s forte oral tablet	1	
vitacel oral tablet	1	
vitachew adult multi vitamin oral tablet chewable	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITAROCA PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITRAMYN ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL + IRON ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
WELLFOLA ORAL TABLET	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
wescaps oral capsule 1 mg	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZELDANA ORAL CAPSULE (*multiple vitamin*)	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN A		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (*vitamin a*)	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRUE VITAMIN A ORAL CAPSULE 10000 UNIT, 8000 UNIT	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN B COMPLEX		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (*cyanocobalamin-methylcobalamin*)	3	
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
airavite oral tablet 2.5-25-1 mg	1	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
AZESCO ORAL TABLET 13-1 MG	3	
b-12 oral tablet 1000 mcg	1	
b-12 oral tablet extended release 1000 mcg	1	
b-complex/b-12 oral tablet	1	
BENTIVITE ORAL TABLET 35-1 MG (*ferrous sulfate-folic acid*)	3	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
biopetit oral elixir	1	
biotin oral tablet 1000 mcg	1	
bp vit 3 oral capsule 1 mg	1	
b-plex oral tablet	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
CENFOL ORAL TABLET 2.3-24.5-2 MG (*folic acid-vit b6-vit b12*)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
CEREFOLIN ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	3	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (*folic acid-cholecalciferol*)	3	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
DODEX INJECTION SOLUTION 1000 MCG/ML (*cyanocobalamin*)	3	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	1	
FEONYX ORAL TABLET	3	
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferocon oral capsule	PV	
ferotrinsic oral capsule	PV	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
ferrocite plus oral tablet 106-1 mg	1	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
FOLAMED DHA ORAL CAPSULE	3	
folbee oral tablet 2.5-25-1 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	3	
folbee plus oral tablet	1	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	3	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLGARD RX ORAL TABLET 2.2-25-1 MG (*folic acid-vit b6-vit b12*)	3	
folic acid injection solution 5 mg/ml	1	
folic acid oral capsule 5 mg	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	PV	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLITE ORAL TABLET	3	
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (*folic acid-cholecalciferol*)	3	
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	
FOLTANX ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	3	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
FOLTRATE ORAL TABLET 500-1 MCG-MG (*cobalamin combinations*)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
foltrin oral capsule	PV	
FOLTX ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
HYLAVITE ORAL TABLET	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
iferex 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (*levoleucovorin*)	PV	DSL = 30 days
k-tan plus oral capsule 162-115.2-1 mg	1	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	PV	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	PV	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PV	
levoleucovorin calcium intravenous solution reconstituted 50 mg	PV	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	PV	
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	1	
l-methyl-mc oral tablet 6-1-50-5 mg	1	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
METANX ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum -suc-c-thre-b12-fa*)	3	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
mynephrocaps oral capsule 1 mg	1	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
nephronex oral tablet	1	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacor oral tablet 500 mg	1	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nufol oral tablet 2.5-25-1 mg	1	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONEVITE ORAL TABLET	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
OVEEZA ORAL CAPSULE 0.5 MG (*fa-b12-ala-co q10-omega 3*)	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
PODIAPN ORAL CAPSULE (*l-methylfolate-b6-b12*)	3	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	1	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
RESTORA RX ORAL CAPSULE 60-1.25 MG (*lactobacillus casei-folic acid*)	3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (*niacin*)	2	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TARON FORTE ORAL CAPSULE	3	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
triphrocaps oral capsule 1 mg	1	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRONVITE ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	PV	
TRUE VITAMIN B1 ORAL TABLET 100 MG	3	
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
TRUE VITAMIN B2 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG	3	
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TULIVITE ORAL TABLET 35-1 MG	3	
tydemy oral tablet 3-0.03-0.451 mg	PV	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
virt-caps oral capsule 1 mg	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
vitamin b complex 100 injection injectable	1	
vitamin b-complex 100 injection injectable	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
wescaps oral capsule 1 mg	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG	3	
westab one oral tablet 2.5-25-1 mg	1	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN C		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*)	3	
ASCORBIC ACID SOLUTION 500 MG/ML INJECTION	1	
ascorbic acid solution 500 mg/ml injection	1	
b-plex oral tablet	1	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEONYX ORAL TABLET	3	
FERIVA 21/7 ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferocon oral capsule	PV	
ferotrinsic oral capsule	PV	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
ferrocite plus oral tablet 106-1 mg	1	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (*b-complex-c-biotin-minerals-fa*)	3	
folbee plus oral tablet	1	
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
foltrin oral capsule	PV	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
HYLAVITE ORAL TABLET	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
k-tan plus oral capsule 162-115.2-1 mg	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (*feasp-fefum-suc-c-thre-b12-fa*)	3	
mynephrocaps oral capsule 1 mg	1	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
nephronex oral tablet	1	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	PV	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	PV	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
se-tan plus oral capsule 162-115.2-1 mg	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TARON FORTE ORAL CAPSULE	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
triphrocaps oral capsule 1 mg	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	3	
TRUE VITAMIN C ORAL TABLET 1000 MG, 250 MG, 500 MG	3	
virt-caps oral capsule 1 mg	1	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITASURE ORAL TABLET 1 MG	3	
wescaps oral capsule 1 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN D		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
calcidol oral solution 200 mcg/ml	PV	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcitriol intravenous solution 1 mcg/ml	PV	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PV	
calcitriol oral solution 1 mcg/ml	PV	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
d3 high potency oral capsule 25 mcg (1000 ut)	3	
d3 max st oral capsule 250 mcg	3	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT) (*cholecalciferol*)	3	
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (*folic acid-cholecalciferol*)	3	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	PV	
d-vite pediatric oral liquid 10 mcg/ml	3	
ergocalciferol oral capsule 1.25 mg (50000 ut)	PV	
ergocalciferol oral solution 200 mcg/ml	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLITE ORAL TABLET	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (*folic acid-cholecalciferol*)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/d oral tablet 250-6.25 mg-mcg	1	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	1	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	PV	DSL = 30 days
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	PV	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	PV	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT)	3	
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT)	3	
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT)	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	1	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	PV	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
weekly-d oral capsule 1.25 mg (50000 ut)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (*paricalcitol*)	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	3	
VITAMIN E		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
soluvita e oral solution 15.8 mg/0.7ml	1	
TRUE VITAMIN E ORAL CAPSULE 180 MG, 450 MG, 90 MG	3	
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	PV	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	

12 hour allergy-d 14, 66
12 hour nasal decongestant 244
12hr allergy relief 14, 371
24hr allergy & congestion reli 14, 67
24hr allergy relief 14, 371
3232a infant formula 207
8 hour arthritis pain 135, 150
8 hour pain reliever 135, 150
8 hr arthritis pain relief 135, 150
A.A.G.C. KIT IN TERODERM . 413
abacavir sulfate 29
abacavir sulfate-lamivudine 29
ABANEU-SL 101, 436
ABECMA 39, 131
ABILIFY 147, 158
ABILIFY ASIMTUFII 146, 158
ABILIFY MAINTENA 147, 158
ABILIFY MYCITE MAINTENANCE KIT 147, 158
ABILIFY MYCITE STARTER KIT 147, 158
abiraterone acetate 39
ABRAXANE 39
ABREVA 387
ABRILADA (1 PEN) 258, 329, 335
ABRILADA (2 PEN) 258, 329, 335
ABRILADA (2 SYRINGE) 258, 329, 335
ABRYSVO 62
ABSORICA 413
ABSORICA LD 413
ACACIA 56, 200
acamprosate calcium 165
ACANYA 376, 407
acarbose 274
ACCOLATE 366
ACCRUFER 96
ACCUCAINE 203, 316, 381
ACCU-CHEK AVIVA 190
ACCU-CHEK AVIVA PLUS 202
ACCU-CHEK FASTCLIX LANCET KIT 190
ACCU-CHEK GUIDE 191, 202
ACCU-CHEK GUIDE CONTROL 190
ACCU-CHEK GUIDE ME 191
ACCU-CHEK SMARTVIEW CONTROL 191
ACCU-CHEK SMARTVIEW TEST STRIPS 202
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 191
ACCU-CHEK TENDER 1 INFUSION 191
ACCU-CHEK ULTRAFLEX INF SET 191
ACCUPRIL 106, 107
ACCURETIC 107, 223
accutane 413
ACD-A NOCLOT-50 86
acebutolol hcl 84, 109, 111, 117
ACESO AG 413
acetaminophen 135, 150
acetaminophen 8 hour 135, 150
acetaminophen childrens 135, 150
acetaminophen er 135, 150
acetaminophen extra strength 135, 150
acetaminophen-codeine .. 135, 170
acetazolamide . 115, 141, 213, 232
acetazolamide er 115, 141, 213, 232
acetic acid 237
acetylcysteine 319, 366
acid reducer 12, 263, 265
acidophilus lactobacillus 248
ACIOXIA 394, 413
ACIOXIAY 413
ACIPHEX 265
acitretin 413
ACTEMRA 329, 335
ACTEMRA ACTPEN 329, 335
ACTHAR 200, 300
ACTHIB 62
ACTIFOAM COLLAGEN SPONGE 90
ACTIMMUNE 335
ACTIPHLORA 248
ACTITROM-D 428
ACTIVASE 102, 226
ACTIVE FE .. 96, 215, 435, 436, 444, 447, 449
ACTIVELLA 287, 301
ACTIVITE 428, 436, 444
ACTONEL 323
ACTOPLUS MET 277, 315
ACTOS 315
ACULAR 240
ACULAR LS 240
ACUNOL 347
ACUVAIL 240
ACYCLONINE MUM 241, 376, 394
acyclovir 33, 387
ACYCLOVIX 33, 381
ACZONE 376, 413, 414
ADACEL 61, 62
ADAINZDE 376, 407, 414
ADAINZOXIA 408, 414
ADAKVEO 87
ADALIMUMAB-AACF (2 PEN) 259, 329, 336
ADALIMUMAB-ADAZ 259, 329, 336
ADALIMUMAB-ADBM (2 PEN) 329
ADALIMUMAB-ADBM (2 SYRINGE) 259, 329, 336
ADALIMUMAB-ADBM(CD/UC/HS STRT) 329
ADALIMUMAB-ADBM(PS/UV STARTER) 329
ADALIMUMAB-FKJP 259, 329, 336
adapalene 414
ADAPALENE 414
adapalene-benzoyl peroxide 408, 414
ADAPALENE-BENZOYL PEROXIDE 408, 414
ADASUVE 155
ADBRY 403, 414
adc/f (0.5mg/ml) 326, 428, 435, 444, 447
ADCETRIS 39
ADCIRCA 126, 368, 373
ADDERALL 134
ADDERALL XR 134
ADDYI 165
adefovir dipivoxil 33
ADEINZDE 376, 381, 404, 408, 414
ADEMPAS 373, 375
ADIPEX-P 133
ADLARITY 80
ADMELOG 309
ADMELOG SOLOSTAR 309
ADRENAL C FORMULA 428
ADRENALIN 67, 244, 356
adriamycin 39
ADSTILADRIN 39, 131
ADTHYZA 315
ADUHELM 165

ADULT AEROSOL MASK.....191
ADVAIR DISKUS..... 81, 268
ADVAIR HFA..... 81, 268
ADVANCED ALLERGY COLLECTION.....394
ADVATE.....90
ADVIL.....151, 177
ADVIL JUNIOR STRENGTH 150, 176
ADVIL LIQUI-GELS MINIS 151, 177
ADVIL MIGRAINE.....151, 177
ADVOCATE INSULIN PEN NEEDLE.....191
ADYNOVATE.....90
ADZENYS XR-ODT..... 134
ADZYNMA..... 226
AEMCOLO.....36
AERIVA CONCENTRATOR NEBULIZER.....191
AEROCHAMBER HOLDING CHAMBER.....191
AEROCHAMBER PLS FLOVU MTHPIECE..... 191
AEROCHAMBER PLUS FLO-VU INTERM..... 191
AEROCHAMBER PLUS FLO-VU LARGE.....191
AEROCHAMBER PLUS FLO-VU MEDIUM..... 191
AEROCHAMBER PLUS FLO-VU SMALL..... 191
AEROECLIPSE EZ TWIST TUBING..... 191
AEROECLIPSE II W/ELBOW ADAPTER.....191
AEROECLIPSE II W/UNIV TUBING..... 191
AEROECLIPSE MASK LARGE 191
AEROECLIPSE MASK MEDIUM..... 191
AEROECLIPSE MASK SMALL 191
AEROECLIPSE XL NEBULIZER.....191
AFINITOR..... 39
AFINITOR DISPERZ.....39
afirmelle..... 279, 287, 301
AFLURIA QUADRIVALENT.....62
AFREZZA.....309
AFSTYLA.....90
aftera.....279, 301
AGAMREE..... 268
AGONEAZE..... 381
AGRYLIN..... 102
AIMOVIG.....164
airavite..... 436
AIRDUO DIGIHALER.....81, 268
AIRDUO RESPICLICK 113/14 ..... 81, 268
AIRDUO RESPICLICK 232/14 ..... 81, 268
AIRDUO RESPICLICK 55/14 ..... 82, 268
AIRSUPRA 82, 233, 268, 367, 372
AJOVY..... 165
AKEEGA..... 39
AKLIEF.....414
AKOVAZ..... 67, 357
AKTEN.....241
AKYNZEO.....247, 263, 264
AKYNZEO (READY-TO-USE) 247, 263
AKYNZEO (TO-BE-DILUTED) 247, 263
ALA SCALP..... 394
ala-cort.....394
ALADERM PLUS..... 414
ALAWAY..... 12, 228
albendazole.....19
albuterol sulfate.....82, 372, 373
ALBUTEROL SULFATE... 82, 373
albuterol sulfate hfa.....82, 372
ALBUTEROL SULFATE HFA 82, 372
ALCAINE.....241
alclometasone dipropionate.... 395
ALCOHOL PREP PADS. 191, 408
ALCON TEARS.....237
ALDACTONE.. 124, 125, 127, 215
ALDER..... 56, 200
ALDURAZYME..... 226
ALECENSA.....39
alendronate sodium..... 323
ALEVAMAX.....414
ALEVE..... 151, 177, 322
ALFERON N..... 32, 39, 336
alfuzosin hcl er..... 81
ALIMTA..... 39
ALINIA.....21
ALIQOPA..... 39
aliskiren fumarate.....127
ALKINDI SPRINKLE..... 268
all day allergy d..... 14, 67
all day pain relief..... 151, 177, 322
all day relief.....151, 177, 322
ALLEGRA ALLERGY.....14, 371
ALLEGRA HIVES 24HR... 14, 371
*allergy*8, 9, 73, 140, 155, 359, 364
allergy (cetirizine).....14, 371
allergy 24hour indoor/outdoor 14, 371
allergy 24-hr..... 14, 371
allergy childrens 8, 9, 14, 73, 140, 155, 359, 364, 371
allergy rel child (loratadine) 14, 371
allergy relief 8, 9, 13, 14, 74, 140, 155, 359, 364, 371
allergy relief (cetirizine)..... 14, 371
allergy relief (loratadine)... 14, 371
allergy relief cetirizine..... 14, 371
allergy relief d-12..... 14, 67
allergy relief/indoor/outdoor 14, 371
allergy relief/nasal decongest 14, 67
allergy relief-d..... 14, 67
allopurinol.....322
ALLOPURINOL.....322
ALLZITAL.....135, 161
almotriptan malate..... 186
ALOCRIL.....228, 366
ALOGLIPTIN BENZOATE..... 286
ALOGLIPTIN-METFORMIN HCL.....277, 286
ALOGLIPTIN-PIOGLITAZONE 286, 315
ALOMIDE.....14, 228
ALORA.....287, 323
alosetron hcl.....252
ALPHAGAN P.....228
ALPHANATE.....90
ALPHANINE SD.....90
alprazolam..... 163
alprazolam er..... 163
alprazolam intensol.....163
alprazolam xr..... 163
ALPROLIX..... 90
ALREX..... 233
ALTACAINE.....241
ALTACE..... 106, 107
altachlore..... 238
ALTAFLUOR BENOX..... 204, 241
altafrin..... 242, 244
altavera..... 279, 287, 301

ALTEMIA.....347
ALTOPREV.....123
ALTRENO.....392
ALTUVIIIO.....90
alum & mag hydroxide-simeth 245, 250
ALUNBRIG.....39
ALVAIZ.....88
ALVESCO.....268
alvimopan.....259
alyacen 1/35.....279, 287, 301
alyacen 7/7/7.....279, 287, 301
ALYGLO.....59
ALYMSYS..... 39, 243
alyq..... 126, 368, 373
amabelz..... 287, 301
amantadine hcl.....17, 133
AMBIEN..... 155
AMBIEN CR..... 155
ambrisentan..... 128, 362, 373
amcinonide.....395
AMELUZ..... 414
AMERICAN BEECH.....56, 200
AMERICAN BEECH POLLEN 56, 200
AMERICAN COCKROACH 56, 200
AMERICAN ELM.....56, 200
amethyst..... 279, 287, 301
amikacin sulfate..... 18
amiloride hcl.....127, 215
amiloride-hydrochlorothiazide 215, 223
aminoamrms..... 207
aminocaproic acid.....90
AMINOPMRMS.....207
aminoreliefrms..... 207
amiodarone hcl..... 118
AMITIZA.....259
amitriptyline hcl..... 189
AMJEVITA..... 259, 329, 330, 336
AMJEVITA-PED 10KG-25KG..... 330, 336
AMJEVITA-PED 15KG-30KG..... 330, 336
AMLADEX.....428
AMLODIPINE BES+SYRSPEND SF 120, 121, 128
amlodipine besylate 120, 121, 128
amlodipine besylate-benazepril hcl..... 107, 120
amlodipine besylate-valsartan 105, 120
amlodipine-atorvastatin...120, 123
amlodipine-olmesartan....105, 120
amlodipine-valsartan-hctz 105, 120, 224
ammonium lactate.....390
amnesteem..... 414
AMONDYS 45.....323
amoxapine..... 189
amoxicill-clarithro-lansopraz 18, 34, 265
amoxicillin..... 18, 19, 253
amoxicillin-potassium clavulanate.....19
amoxicillin-potassium clavulanate er.....19
amphetamine sulfate.....134
amphetamine-dextroamphetamine..... 134
amphetamine-dextroamphetamine er..... 134
amphet-dextroamphet 3-bead er.....134
amphotericin b..... 35
ampicillin..... 19
ampicillin-sulbactam sodium..... 19
AMPYRA.....347
AMRIX.....76
AMTAGVI.....131
AMVUTTRA..... 347
AMZEEQ.....376
ANAFRANIL.....189
anagrelide hcl.....102
ana-lex..... 381, 395
ANALPRAM HC..... 381, 395
ANALPRAM HC SINGLES 381, 395
ANALPRAM-HC.....381, 395
ANAPROX DS..... 151, 177, 322
ANASPAZ..... 70
anastrozole..... 39, 276
ANCOBON.....35
ANDEXXA.....86
ANDRODERM..... 274
ANDROGEL PUMP..... 275
ANGELIQ.....287, 301
ANNOVERA.....279, 287, 301
ANODYNE LPT.....382
ANORO ELLIPTA..... 70, 82
antacid..... 245, 250, 253
antacid & antigas..... 245, 250
antacid calcium..... 245, 253
antacid calcium rich..... 245, 253
antacid extra strength 245, 253, 254
antacid maximum.....245, 253
antacid maximum strength 245, 250
antacid regular strength.. 245, 250
antacid/antigas.....246, 250
antibiotic.....376
ANTICOAGULANT SODIUM CITRATE.....86
anti-diarrheal.....248
antifungal..... 388
antifungal maximum strength..426
ANTIVENIN LATRODECTUS MACTANS..... 59, 319
ANTIVENIN MICRURUS FULVIUS.....59, 319
ANTIVERT..... 9, 251
anucort-hc.....395
ANUSOL-HC.....395
ANZEMET.....247
APADAZ.....135, 170
apap-caff-dihydrocodeine 135, 170, 181
APEXICON E.....395
APHEXDA.....88
APIDRA SOLOSTAR.....309
APIDRA VIAL.....309
APLENZIN..... 146
APOKYN.....170
apomorphine hcl..... 170
APONVIE.....264
APP SLIM RMS..... 207
apraclonidine hcl.....238
aprepitant.....264
APRETUDE..... 28
apri.....279, 287, 301
APRISO..... 252
APRIZIO PAK..... 382
APRODINE..... 9, 13, 67
APTENSIO XR.....181
APTIOM..... 141
APTIVUS.....31
AQ INSULIN SYRINGE..... 191
AQINJECT PEN NEEDLE..... 191
AQUA-NU..... 391
AQUAPHILIC..... 391
AQUASOL A..... 435
AQUORAL..... 238
ARAKODA..... 20
ARALAST NP.....85, 370
aranelle..... 279, 287, 301

ARANESP (ALBUMIN FREE) 85, 86, 88
ARAVA 330, 336, 343
ARAZLO 414
ARCALYST 347
ARESTIN 229
AREXVY 62
arformoterol tartrate 82
ARGIMENT AT 207
ARGINAID 207
ARICEPT 80
ARIDA 414
ARIDOL 205
ARIKAYCE 18
ARIMIDEX 39, 276
aripiprazole 147, 158
ARISTADA 147, 158
ARISTADA INITIO 147, 158
ARIXTRA 86
ARIZONA CYPRESS 56
armodafinil 190
ARMONAIR DIGIHALER 268, 367
ARMOUR THYROID 315
ARNUITY ELLIPTA 268, 367
AROMASIN 39, 276
ARRANON 39
arsenic trioxide 40
arthritis pain relief 135, 151
arthritis pain reliever 135, 151
ARTHROTEC 177, 264
artificial tears 237, 238
ARTISS 414
ARZERRA 40
ARZOL SILVER NIT APPLICATORS 237
ASCENIV 59
ascomp-codeine 161, 170, 181, 184
ASCOR 444
ASCORBIC ACID 444
ascorbic acid 444
asenapine maleate 147, 158
ashlyna 279, 287, 301
asilnasalrms 207
ASMANEX (120 METERED DOSES) 268
ASMANEX (14 METERED DOSES) 268
ASMANEX (30 METERED DOSES) 268
ASMANEX (60 METERED DOSES) 269
ASMANEX HFA 269
ASPARLAS 40
ASPARTAME (FOR COMPOUNDING) 223
ASPARTAME (NUTRASWEET) 223
ASPERFLEX LIDOCAINE 382
aspirin 101, 103, 151, 184
aspirin adult low dose 101, 102, 151, 184
aspirin adult low strength 101, 102, 151, 184
aspirin childrens 101, 102, 151, 184
aspirin ec 101, 102, 151, 184
aspirin ec low dose 101, 102, 151, 184
aspirin ec low strength 101, 102, 151, 184
aspirin low dose 101, 102, 103, 151, 184
aspirin regimen 101, 103, 151, 184
aspirin-dipyridamole er 101, 184
ASPRUZYO SPRINKLE 115
ASSURE ID DUO PRO PEN NEEDLES 192
ASSURE ID PRO PEN NEEDLES 192
ASTAGRAF XL 343
ASTEPRO 228, 371
ASTEPRO CHILDRENS . 228, 371
ASTERO 382
astringent 387
ASTRINGYN 90
ATABEX OB 96, 428, 436
ATACAND 104, 105
ATACAND HCT 105, 224
atazanavir sulfate 31
ATELVIA 323
atenolol 84, 109, 111, 117
ATENOLOL+SYRSPEND SF 84, 109, 111, 117
atenolol-chlorthalidone 109, 225
ATGAM 343
athletes foot (terbinafine) 376
ATIVAN 162, 163
atomoxetine hcl 165
ATORVALIQ 123
atorvastatin calcium 123
atovaquone 21
atovaquone-proguanil hcl 20
ATRALIN 392
atropine sulfate 70, 242, 319, 357, 358
ATROPINE SULFATE 70, 242, 319, 358
ATROVENT HFA 70, 358
AUBAGIO 336
aubra eq 279, 287, 301
AUGMENTIN 19
AUGMENTIN ES-600 19
AUGTYRO 40
AUM INSULIN SAFETY PEN NEEDLE 192
AUM MINI INSULIN PEN NEEDLE 192
AUM PEN NEEDLE 192
AUM READYGARD DUO PEN NEEDLE 192
AUM SAFETY PEN NEEDLE . 192
aurovela 1.5/30 ..... 279, 287, 301
aurovela 1/20 ..... 279, 287, 302
aurovela 24 fe 279, 287, 302
aurovela fe 1.5/30 ... 279, 287, 302
aurovela fe 1/20 ..... 279, 287, 302
AURYXIA 214
AUSTEDO 189
AUSTEDO XR 189
AUSTEDO XR PATIENT TITRATION 189
AUTOLET LANCING DEVICE 192
AUTOSOFT 30 INFUSION SET 192
AUTOSOFT 90 INFUSION SET 192
AUTOSOFT XC INFUSION SET 192
AUVELITY 146
AUVI-Q 67, 357
AVAILNEX 347
AVALIDE 105, 224
AVAPRO 104, 105
AVAR CLEANSER 376, 404
AVAR LS CLEANSER 376, 404
AVAR-E EMOLLIENT 376, 404
AVAR-E GREEN 376, 404
AVAR-E LS 376, 404
AVASTIN 40, 243
AVEDANA GLYCERIN (ADULT) 254
AVEED 275
AVEIDA 376, 413
AVEIDAOXIA 376, 413
aviane 279, 287, 302
avidoxy 20, 36

AVIDOXY DK 36, 404, 426
AVITENE 90
AVITENE FLOUR 90
AVODART 319
AVONEX PEN 336
AVONEX PREFILLED 336
AVSOLA 259, 330, 336, 414
AXONA 207
ayuna 279, 287, 302
AYVAKIT 40
azacitidine 40
AZADROX 414
AZASAN 330, 336, 343
AZASITE 229
azathioprine 330, 336, 343
azathioprine sodium 330, 337, 343
azelaic acid 414
azelastine hcl 228, 371
azelastine-fluticasone 228, 233, 367, 371
AZELEX 414
AZESCO 96, 429, 436
AZILECT 169
azithromycin 34
AZOLEN ANTI-FUNGAL WASH 388
AZOPT 233
AZOR 105, 120
AZSTARYS 181
AZULFIDINE 36, 252, 330, 337
AZULFIDINE EN-TABS 36, 252, 330, 337
azurette 279, 287, 302
B & C 414
b-12 ..... 101, 436
bac 135, 161, 181
BACICAP 248
bacitracin 229, 376
bacitracin zinc 377
bacitracin zinc-aloe 377
bacitracin-polymyxin b 229
bacitra-neomycin-polymyxin-hc 229, 233
baclofen 77
BACLOFEN 77
BACMIN 215, 429
BACTRIM 21, 36, 38
BACTRIM DS 21, 36, 38
BAFIERTAM 337
BAHIA 56, 200
BALCOLTRA 279, 287, 302
BALD CYPRESS 56
balsalazide disodium 252
balsam peru-castor oil 414
BALVERSA 40
balziva 279, 287, 302
banophen 8, 9, 74, 140, 155, 156, 359, 364
BANZEL 141
BAQSIMI ONE PACK 295, 319
BAQSIMI TWO PACK 295, 320
BARACLUDE 33
BASAGLAR KWIKPEN 298
BASAGLAR TEMPO PEN 298
BAVENCIO 40
BAXDELA 35
BAYBERRY (WAX MYRTLE) 56, 200
BAYER ASPIRIN 102, 103, 151, 184
BCG VACCINE 62
b-complex/b-12 436
BD AUTOSHIELD DUO PEN NEEDLES 192
BD ECLIPSE LUER-LOK NEEDLE 192
BD ECLIPSE NEEDLE 192
BD SHARPS COLLECTOR 192
BD ULTRA-FINE INSULIN SYRINGES 192
BD ULTRA-FINE PEN NEEDLES 192
BELBUCA 175
BELEODAQ 40
BELRAPZO 40
BELSOMRA 156, 176
BENADRYL ALLERGY CHILDRENS 8, 9, 74, 140, 156, 359, 364
BENADRYL ALLERGY EXTRA STR 8, 9, 74, 140, 156, 359, 364
BENADRYL ALLERGY ULTRATABS 8, 9, 74, 140, 156, 359, 364
benazepril hcl 106, 107
benazepril-hydrochlorothiazide 107, 224
BENDAMUSTINE HCL 40
bendamustine hcl 40
BENDEKA 40
BENEFIX 90
BENICAR 104, 105
BENICAR HCT 105, 224
BENLYSTA 343
BENSAL HP 404
BENTIVITE 96, 436
BENZAC AC WASH 408
benzalkonium chloride 408
BENZAMYCIN 377, 408
BENZEPRO 408
benzepro 408
BENZEPRO CREAMY WASH 408
BENZEPRO FOAMING CLOTHS 408
BENZHYDROCODONE-ACETAMINOPHEN 135, 170
BENZNIDAZOLE 21
BENZODOX 36, 408
benzoin 392
benzoin compound 392
benzonatate 359
BENZOYL PEROX-HYDROCORTISONE 395, 408
benzoyl peroxide 408
BENZOYL PEROXIDE 408
BENZOYL PEROXIDE FORTE- HC 395, 408
benzoyl peroxide-erythromycin 377, 408
benzphetamine hcl 134
benztropine mesylate 74, 140
BEOVU 243
bepotastine besilate 228
BEPREVE 228
BERINERT 328, 346
BERMUDA GRASS 56, 200
BESIVANCE 229
BESPONSA 40
BESREMI 32, 40, 337
BETA 1 KIT 269
BETADINE 408
BETADINE OPHTHALMIC PREP 237
betaine 347
BETALOAN SUIK 269, 382
BETAMETHASONE COMBO 269
betamethasone dipropionate 395
betamethasone dipropionate aug 395
BETAMETHASONE SOD PHOS & ACET 269
betamethasone sod phos & acet 269
betamethasone valerate 395
BETAPACE 78, 109, 111, 117, 118

BETAPACE AF 78, 109, 111, 117, 118
BETASERON 337
betaxolol hcl 84, 109, 111, 117, 232
bethanechol chloride 80
BETHKIS 18, 229
BETIMOL 232
BETOPTIC-S 232
BEVACIZUMAB 40, 238, 243, 244
BEVESPI AEROSPHERE ... 70, 82
BEXAGLIFLOZIN 312
bexarotene 40, 375, 414
BEXSERO 62
BEYAZ 279, 287, 302, 436
BEYFORTUS 32
BIAFINE 414
bicalutamide 40
BICILLIN L-A 32
BIDIL 122, 125
BIGFOOT UNITY PROGRAM 192
BIJUVA 287, 288, 302
BIKTARVY 28, 29
BILAC 248
BILAYER MATRIX WOUND DRESSING 414
BILTRICIDE 19
bimatoprost 243, 414
BI-MIX 79, 128
BIMZELX 403, 414, 415
BINAXNOW COVID-19 AG HOME TEST 203
BINOSTO 323
BIO GLO 204
biocel 215, 429
BION TEARS PF 238
BIONECT 415
biopetit 436
BIOTHRAX 62
biotin 436
bis subcit-metronid-tetracyc 20, 21, 36, 248, 253
bisacodyl 254
bisacodyl ec 254
bismuth subsalicylate 246, 248, 253
bismuth/metronidaz/tetracyclin 20, 22, 37, 248, 253
bisoprolol fumarate 84, 109, 111, 117
bisoprolol-hydrochlorothiazide 109, 224
BIVIGAM 59
blanche 402
bleomycin sulfate 40
BLINCYTO 41
blisovi 24 fe 279, 288, 302
blisovi fe 1.5/30 ..... 279, 288, 302
blisovi fe 1/20 ..... 279, 288, 302
BLOOD GLUCOSE MONITORING 333 192
BLOOD GLUCOSE TEST STRIPS 333 202
BLUESTAR 192
BOLSITOL 248
BONJESTA 251
BOOST GLUCOSE CTRL MAX PROTEIN 208
BOOST ORIGINAL 208
BOOST PLUS 208
BOOST SOOTHE 208
BOOSTRIX 61, 62
bortezomib 41
bosentan 128, 362, 373
BOSULIF 41
BOTOX 75, 84, 347
BOTOX COSMETIC ... 75, 84, 347
boudreauxs butt paste 387
bp 10-1 ..... 377, 404
bp vit 3 ..... 347, 436
bp wash 408
BPCO 415
b-plex 429, 436, 444
b-plex plus 215, 429
BRAFTOVI 41
BRAINSUSTAIN 208
BRANTUSSIN DM .. 9, 13, 69, 359
BREATHE COMFORT CHAMBER/ADULT 192
BREATHE COMFORT CHAMBER/CHILD 192
BREATHE COMFORT HUMIDIFIER 193
BREATHE EASE HUMIDIFIER 193
BREATHE EASE NEB MASK/CHILD 193
BREATHE EASE NEB MASK/INFANT 193
BRENZAVVY 312
BREO ELLIPTA 82, 269
BREXAFEMME 19
BREYANZI 41, 131
breyna 82, 269
BREZTRI AEROSPHERE 70, 82, 269
BRIDION 320
briellyn 279, 288, 302
BRILINTA 102
brimonidine tartrate 228, 415
brimonidine tartrate-timolol 228, 232
BRIMONIDINE-DORZOLAMIDE 228, 233
BRINEURA 226
brinzolamide 233
BRIUMVI 337
BRIVIACT 141
BRIXADI 176
BRIXADI (WEEKLY) 176
BROME 56, 200
BROMFED DM 10, 13, 67, 359
bromfenac sodium 240
bromfenac sodium (once-daily) 240
bromocriptine mesylate 168
BROMSITE 240
BRONCHITOL 370
BRONCHITOL TOLERANCE TEST 370
BROVANA 82
BRUKINSA 41
BRUSELIX 382
BRYHALI 395
budesonide 269, 367, 395
budesonide er 269
budesonide-formoterol fumarate 82, 269
bumetanide 124, 214
BUMEX 124, 214
BUPAP 136, 161
BUPHENYL 206, 207
bupivacaine fisiopharma 316
BUPIVACAINE HCL 316, 317
bupivacaine hcl 317
BUPIVACAINE HCL (BULK) ... 316
bupivacaine hcl (pf) 316
buprenorphine 176
buprenorphine hcl 176
buprenorphine hcl-naloxone hcl 175, 176
bupropion hcl 146
bupropion hcl er (smoking det) 66, 146
bupropion hcl er (sr) 146
bupropion hcl er (xl) 146
BUPROPION HCL ER (XL) 146

buspirone hcl 156
busulfan 41
BUSULFEX 41
butalbital-acetaminophen 136, 161
BUTALBITAL-ACETAMINOPHEN 136, 161
butalbital-apap-caff-cod 136, 161, 170, 181
butalbital-apap-caffeine 136, 161, 182
butalbital-asa-caff-codeine 161, 170, 182, 184
butalbital-aspirin-caffeine 161, 182, 184
butorphanol tartrate 151, 176
BUTRANS 176
BYDUREON BCISE AUTOINJECTOR 297
BYETTA 10 MCG PEN 297
BYETTA 5 MCG PEN 297
BYLVAY 259
BYLVAY (PELLETS) 259
BYOOVIZ 244
BYSTOLIC 78, 109
CABENUVA 28, 29
cabergoline 168
CABLIVI 86
CABOMETYX 41
CABTREO 377, 408, 415
CADIRAMD 203, 382
CADUET 120, 123
caffeine citrate 151, 182
calamine 387, 391
calcidol 447
CALCIFOL 215, 436, 447
calcipotriene 415
CALCIPOTRIENE 415
calcipotriene-betameth diprop 395, 415
calcitonin (salmon) 277, 324
CALCITRENE 415
calcitriol 415, 447
calcium acetate 214, 216
calcium acetate (phos binder) 214, 216
CALDOLOR 177
CALIFORNIA PEPPER TREE .. 56
CALQUENCE 41
CALSODORE 415
CAMBIA 151, 177
CAMCEVI 41, 295
camila 279, 302
CAMINO PRO COMPLETE/GLYTACTIN 208
CAMPTOSAR 41
camrese 280, 288, 302
camrese lo 280, 288, 302
CAMZYOS 115
CANASA 252
CANCIDAS 25
candesartan cilexetil 104, 105
candesartan cilexetil-hctz 105, 224
CANTHARIDIN 404
capecitabine 41
CAPLYTA 158
CAPRELSA 41
capsaicin 415
capsaicin hp 415
capsaicin pain relief 415
CAPSINAC 177, 411, 415
captopril 106, 107
captopril-hydrochlorothiazide 107, 224
capzix 415
CARAC 415
CARAFATE 264
CARBAGLU 207
carbamazepine 141, 147
carbamazepine er 141, 147
CARBATROL 141, 147
carbidopa 167
carbidopa-levodopa 167
carbidopa-levodopa er 167
carbidopa-levodopa-entacapone 165, 167
carbinoxamine maleate . 8, 10, 364
carboplatin 41
carboxymethylcellulose sodium 238
CARDIOPLEGIA DEL NIDO FORMULA 216
CARDIOPLEGIA IND PLASMA HIGH K 216
CARDIOPLEGIA IND PLASMA-TROMET 216
CARDIOPLEGIA INDUCTION HIGH K 216
CARDIOPLEGIA INDUCTION LOW DEX 216
CARDIOPLEGIA INDUCTION NON-ENR 216
CARDIOPLEGIA MAIN LOW DEXTROSE 216
CARDIOPLEGIA MAIN LOW TROMETHA 216
CARDIOPLEGIA MAIN PLASMA-TROME 216
CARDIOPLEGIA MAINTENANCE 216
CARDIOPLEGIA REPERFUSATE 4:1 216
CARDIZEM 113, 114, 119, 128
CARDIZEM CD 113, 114, 119, 128
CARDIZEM LA 113, 114, 119, 128
CARDURA 79, 103, 104
CARDURA XL 79, 103, 104
CAREPOINT POLY HUB NEEDLE 193
CAREPOINT SAFETY 1ST NEEDLE 193
CARESENS CONTROL SOLUTION A/B 193
CARESENS LANCETS 30G ... 193
CARESENS N FELIZ 193
CARESENS N FELIZ BT 193
CARESTART COVID-19 HOME TEST 203
CARETOUCH 2 CPAP HOSE HANGER 193
CARETOUCH CONTROL SOL LEVEL 2 193
CARETOUCH CPAP & BIPAP HOSE 193
CARETOUCH CPAP MASK WIPES 193
CARETOUCH CPAP PRE-WASH SOLN 193
CARETOUCH CPAP TUBE BRUSH 193
CARETOUCH HYPODERMIC NEEDLE 193
CARETOUCH LANCING/EJECTOR 193
CARETOUCH TEST 202
CARETOUCH UNIVERSL CPAP FILTER 193
carglumic acid 207
carisoprodol 76
carmustine 41
CARNITOR 347
CARNITOR SF 347
CAROSPIR 124, 125, 127, 215
carteolol hcl 232
cartia xt 113, 114, 119, 128
carvedilol 78, 81, 103, 104, 109, 111, 117

carvedilol phosphate er 78, 81, 103, 104, 109, 111, 117
CARVYKTI 41, 131
CASGEVY 131
CASODEX 41
caspofungin acetate 25
CAT HAIR EXTRACT 56, 200
CATAPRES-TTS-1 ..... 69, 115
CATAPRES-TTS-2 ..... 69, 116
CATAPRES-TTS-3 ..... 69, 116
CATHFLO ACTIVASE 103, 226
CATTLE EPITHELIUM 56, 200
CAVERJECT 128
CAVERJECT IMPULSE 128
CAYA 355
CAYSTON 32
CEDAR ELM 57, 200
cefaclor 16
cefaclor er 16
cefadroxil 16
cefazolin sodium 16
cefazolin sodium-dextrose 16, 208
cefdinir 17
cefepime hcl 17
cefixime 17
CEFOTAN 16, 25
CEFOTAXIME SODIUM 17
cefotetan disodium 16, 25
cefoxitin sodium 16, 25
cefpodoxime proxetil 17
cefprozil 16
ceftazidime 17
ceftriaxone sodium 17
cefuroxime axetil 16
CELEBREX 167
celecoxib 167
CELESTONE SOLUSPAN 269
CELEXA 187
CELLCEPT 343
CELLCEPT INTRAVENOUS .. 343
CELONTIN 188
CEM-UREA 404
CENFOL 436
CENTRATEX 96, 216, 436, 444
cephalexin 16
CEPROTIN 86
CEQUA 237
CEQUR SIMPLICITY 2U 193
CERACADE 415
CERDELGA 347
CEREBYX 168
CEREFOLIN 436
CEREFOLIN NAC ... 208, 347, 436
CEREZYME 226
CERVIDIL 356
CETACAINE 382
cetirizine hcl 14, 371
cetirizine-pseudoephedrine er 14, 67
CETRAXAL 229
CETROTIDE 276
cevimeline hcl 80
charlotte 24 fe 280, 288, 302
chateal eq 280, 288, 302
CHEMET 267, 320
CHEMSTRIP 10 MD 205
CHEMSTRIP 10/SG 205
CHEMSTRIP 2 GP 205
CHEMSTRIP 5 OB 205
CHEMSTRIP 7 206
CHEMSTRIP 9 206
CHEMSTRIP BG LOG BOOK . 193
CHEMSTRIP K 204
CHEMSTRIP MICRAL 205
CHEMSTRIP UGK 206
CHENODAL 258
chest congestion relief 362
chest congestion relief dm 359, 362
CHLOHUX 14, 395
CHLOOXIA 396, 415
chloramphenicol sod succinate . 25
chlordiazepoxide hcl 163
chlordiazepoxide-amitriptyline 163, 189
chlordiazepoxide-clidinium 71, 163
chlorhexidine gluconate .. 237, 408
chloroquine phosphate 20
chlorpheniramine maleate er 10, 13, 364
chlorpromazine hcl 181
chlorthalidone 128, 225
chlorzoxazone 76
chocolated laxative 254
CHOLBAM 259
CHOLECAL DF 436, 447
cholestyramine 112
cholestyramine light 112
CHONDROITIN SULFATE 238
CHORIONIC GONADOTROPIN 295
CHROMAGEN 96
CIALIS 126, 368
CIBINQO 330, 415
ciclodan 403
ciclopirox 403
ciclopirox olamine 403
ciclopirox treatment 403
cidofovir 33
CIFEREX 436, 447
cilostazol 102, 126
CILOXAN 229
CIMDUO 29
CIMERLI 244
cimetidine 12, 263
CIMZIA 260, 330, 337
CIMZIA (2 SYRINGE) 259, 330, 337
CIMZIA STARTER KIT 259, 330, 337
cinacalcet hcl 277
CINQAIR 366
CINRYZE 328, 346
CIPRO 22, 23, 35
CIPRO HC 229, 233
ciprofloxacin hcl 23, 35, 229
ciprofloxacin-dexamethasone 229, 233
CIPROFLOXACIN-FLUOCINOLONE PF 229, 233
cisplatin 41
CISPLATIN 41
CITALOPRAM HYDROBROMIDE 187
citalopram hydrobromide 187
CITRANATAL MEDLEY 96, 347, 429, 436
citroma 254
cladribine 41
claravis 415
CLARINEX 14, 371
CLARINEX-D 12 HOUR 15, 67
clarithromycin 23, 34, 253
clarithromycin er 23, 34, 253
CLARITIN 15, 371
CLARITIN REDITABS 15, 371
CLARITIN-D 24 HOUR 15, 67
CLEARDETECT COVID-19 AG HOME 203
clearlax 254
clemastine fumarate 8, 10, 364
CLENIA PLUS 377, 405
CLENPIQ 254
CLEOCIN 32, 377
CLEOCIN-T 377
CLEVER CHOICE COMFORT EZ 193
CLIMARA 288, 324
CLIMARA PRO 288, 302

clindacin 377
CLINDACIN ETZ 377
clindacin etz 377
clindacin-p 377
CLINDAGEL 377
clindamycin hcl 32
clindamycin palmitate hcl 32
clindamycin phos-benzoyl perox 377, 408
clindamycin phosphate 377
clindamycin-tretinoin 377, 392, 415
CLINDAVIX 377, 387, 391
CLINDESSE 377
CLINERE EARWAX REMOVAL KIT 237
CLINITEST RAPID COVID-19 TEST 203
CLINOIN 112, 377, 392, 415
CLINPRO 5000 326
clobazam 162, 163
clobetasol propionate 396
clobetasol propionate e 396
clobetasol propionate emulsion 396
CLOBETAVIX 396
CLOBEX 396
CLOBEX SPRAY 396
clocortolone pivalate 396
clodan 396
CLODERM 396
clofarabine 41
CLOLAR 41
CLOMID 286
clomipramine hcl 189
clonazepam 162, 163
clonidine 69, 116
clonidine hcl 69, 116
clonidine hcl er 69, 116
CLONIDINE HCL ER 69, 116
clopidogrel bisulfate 102
clorazepate dipotassium . 162, 163
clotrimazole 388
clotrimazole-betamethasone 388, 396
clozapine 158
CLOZARIL 158
COAGADEX 90
coal tar 407
COARTEM 20
COCAINE HCL 241
COCKLEBUR 57, 200
cod liver oil 429
codeine sulfate 170, 359
coenzyme q10 347
coenzyme q-10 347
COLAZAL 252
colchicine 322
colchicine-probenecid 225, 322
COLCIGEL 347
cold & cough childrens 10, 13, 69, 359
cold & flu relief daytime 69, 136, 359
cold & sinus 67, 177
cold/flu daytime relief 69, 136, 359
COLD-EEZE 348
COLD-EEZE PLUS COLD & FLU 348
COLD-EEZE PLUS DEFENSE 348
colesevelam hcl 112, 276
COLESTID 112
COLESTID FLAVORED 112
colestipol hcl 112
colistimethate sodium (cba) 35
COLLANEX 415
COLUMVI 41
COLY-MYCIN M 35
COMBIGAN 228, 232
COMBIPATCH 288, 302
COMBIVENT RESPIMAT 71, 82, 358
COMETRIQ 42
COMFORT EZ PRO PEN NEEDLES 194
COMIRNATY 62, 63
COMPLEAT ORIGINAL PLANT-BASED 208
COMPLEAT PEDI ORIG PLANT-BASED 208
COMPLEAT STANDARD 1.4 . 208
COMPLERA 29, 30
COMPRESSOR NEBULIZER . 194
compro 181, 251
CONCERTA 182
CONDOMS 355
CONDYLOX 415
CONJUPRI 120, 121, 128
constulose 207
CONTOUR CONTROL 194
CONTOUR MONITOR DEVICE 194
CONTOUR MONITOR KIT W/DEVICE 194
CONTOUR NEXT CONTROL . 194
CONTOUR NEXT EZ 194
CONTOUR NEXT GEN MONITOR 194
CONTOUR NEXT LINK 194
CONTOUR NEXT MONITOR . 194
CONTOUR NEXT ONE 194
CONTOUR NEXT TEST 202
CONTOUR TEST 202
CONTRAVE 140
CONVENIENCE PAK 142, 382
CONZIP 170
COPADERM 415
COPASIL 415
COPAXONE 337
COPIKTRA 42
coq10 348
CORDRAN 396
COREG 78, 81, 103, 104, 109, 111, 117
COREG CR 78, 81, 103, 104, 109, 111, 117
CORGARD 78, 109, 111
CORIFACT 91
CORLANOR 115, 128
corn & callus remover 405
CORN POLLEN 57, 200
CORTANE-B 382, 396, 408
CORTEF 269
CORTENEMA 396
CORTIFOAM 396
CORTISONE ACETATE 269
CORTISPORIN-TC 229, 233
CORTROPHIN 200, 300
CORTROSYN 200
CORVITA 216, 429, 436
corvita 150 ..... 96, 216, 436, 444
CORVITE 150 96
CORVITE FE 96
COSELA 354
COSENTYX (300 MG DOSE) 330, 416
COSENTYX 150 MG/ML 330, 416
COSENTYX SENSOREADY (300 MG) 330, 416
COSENTYX SENSOREADY PEN 330, 416
COSENTYX UNOREADY 330, 416
COSOPT 232, 233
COSOPT PF 232, 233
cosyntropin 200
COTELLIC 42
COTEMPLA XR-ODT 182
cough dm 359

cough drops 241
COVARYX 275, 288
COVARYX HS 275, 288
COVID-19 AT HOME ANTIGEN TEST 203
COVID-19 AT-HOME TEST 203
COVID-19 SPECIMEN COLLECTION 203
COXANTO 177
COZAAR 104, 105
CREON 226, 258
CRESEMBA 24
CRESTOR 123
CRINONE 302
CROFAB 59, 320
cromolyn sodium 228, 238, 366
CROTAN 413
cryselle-28 ..... 280, 288, 302
CRYSVITA 213
CUBICIN RF 25
CUPRIMINE 267, 331
curae 280, 302
CURANOL 136, 151
CURELIEF 8, 10, 74, 140, 156, 359, 364
CUROSURF 370
CUTAQUIG 59
CUVITRU 59
CUVPOSA 71
CUVRIOR 267
cvs acetaminophen ex st 136, 151
cvs antacid extra strength 246, 253
cvs clotrimazole 3 388
cvs gentle laxative 254
CVS KETONE CARE 206
cvs lubricant eye drops 238
cvs motion sickness 10, 251
cyanocobalamin 101, 436
CYANOCOBALAMIN 101, 436
cyclobenzaprine hcl 76
cyclobenzaprine hcl er 76
CYCLOGYL 242
CYCLOMYDRIL 242, 244
cyclopentolate hcl 242
cyclophosphamide 42, 343
CYCLOPHOSPHAMIDE 42, 343, 344
cycloserine 23
CYCLOSET 276
cyclosporine 237, 331, 337, 344
cyclosporine modified 331, 337, 344
CYKLOKAPRON 91
CYLTEZO (2 PEN) 331
CYLTEZO (2 SYRINGE) 260, 331, 337
CYLTEZO-CD/UC/HS STARTER 331
CYLTEZO-PSORIASIS/UV STARTER 331
CYMBALTA 168, 185
cyproheptadine hcl 9, 10, 364
CYRAMZA 42
cyred eq 280, 288, 302
CYSTADANE 348
CYSTADROPS 238
CYSTAGON 348
CYSTARAN 238
cytarabine 42
cytarabine (pf) 42
CYTOGAM 59
CYTOMEL 315
CYTOTEC 264
cytra k crystals 206
d3 high potency 447
d3 max st 447
dabigatran etexilate mesylate ... 87
dacarbazine 42
dactinomycin 42
daflonex-xl 429
dalfampridine er 348
DALIRESP 368
danazol 275
DANDELION 57, 200
DANTRIUM 76
dantrolene sodium 76
DANYELZA 42
DAPAGLIFLOZIN PRO-METFORMIN ER 277, 312
DAPAGLIFLOZIN PROPANEDIOL 312
dapsone 21, 22, 377, 416
DAPTACEL 61, 63
daptomycin 25
DARAPRIM 20
darifenacin hydrobromide er ... 427
darunavir 31
DARZALEX 42
DARZALEX FASPRO 42
dasetta 1/35 ..... 280, 288, 302
dasetta 7/7/7 ..... 280, 288, 302
daunorubicin hcl 42
DAURISMO 42
DAVIMET-FLUORIDE 326, 429
DAVIMET-M 429
DAXXIFY 75, 84, 348
DAYAVITE 216, 429
DAYBUE 165
DAYHIST ALLERGY 12 HOUR RELIEF 8, 10, 364
DAYPRO 177
daysee 280, 288, 302
daytime cold/flu relief 69, 136, 359
DAYTRANA 182
DAYVIGO 156, 176
DAZAVEIDAOXIA ... 377, 413, 416
DAZOMON 416
DDAVP 91, 300
DDAVP PF 91, 300
DEBACTEROL 238, 409
deblitane 280, 302
DECARA 447
decitabine 42
deferasirox 267
deferasirox granules 267
deferiprone 267
deferoxamine mesylate ... 267, 320
deflazacort 269
DELESTROGEN 288, 324
DELSTRIGO 29, 30
DELUO 416
delyla 280, 288, 302
DELZICOL 252
demeclocycline hcl 37
DEMEROL 170
DEMSER 205, 348
DENAVIR 387
DENGVAXIA 63
DENTA 5000 PLUS 326
DENTA 5000 PLUS SENSITIVE 190, 326
DENTAGEL 326
DEOXIA 377, 416
DEOXIADEMTAR 378, 392, 409, 416
DEOXIATAR 378, 392, 416
DEOXIAVAR 378, 392, 416
DEPAKOTE 142, 147, 151
DEPAKOTE ER 142, 147, 151
DEPAKOTE SPRINKLES 142, 147, 152
DEPEN TITRATABS 267, 331
DEPLIN 15 348
DEPLIN 7.5 348
DEPO-ESTRADIOL 288, 324
DEPO-MEDROL 270

DEPO-PROVERA 280, 303
DEPO-SUBQ PROVERA 104 ..... 280, 303
DEPO-TESTOSTERONE 275
DEPREXIS 348
DERMACINRX ATRIX ANTIBAC WASH 405
DERMACINRX ATRIX CLARIFY TONER 405
DERMACINRX CLORHEXACIN 194, 378, 391, 409
DERMACINRX DAVIMET 429
DERMACINRX DOTREMIN 437, 447
DERMACINRX FOLTAMIN 437, 447
DERMACINRX LEXITRAL PHARMAPAK 177, 411, 416
DERMACINRX LIDOGEL 382
DERMACINRX MULTITAM 216, 429, 437
DERMACINRX PENETRAL 416
DERMACINRX PHN 382, 391
DERMACINRX PRETRATE 96, 216, 429, 437
DERMACINRX PROBISOL 248
DERMACINRX PROBITRAN 248
DERMACINRX RIBOTIN-E 216, 429
DERMACINRX SURGICAL COMBOPAK 194, 348, 391, 409
DERMACINRX THERAZOLE PAK 388, 391, 396
DERMACINRX UREA 405
DERMACINRX ZINTREXYL-C 216, 429
DERMACINRX ZRM 382, 391
DERMALID 382
DERMA-SMOOTHE/FS BODY 396
DERMA-SMOOTHE/FS SCALP 396
DERMASO PLUS 416
DERMELEVE ADVANCED FORMULA 387
DERMELEVE ANTI-ITCH SCALP 387
DERMELLE 416
DERMOTIC 233
DERPIXA 416
DESCOVY 30
DESENEX 388
DESFERAL 267, 320
desflurane 169
desipramine hcl 189
desloratadine 15, 371, 372
desmopressin ace spray refrig 91, 300
desmopressin acetate 91, 300
DESMOPRESSIN ACETATE 91, 300
desmopressin acetate pf 91, 300
desmopressin acetate spray 91, 300
desogestrel-ethinyl estradiol 280, 288, 303
desonide 396, 397
DESOWEN 397
desoximetasone 397
DESOXYN 134
DESVENLAFAXINE ER 185
desvenlafaxine succinate er 185
DETROL 427
DETROL LA 427
DEXABLISS 270
dexamethasone 270
dexamethasone intensol 270
dexamethasone sod phosphate pf 270
dexamethasone sodium phosphate 233, 270
DEXAMETHASONE SODIUM PHOSPHATE 270
DEXATRAN 216, 429
DEXCOM G6 RECEIVER 194
DEXCOM G6 SENSOR 194
DEXCOM G6 TRANSMITTER 194
DEXCOM G7 RECEIVER 194
DEXCOM G7 SENSOR 194
DEXEDRINE 134
DEXERYL 416
DEXIFOL 429, 437, 444
DEXILANT 265
dexlansoprazole 265
dexmedetomidine hcl 69, 156
dexmedetomidine hcl in nacl 69, 156, 216
dexmethylphenidate hcl 182
dexmethylphenidate hcl er 182
DEXONTO 0.4% 270
dexrazoxane 355
dexrazoxane hcl 354
DEXTENZA 233
dextroamphetamine sulfate 134
dextroamphetamine sulfate er 134
dextromethorphan-guaifenesin 359, 362
DEXYCU 233
DFS DR/MS/MENTH/CAP PAK 177, 390
DFS/MS/MENTH/CAP PAK 411, 416
DHIVY 167
DIABETES MONITOR DIGIT ADD-ON 194, 348
DIABETES MONITOR DIGIT SOLN 194, 348
DIACOMIT 142
DIADIMAXIA 378, 416
DIALYVITE 429, 437, 444
DIALYVITE 3000 ..... 216, 429, 437, 444, 449
DIALYVITE 5000 ..... 217, 429, 437, 444, 449
DIALYVITE SUPREME D 217, 429, 437
DIALYVITE/ZINC 217, 429, 437, 444
DIAOXIA 416
diaper rash 387
DIASAXIATAR 378, 392, 416
DIASDIMAXIA 378, 417
DIASOXIA 417
DIASTIX REAGENT 205
DIATROL 217, 429
DIATRUST COVID-19 HOME TEST 203
diazepam 162, 163
diazepam intensol 162, 163
diazoxide 277
DIBENZYLINE 79, 124
dibucaine (perianal) 382
dichlorphenamide 326
DICLAREAL 177, 411, 417
DICLEGIS 251
DICLOFENAC PATCH 177
diclofenac potassium 177
diclofenac potassium(migraine) 152, 177
diclofenac sodium 177, 190, 240, 411, 417
diclofenac sodium er 177
diclofenac-misoprostol 177, 264
DICLOFONO 411, 417
DICLONA 382, 411, 417
DICLONA+ 382, 411, 417
DICLOPR 390, 411, 417
DICLOSAICIN 177, 411, 417

DICLOSTREAM 411, 417
DICLOTREX 382, 411, 417
DICLOTREX II 382, 411, 417
DICLOVIX 411, 417
DICLOVIX M 411, 417
dicloxacillin sodium 35
DICOPANOL FUSEPAQ
..... 8, 10, 74, 140, 156, 359, 364
dicyclomine hcl 71
diethylpropion hcl 133
diethylpropion hcl er 133
DIFFERIN 417
DIFICID 34
diflorasone diacetate 397
DIFLUCAN 24
diflunisal 177
difluprednate 234
DIFMETIOXRIME ... 376, 388, 411
DIGIFAB 59, 320
digoxin 108, 115
dihydroergotamine mesylate
..... 79, 152
DILANTIN 116, 117, 168
DILANTIN INFATABS 116, 168
DILAUDID 170, 171
diltiazem hcl 113, 114, 119, 129
diltiazem hcl er
..... 113, 114, 119, 128, 129
diltiazem hcl er beads
..... 113, 114, 119, 128
diltiazem hcl er coated beads
..... 113, 114, 119, 128
DILTIAZEM HCL-DEXTROSE
..... 113, 114, 119, 129, 208
dilt-xr 113, 114, 119, 129
dimaphen dm cold/cough
..... 10, 13, 69, 359
DIMENTHO 411, 417
dimethyl fumarate 337
dimethyl fumarate starter pack 337
DIMOXIA 417
DIOCHLOY 397, 417
DIOOXIA 417
diotame instydose ... 246, 248, 253
DIOVAN 104, 105
DIOVAN HCT 105, 224
DIPENTUM 252
diphenhydramine hcl
8, 10, 74, 140, 156, 359, 364, 365
diphenhydramine hcl childrens
..... 8, 10, 74, 140, 156, 359, 364
diphenoxylate-atropine 71, 248
DIPROLENE 397
dipyridamole 102, 129, 202
disopyramide phosphate 116
disulfiram 319
DIURIL 127, 224
divalproex sodium
..... 142, 147, 148, 152
divalproex sodium er
..... 142, 147, 152
DIVIGEL 288, 324
DMT SUIK 270, 382
docetaxel 42, 43
docosanol 387
docusate calcium 254
docusate mini 254
docusate sodium 254
docuzen 254
DODEX 101, 437
dofetilide 118
DOG EPITHELIUM 57, 201
DOG FENNEL 57, 201
DOJOLVI 208
dok 254
dolishale 280, 288, 303
donepezil hcl 80
DONNATAL 71, 161
DOPTELET 88
DORAL 163
DORYX MPC 20, 37
DORZOLAMIDE HCL 233
dorzolamide hcl 233
dorzolamide hcl-timolol mal
..... 232, 233
dorzolamide hcl-timolol mal pf
..... 232, 233
dotti 288, 324
DOUBLE PM 229, 234
DOUBLEDEX 270
DOVATO 28, 30
doxazosin mesylate .. 79, 103, 104
doxepin hcl 189, 382
doxercalciferol 447
DOXIL 43
doxorubicin hcl 43
doxorubicin hcl liposomal 43
doxy 100 ..... 20, 37
doxycycline 37, 417
doxycycline hyclate 20, 37
DOXYCYCLINE HYCLATE .20, 37
doxycycline monohydrate ... 20, 37
doxylamine-pyridoxine 251
DRAXACEY 378, 405
DRISDOL 447
DRIXECE 378, 405
dronabinol 250
DROPSAFE ALCOHOL PREP 194
DROPSAFE SAFETY
SYRINGE/NEEDLE 194
DROPSAFE SICURA 195
drospiren-eth estrad-levomefol
..... 280, 288, 303, 437
drospirenone-ethinyl estradiol
..... 280, 289, 303
DROXIA 43
droxidopa 67
DRYSOL 387
DSUVIA 171
DUAKLIR PRESSAIR 71, 82
DUAL COMPLEX FORMULA 1
KIT 76, 411, 417
DUAVEE 286, 289
DUETACT 314, 315
DUEXIS 177, 263
DULERA 82, 270
duloxetine hcl 168, 185
DULOXICAINE 185, 382
DUOBRII 397, 417
DUOPA 167
DUPIXENT 366, 417
DURAMORPH 171
DUREX EXTRA SENSITIVE
THIN 355
DUREZOL 234
DUROLANE 348
DURYSTA 243
DUST MITE MIXED
ALLERGEN EXT 57, 201
dutasteride 319
dutasteride-tamsulosin hcl 81, 319
d-vite pediatric 447
DYANAVEL XR 134
DYMISTA 228, 234, 367, 372
dyna-hex 4 409
DYRENIUM 127, 215
DYSPORT 76, 84, 348
DYURAL 80-LM 270, 317
DYURAL-40 ..... 270, 317
DYURAL-80 ..... 270, 317
DYURAL-L 270, 317
DYURAL-LM 270, 317
E.E.S. 400 25
E.E.S. GRANULES 25
EAA SUPPLEMENT 208
EASIVENT 195
EASTERN COTTONWOOD
..... 57, 201

EASY COMFORT SHARPS CONTAINER 195
EASY TOUCH HEALTHPRO GLUCOSE 195
EASY-C IMMUNE HEALTH W/BIOFLAV 429
easygel 326
EASYMAX 15 LEVEL 2-3 CONTROL 195
EASYMAX CONTROL 195
EASYMAX CONTROL NORMAL/HIGH 195
ECEOXIA 378, 417
EC-NAPROSYN 152, 177, 322
ec-naproxen 152, 178, 322
econazole nitrate 388
econtra one-step 280, 303
ECOZA 388
EC-RX DHEA 348
EC-RX ESTRADIOL 289, 324
EC-RX PROGESTERONE 303
EC-RX TESTOSTERONE 275
ECZEMOL 348
EDARBI 104, 105
EDARBYCLOR 105, 224
EDECRIN 124, 214
EDEX 129
EDLUAR 156
EDURANT 29
EEMT 275, 289
EEMT HS 275, 289
efavirenz 29
efavirenz-emtricitab-tenofo df 29, 30
efavirenz-lamivudine-tenofovir 29, 30
EFFER-K 217
effer-k 217
EFFEXOR XR 185
EFFIENT 102
EFUDEX 417
EGATEN 19
EGRIFTA SV 313
EHA 382
ELAHERE 43
ELAPRASE 226
ELELYSO 226
ELEMAR PATCH 382, 417
ELEPSIA XR 142
ELESTRIN 289, 324
eletriptan hydrobromide 186
ELEVIDYS 132
ELFABRIO 226
ELFOLATE 348
ELFOLATE PLUS 437
ELIDEL 344, 403, 418
ELIGARD 43, 295
elinest 280, 289, 303
ELIQUIS 87
ELIQUIS DVT/PE STARTER PACK 87
ELITEK 226
ELITE-OB 96, 429, 437
elixophyllin 122, 182, 213, 375, 428
ELLA 280, 303
ELLENCE 43
ELLUME COVID-19 HOME TEST 204
ELMIRON 348
ELOCTATE 91
ELREXFIO 43
eluryng 280, 289, 303
ELYXYB 152, 167
ELZONRIS 43
EMBRACE PEN NEEDLES 195
EMBRACE WAVE BLOOD GLUCOSE 195, 202
EMBRACE WAVE GLUCOSE METER 195
EMCYT 43
EMEND 264
EMEND TRI-PACK 264
EMFLAZA 270
EMGALITY 165
EMPAVELI 328, 346
EMPLICITI 43
EMREAL 383
EMSAM 169
emtricitabine 30
emtricitabine-tenofovir df 30
EMTRIVA 30
EMULSION SB 418
EMVERM 19
enalapril maleate 106, 107
enalapril-hydrochlorothiazide 107, 224
ENBRACE HR .. 96, 348, 430, 437
ENBREL 331, 337
ENBREL MINI 331, 337
ENBREL SURECLICK 331, 337
ENDARI 348
ENDO AVITENE 91
endocet 136, 171
ENDOMETRIN 303
ENEMEEZ MINI 255
ENFAGROW NEUROPRO TODDLER 208
ENFAGROW PREMIUM TODDLER 208
ENFAGROW PREMIUM TODDLER GENTL 208
ENFAMIL A.R. INFANT 208
ENFAMIL DHA & ARA SUPPLEMENT 208
ENFAMIL ENSPIRE GENTLEASE 208
ENFAMIL ENSPIRE OPTIMUM 208
ENFAMIL GENTLEASE 208
ENFAMIL HUMAN MILK FORTIFIER 208
ENFAMIL INFANT 208
ENFAMIL NEUROPRO ENFACARE 208
ENFAMIL NEUROPRO GENTLEASE 209
ENFAMIL NEUROPRO INFANT 209
ENFAMIL NEUROPRO SENSITIVE 209
ENFAMIL NUTRAMIGEN 209
ENFAMIL NUTRAMIGEN LIPIL 209
ENFAMIL NUTRAMIGEN PROBIOT LGG 209
ENGERIX-B 63
ENHERTU 43
enilloring 280, 289, 303
ENJAYMO 87
ENLITE GLUCOSE SENSOR 195
ENLYTE 209
ENOVARX-AMITRIPTYLINE 189
ENOVARX-BACLOFEN 77
ENOVARX-CYCLOBENZAPRINE HCL 76
ENOVARX-DICLOFENAC SODIUM 411, 418
ENOVARX-IBUPROFEN 411
ENOVARX-LIDOCAINE HCL 383
ENOVARX-NAPROXEN 411
ENOVARX-TRAMADOL 418
enoxaparin sodium 95
ENOXILUV KIT 95
enpresse-28 ..... 280, 289, 303
enskyce 280, 289, 303
ENSPRYNG 337
ENSTILAR 397, 418
ENSURE ENLIVE 209

ENSURE ORIGINAL 209
ENSURE ORIGINAL/FIBER ... 209
ENSURE PLUS 209
ENSURE PLUS WITH FIBER . 209
ENSURE SURGERY 209
entacapone 165
ENTADFI 126, 319
entecavir 33
ENTERADE IBS-D 209
ENTERAGAM 348
ENTRESTO 105, 127
ENTYVIO 247, 260
ENU NUTRITIONAL SHAKE .. 209
ENU PRO3 PLUS 209
enulose 207
ENVARSUS XR 344
ENZNONUTY 383
EOHILIA 271
EPANED 107
EPCLUSA 26, 27
ephedrine sulfate (pressors) 67, 357
EPHEDRINE SULFATE-NACL 67, 217, 357
EPICERAM 418
EPIDIOLEX 142
EPIDUO 409, 418
EPIDUO FORTE 409, 418
EPIFOAM 383, 397
epinastine hcl 228
epinephrine 67, 357
epinephrine (anaphylaxis) . 67, 357
epinephrine hcl (nasal) 67, 244, 357
EPINEPHRINE PROFESSIONAL 67, 357
EPINEPHRINESNAP 67, 357
EPINEPHRINESNAP-EMS 67, 357
EPINEPHRINESNAP-V 67, 357
EPIPEN 2-PAK 68, 357
EPIPEN JR 2-PAK 68, 357
EPISIL 418
EPISNAP 68, 357
epitol 142, 148
EPIVIR 30
EPKINLY 43
eplerenone 124, 125, 127, 215
EPOGEN 86, 88
epoprostenol sodium 129, 369, 373
EPRONTIA 142, 152
EPSOLAY 409
EQUACARE JR 209
EQUETRO 142, 148
ERAXIS 25
ERBITUX 43
ergocalciferol 447
ergoloid mesylates 79
ERGOMAR 79, 152
ergotamine-caffeine .. 79, 152, 182
ERIVEDGE 43
ERLEADA 43
erlotinib hcl 43
ERMEZA 315
errin 280, 303
ERTACZO 388
ertapenem sodium 24
ery 378
ERYGEL 378
ERYPED 200 25
ERYPED 400 25
ERY-TAB 25
ERYTHROCIN STEARATE 26
erythromycin 26, 229, 378
erythromycin base 26
erythromycin ethylsuccinate 26
ESBRIET 358, 370
escitalopram oxalate 187
ESGIC 136, 161, 182
ESKATA 418
ESMOLOL HCL 84, 110, 111, 117
esomeprazole magnesium 265
ESPEROCT 91
ESSENTIAL CARE JR 209
est estrogens-methyltest . 275, 289
est estrogens-methyltest ds 275, 289
est estrogens-methyltest hs 275, 289
estarylla 280, 289, 303
estazolam 163
ESTRACE 289, 324
estradiol 289, 324
estradiol valerate 289, 324
estradiol-norethindrone acet 289, 303
ESTRING 289, 324
ESTROGEL 289, 324
eszopiclone 156
ethacrynic acid 124, 214
ethambutol hcl 23
ethosuximide 188
ETHOXIA 418
ethyl chloride 383
ethynodiol diac-eth estradiol 280, 289, 303
ETHYOL 355
etodolac 178
etodolac er 178
etonogestrel-ethinyl estradiol 280, 289, 303
ETOPOPHOS 43
etoposide 44
etravirine 29
EUCRISA 381
EUFLEXXA 348
EULEXIN 44
euthyrox 315
EVAMIST 290, 324
EVEKEO 134
EVENITY 323
everolimus 44, 344
EVERSENSE E3 SENSOR/HOLDER 195
EVERSENSE E3 SMART TRANSMITTER 195
EVERSENSE SENSOR/HOLDER 195
EVERSENSE SMART TRANSMITTER 195
EVISTA 286, 324
EVKEEZA 108
EVOMELA 44
EVOTAZ 31, 348
EVOXAC 80
EVRYSDI 349
EXCEDRIN EXTRA STRENGTH 136, 182, 184
EXCEDRIN MIGRAINE 136, 182, 185
EXCEDRIN TENSION HEADACHE 136, 182
EXELDERM 388
EXELON 80
exemestane 44, 276
EXFORGE 106, 120
EXFORGE HCT 106, 120, 224
EXJADE 267
EXKIVITY 44
EX-LAX 255
EX-LAX MAXIMUM STRENGTH 255
EX-LAX ULTRA 255
EXODERM 381, 405
EXONDYS 51 323
EXPAREL 317
EXSERVAN 165

EXTAVIA 338
EXTENDED INFUSION SET 32"/9MM 195
eye itch relief 12, 229
EYLEA 238, 244
EYLEA HD 244
EYSUVIS 234
EZALLOR SPRINKLE 123
ezetimibe 116
ezetimibe-simvastatin 116, 123
FABHALTA 328
FABIOR 418
FABRAZYME 226
falmina 280, 290, 303
famciclovir 33
famotidine 12, 263
famotidine orig st 12, 263
FANAPT 158
FANAPT TITRATION PACK ... 158
FANATREX FUSEPAQ ... 136, 142
FARESTON 44, 286
FARXIGA 312
FASENRA 366
FASENRA PEN 366
FASLODEX 44
FASTEP COVID-19 ANTIGEN TEST 204
fa-vitamin b-6-vitamin b-12 437
FBL KIT 77, 383, 411, 418
FC2 FEMALE CONDOM 355
febuxostat 322
FEIBA 91
felbamate 142
FELBATOL 142
felodipine er 120, 121
FEM PH 409, 418
FEMARA 44, 276
FEMCAP 355
FEMRING 290, 324
fenofibrate 122
fenofibrate micronized 122
fenofibric acid 122, 123
FENOGLIDE 123
fenoprofen calcium 178
FENOVAR 390, 411, 418
FENSOLVI (6 MONTH) 295
fentanyl 171
fentanyl citrate 171
FENTANYL CITRATE 171
FENTANYL CITRATE (BULK) 171
fentanyl citrate (pf) 171
FENTANYL CITRATE-NACL 171, 217
FENTANYL-BUPIVACAINE-NACL 171, 217, 317
FENTORA 171
FEONYX 96, 437, 445
FERAHEME 96
FERIVA 21/7 ..... 96, 217, 255, 349, 437, 445
ferocon 96, 437, 445
ferotrinsic 96, 437, 445
FERRALET 90 .. 97, 255, 437, 445
FERRIPROX 267
FERRIPROX TWICE-A-DAY .. 267
FERRLECIT 97
ferrocite plus 97, 217, 437, 445
FERRO-PLEX ... 97, 437, 445, 449
ferrous fumarate 97
ferrous sulfate 97
ferumoxytol 97
fesoterodine fumarate er 427
FETROJA 36
FETZIMA 185
FETZIMA TITRATION 186
FEXMID 76
fexofenadine hcl 15, 372
fexofenadine-pseudoephed er 15, 68
FIASP 309
FIASP FLEXTOUCH 309
FIASP PENFILL 310
FIASP PUMPCART 310
fiber 255
fiber laxative 255
fiber laxative + calcium 255
FIBRICOR 123
FIBRYGA 91
FILSPARI 349, 362
FILSUVEZ 418
FINACEA 418
FINAPID 319, 418
FINAPOD 319, 418
FINAPODTAR 319, 392, 418
finasteride 319, 418
fingolimod hcl 338
FINTEPLA 142
finzala 281, 290, 303
FIORICET 136, 161, 182
FIORICET/CODEINE 136, 161, 172, 182
FIRAZYR 325, 346
FIRDAPSE 80, 349
FIRE ANT 57
FIRMAGON 44, 276
FIRMAGON (240 MG DOSE) 44, 276
FIRST PANTOPRAZOLE 265
FIRST-LANSOPRAZOLE 265
FIRST-METRONIDAZOLE 17, 22, 253
FIRST-MOUTHWASH BLM 8, 10, 241, 246, 250, 255, 383
FIRST-OMEPRAZOLE 265
FIRST-PROGESTERONE VGS 303
FIRVANQ 26
fish oil 349
fish oil high potency 349
FITFOOD LEAN COLLAGEN . 209
flac 234
FLAGYL 17, 22, 253
FLAREX 234
flavoxate hcl 427
FLEBOGAMMA DIF 59
flecainide acetate 117
FLECTOR 178
FLEQSUVY 77
FLEXICHAMBER 195
FLEXICHAMBER ADULT MASK/SMALL 195
FLEXICHAMBER CHILD MASK/LARGE 195
FLEXICHAMBER CHILD MASK/SMALL 195
FLOLAN 129, 369, 373
FLOLIPID 123
FLOMAX 81
FLORASTOR ADVANCED 248
FLORIVA 326, 430, 447
FLORIVA PLUS 326, 430
FLOWFLEX COVID-19 AG HOME TEST 204
floxuridine 44
FLUAD QUADRIVALENT 63
FLUARIX QUADRIVALENT 63
FLUBLOK QUADRIVALENT 63
FLUCAINE 205, 241
FLUCELVAX QUADRIVALENT 63
fluconazole 24
flucytosine 35
fludarabine phosphate 44
fludrocortisone acetate 271
FLULAVAL QUADRIVALENT ... 63
FLUMIST QUADRIVALENT 63
flunisolide 234, 271, 367

fluocinolone acetonide 234, 397
fluocinolone acetonide body ... 397
fluocinolone acetonide scalp ... 397
fluocinonide 397
fluocinonide emulsified base ... 397
FLUOPAR 391, 397
FLUORESCEIN SODIUM/BENOXINATE 205
fluorescein-benoxinate 205, 241
FLUORIDEX 326
fluoridex daily renewal 326
FLUORIDEX ENHANCED WHITENING 326
FLUORIDEX SENSITIVITY RELIEF 190, 326
FLUORIMAX 5000 326
FLUORIMAX 5000 SENSITIVE 190, 326
fluor-i-strips a.t. 205
fluorometholone 234
fluorouracil 44, 418
FLUOROURACIL 418
FLUOVIX PLUS 397
fluoxetine hcl 187
fluoxetine hcl (pmdd) 187
FLUOXIA 397, 418
fluphenazine decanoate 181
fluphenazine hcl 181
flurandrenolide 397
FLURA-SAFE 205
flurazepam hcl 163
flurbiprofen 178
flurbiprofen sodium 240
FLUTICASONE FUROATE-VILANTEROL 83, 271
fluticasone propionate 234, 271, 367, 397
FLUTICASONE PROPIONATE DISKUS 271, 368
FLUTICASONE PROPIONATE HFA 271, 368
FLUTICASONE-SALMETEROL 83, 271
fluticasone-salmeterol 83, 271
fluvastatin sodium 123
fluvastatin sodium er 123
fluvoxamine maleate 187
fluvoxamine maleate er 187
FLUZONE HIGH-DOSE QUADRIVALENT 63
FLUZONE QUADRIVALENT 63
FLYPROGPIDTAR 319, 392, 397, 418
FML FORTE 234
FML LIQUIFILM 234
FOCALIN 182
FOCALIN XR 182
FOLAGENT DHA 217, 430
FOLAMAX 217, 430
FOLAMED DHA 217, 430, 437
folbee 437
folbee plus 430, 438, 445
FOLBEE PLUS CZ 217, 430, 438, 445
FOLBIC RF 438
FOLCYTEINE 430
FOLDITAM 438, 447
FOLGARD OS 217, 430, 438
FOLGARD RX 438
folic acid 438
FOLIC D3 ..... 438, 447
FOLI-D 438, 447
FOLIFLEX 217, 430
FOLITE 209, 217, 438, 447
FOLITIN-Z 218, 430
FOLIVANE-F 97, 438, 445
FOLIVANE-PLUS 97, 438, 445
FOLIXAPURE 438, 447
FOLIXATE 438, 447
FOLLISTIM AQ 295
FOLOTYN 44
folplex 2.2 438
FOLTANX 438
FOLTANX RF 349, 438
FOLTRATE 438
FOLTREXYL 438, 447
foltrin 97, 438, 445
FOLTX 438
FOLVITE-D 438, 448
fondaparinux sodium 86
FORA 6 CONNECT/GTEL TEST 202
FORA TEST N' GO ADVANCE 195
FORA TEST N'GO ADV-VOICE-6 CON 202
FORANE 169
FORFIVO XL 146
formaldehyde 206
formoterol fumarate 83, 373
FORMULA 7 THE SOLUTION 426
FORTEO 300, 323
FORTESTA 275
FORTISCARE CONTROL 195
FORTISCARE G1 TEST STRIP 202
FORTISCARE T1 GLUCOSE SYSTEM 195
FOSAMAX 324
FOSAMAX PLUS D 325, 448
fosamprenavir calcium 31
fosaprepitant dimeglumine 264
foscarnet sodium 23
FOSCAVIR 23
fosfomycin tromethamine 38
fosinopril sodium 107
fosinopril sodium-hctz 107, 224
fosphenytoin sodium 168
FOSRENOL 214, 320
FOSTEUM 209, 349, 448
FOSTEUM PLUS 209
FOTIVDA 44
FRAGMIN 95
FRAICHE 5000 PREVI ... 190, 326
FRAICHE 5000 SENSITIVE 190, 326
FREESTYLE LIBRE 14 DAY READER 195
FREESTYLE LIBRE 14 DAY SENSOR 196
FREESTYLE LIBRE 2 READER 196
FREESTYLE LIBRE 2 SENSOR 196
FREESTYLE LIBRE 3 READER 196
FREESTYLE LIBRE 3 SENSOR 196
FREESTYLE LIBRE READER 196
FREESTYLE PRECISION NEO TEST 202
FREESTYLE TEST 202
FROTEK 411
FROVA 186
frovatriptan succinate 186
FRUZAQLA 44
ft 12 hour cough relief 360
ft 8 hour pain relief 136, 152
ft acid reducer 12, 263, 265
ft all day allergy 15, 372
ft all day allergy 24 hour 15, 372
ft all day allergy relief 15, 372
ft all day allergy-d 15, 68
ft all day pain relief .. 152, 178, 322
ft allergy & congestion-d 12hr 15, 68
ft allergy childrens 15, 372

ft allergy relief 8, 10, 13, 15, 74, 140, 156, 360, 365, 372
ft allergy relief 12 hour 15, 372
ft allergy relief 24 hour 15, 372
ft allergy relief cetirizine 15, 372
ft allergy relief childrens 8, 10, 15, 74, 140, 156, 360, 365, 372
ft allergy relief loratadine ... 15, 372
ft allergy relief-d 15, 68
ft antacid & antigas 246, 250
ft antacid extra strength .. 246, 253
ft antacid regular strength 246, 253
ft anti-diarrheal 248
ft anti-diarrheal/anti-gas .. 248, 250
ft antifungal 388, 426
ft arthritis pain reliever 136, 152
ft aspirin 102, 103, 152, 185
ft aspirin low dose 102, 103, 152, 185
ft athletes foot (terbinafine) 376
ft chest congestion relief 362
ft children's pain/fever 136, 152
ft clearlax 255
ft cold & cough relief dm 10, 13, 69, 360
ft docosanol 387
ft earwax removal 237
ft earwax removal kit 237
ft enteric coated aspirin 102, 103, 152, 185
ft eye drops 244
ft fiber 255
ft fiber laxative 255
ft gas relief 250
ft gas relief extra strength 250
ft gas relief infants 250
ft gas relief ultra strength 250
ft gentle laxative 255
ft ibuprofen 152, 178
ft ibuprofen ib childrens ... 152, 178
ft ibuprofen minis 152, 178
ft laxative 255
ft lice killing max st 413
ft lubricant eye drops 238
ft magnesium citrate 255
ft miconazole 7 388
ft migraine relief 136, 182, 185
ft milk of magnesia 255
ft mineral oil 255
ft motion sickness 10, 251
ft mucus relief 12hr 362
ft mucus relief d 12 hour ... 68, 362
ft mucus relief dm 360, 363
ft nasal decongestant max str 68, 357
ft nasal decongestant pe 69
ft nasal spray 244
ft nicotine 66, 75
ft nicotine mini 66, 75
ft nighttime sleep aid 8, 10, 74, 140, 156, 360, 365
ft omeprazole 265
ft pain & fever childrens .. 136, 152
ft pain & fever infants 136, 152
ft pain relief 137, 152
ft pain relief adult extra st 136, 152
ft pain relief extra strength 136, 152
ft pain reliever ex str adult 137, 152
ft senna laxative 255
ft senna laxatives 255
ft senna-s 255
ft sleep-aid maximum strength 9, 10, 74, 140, 156, 360, 365
ft stomach relief 246, 248, 253
ft stool softener 255
ft tioconazole-1 388
ft tussin adult 363
ft tussin cf adult 69, 360, 363
ft tussin dm max adult 360, 363
FULPHILA 88
fulvestrant 44
FUNGIMEZ 381
FUROSCIX 124, 214
furosemide 124, 214
FUSION PLUS 97, 438, 445
FUZEON 28
FYARRO 44
fyavolv 290, 303
FYCOMPA 142
FYLNETRA 88
fyremadel 276
gabapentin 137, 142
GABAPENTIN 137, 142
gabapentin (once-daily) .. 137, 142
GABLOFEN 77
GALAFOLD 349
galantamine hydrobromide 80
galantamine hydrobromide er ... 80
GALZIN 218
GAMASTAN 59
GAMIFANT 344
GAMMAGARD 59
GAMMAGARD S/D LESS IGA .. 59
GAMMAKED 60
GAMMAPLEX 60
GAMUNEX-C 60
ganirelix acetate 277
GARDASIL 9 63
gas relief 250
gas relief extra strength 250
gas relief infants 250
GASTROCROM 238, 366
gatifloxacin 229
GATTEX 260
gavilax 255
gavilyte-c 255
gavilyte-g 255
GAVRETO 44
GAZYVA 44
GEBAUERS PAIN EASE 383
GEBAUERS SPRAY AND STRETCH 383
gefitinib 44
GELFILM 91
GEL-FLOW 91
GEL-FLOW NT 91
GELFOAM 91
GELFOAM COMPRESSED SIZE 100 91
GELFOAM DENTAL PACK SIZE 4 91
GELFOAM SPONGE 91
GELFOAM SPONGE SIZE 100 91
GELFOAM SPONGE SIZE 200 92
GELFOAM SPONGE SIZE 50 .. 92
GELFOAM-JMI POWDER 92
GELFOAM-JMI SPONGE 92
GELNIQUE 427
GELSYN-3 349
GELUSIL 246, 250
GELX 418
gemcitabine hcl 44
gemfibrozil 123
gemmily 281, 290, 303
GEMTESA 428
GENADUR 418
generlac 207
gengraf 331, 338, 344
GENORAVANCE 248
GENOTROPIN 300, 314
GENOTROPIN MINIQUICK 300, 314
gentamicin sulfate 229, 378

GENTEAL TEARS NIGHT-TIME 238
GENTEAL TEARS SEVERE DAY/NIGHT 238
gentle laxative 255
gentlelax 255
GENVOYA 28, 30
GEODON 148, 158
GERBER GOOD START GENTLEPRO 209
GERBER GOOD START SOOTHEPRO 209
geri-dryl 9, 10, 74, 140, 141, 156, 360, 365
geri-kot 255
geri-tussin 363
GERMAN COCKROACH 57
GIALAX 255
GILENYA 338
GILOTRIF 45
giltuss severe sinus 245
GIMOTI 264
GIVLAARI 349
GLASSIA 85, 370
glatiramer acetate 338
glatopa 338
GLEEVEC 45
GLEOLAN 205
GLEOSTINE 45
glimepiride 314
glipizide 314
glipizide er 314
glipizide xl 315
glipizide-metformin hcl 278, 315
GLOPERBA 322
GLOSTRIPS 205
GLUCAGEN HYPOKIT ... 295, 320
glucagon emergency kit .. 295, 320
GLUCAGON EMERGENCY KIT 295, 320
GLUCO TO GO 277
GLUCO TO GO 15 277
GLUCOCARD EXPRESSION TEST 203
GLUCOCARD SHINE TEST ... 203
GLUCOCARD VITAL TEST 203
GLUCOTROL XL 315
GLUMETZA 278
glutaraldehyde 206
GLUTOSE 5 277
glyburide 315
glyburide micronized 315
glyburide-metformin 278, 315
GLYCATE 71
glycerin (adult) 256
glycerin adult 256
glycerin childrens 256
glycine 213
glycine urologic 213
glycolax 256
GLYCOPYRROLATE 71
glycopyrrolate 71
glycopyrrolate pf 71
GLYCOPYRROLATE PF 71
glydo 383
GLYRX-PF 71
GLYTACTIN BETTERMILK 15 210
GLYTACTIN BETTERMILK DE-LITE 210
GLYTACTIN BUILD 10PE 210
GLYTACTIN BUILD 20/20 210
GLYTACTIN BUILD 20/20 PKU 210
GLYTACTIN BURST 210
GLYTACTIN COMPLETE 10PE 210
GLYTACTIN RESTORE 10 210
GLYTACTIN RESTORE 5 210
GLYTACTIN RESTORE LITE 10 210
GLYTACTIN RESTORE LITE 10PE 210
GLYTACTIN RTD 10 210
GLYTACTIN RTD 15 210
GLYTACTIN RTD LITE 15 210
GLYTACTIN SWIRL 15 210
GLYTACTIN SWIRL 15PE 210
GLYXAMBI 286, 312
GOCOVRI 17, 133
GOLDENROD 57, 201
GOLYTELY 256
GONAL-F 296
GONAL-F RFF 296
GONAL-F RFF REDIJECT 296
goodsense advanced antacid 246, 251
goodsense all day allergy-d 15, 68
goodsense aller-ease 15, 372
goodsense allergy relief .. 9, 10, 13, 74, 141, 156, 360, 365
goodsense allergy relief child 15, 372
goodsense antacid 246, 253
goodsense antacid & gas relief 246, 251
goodsense antacid extra str 246, 253
goodsense anti-diarrheal 248
goodsense anti-itch max str 397
goodsense aspirin 102, 103, 153, 185
goodsense aspirin adults 102, 103, 152, 185
goodsense aspirin low dose 102, 103, 152, 185
goodsense cough simply menthol 241
goodsense day time cold & flu 69, 137, 360
goodsense enema 256
goodsense eye drops adv relief 237, 238, 245
goodsense first aid antibiotic ... 378
goodsense ibuprofen 153, 178
goodsense ibuprofen childrens 153, 178
goodsense lansoprazole 265
goodsense lice killing 413
goodsense lice killing max str . 413
goodsense liquid wart remover 405
goodsense lubricating plus pf . 238
goodsense milk of magnesia .. 256
goodsense motion sickness 10, 251
goodsense mucus er maximum str 363
goodsense mucus relief 363
goodsense naproxen sodium 153, 178, 322
goodsense nicotine 66, 75
goodsense omep/sod bicarb 246, 265
goodsense pain & fever child 137, 153
goodsense pain relief 137, 153
goodsense senna laxative 256
goodsense sleep-aid max str 9, 11, 74, 141, 156, 360, 365
goodsense sleeptime 9, 11, 74, 141, 156, 360, 365
goodsense stimulant lax plus .. 256
goodsense stool softener 256
goodsense tussin dm max 360, 363
GOPRELTO 241
GORDOFILM 390, 405
GRALISE 137, 142, 143

granisetron hcl 247
GRANIX 88
GRASTEK 57
GREEN GLO LISSAMINE GREEN 205
griseofulvin microsize 20
griseofulvin ultramicrosize 20
guaifenesin 363
guaifenesin er 363
guaifenesin-codeine 360, 363
guaifenesin-dm 360, 363
guanfacine hcl 116, 166
guanfacine hcl er 165
GUARDIAN 4 GLUCOSE SENSOR 196
GUARDIAN 4 TRANSMITTER 196
GUARDIAN CONNECT TRANSMITTER 196
GUARDIAN LINK 3 TRANSMITTER 196
GUARDIAN SENSOR (3) 196
GUARDIAN SENSOR 3 196
GVOKE HYPOPEN 1-PACK 295, 320
GVOKE HYPOPEN 2-PACK 295, 320
GVOKE KIT 295, 320
GVOKE PFS 295, 320
GYNAZOLE-1 388
habitrol 66, 75
HACKBERRY 57, 201
HADLIMA 260, 331, 338
HADLIMA PUSHTOUCH 260, 331, 338
HAEGARDA 328, 346
hailey 1.5/30 ..... 281, 290, 303
hailey 24 fe 281, 290, 303
hailey fe 1.5/30 ..... 281, 290, 303
hailey fe 1/20 ..... 281, 290, 303
HALAVEN 45
halcinonide 398
HALCION 163
HALDOL DECANOATE 164
halobetasol propionate 398
haloette 281, 290, 304
HALOG 398
haloperidol 164
haloperidol decanoate 164
haloperidol lactate 164
HALUCORT 418
HAPRODERM 418
HARVONI 26, 27
HAVRIX 63
HAXCHLO 398, 403
HAXCHLODREX 398, 403, 405
HAXDRAX 403, 405
heartland gas relief 251
heather 281, 304
HELIDAC THERAPY 20, 22, 37, 248, 253
HEMADY 271
HEMANGEOL 78, 110, 111, 117, 153
hematinic plus vit/minerals 97, 218, 439, 445
hematinic/folic acid 97, 439
HEMATOGEN 97
HEMATOGEN FA 97, 439, 445
HEMGENIX 92, 132
HEMLIBRA 92
HEMMOREX-HC 398
HEMOCYTE PLUS 97, 218, 439, 445
HEMOFIL M 92
HEPAGAM B 60
heparin (porcine) in nacl ... 95, 218
HEPARIN (PORCINE) IN NACL 95, 218
heparin na (pork) lock flsh pf 95
heparin sod (pork) lock flush 95
heparin sodium (porcine) 96
heparin sodium (porcine) pf 96
HEPLISAV-B 63
HEPMED 96, 218, 383
her style 281, 304
HERCEPTIN 45
HERCEPTIN HYLECTA 45
HERZUMA 45
HETLIOZ 157
HETLIOZ LQ 156
HEXATRIONE 271
HEXIOUNYL 24, 403, 405
HIBERIX 64
HIBICLENS 409
HIDEX 6-DAY 271
high potency probiotic 248
HIPREX 38
HISTEX PD 11, 13, 365
HIXDEFRIMA 24, 376, 403
HIZENTRA 60
hm stomach relief 246, 248, 253
hm stool softener 256
HOMACTIN AA PLUS 210
HOMATROPAIRE 242
HOME PAP KIT 196
HORIZANT 143
HORSE EPITHELIUM 57, 201
HPR PLUS 419
HPR PLUS HYDROGEL 419
HULIO (2 PEN) 260, 331, 338
HULIO (2 SYRINGE) 260, 331, 338
HUMALOG 310
HUMALOG KWIKPEN 310
HUMALOG MIX 50/50 KWIKPEN 310
HUMALOG MIX 50/50 VIAL 310
HUMALOG MIX 75/25 KWIKPEN 310
HUMALOG MIX 75/25 VIAL 310
HUMALOG TEMPO PEN 310
HUMALOG U-100 JUNIOR KWIKPEN 310
HUMATE-P 92
HUMATIN 18
HUMATROPE 300, 314
HUMATROPEN FOR 12MG 196
HUMATROPEN FOR 24MG 196
HUMATROPEN FOR 6MG 196
HUMIRA (2 PEN) 260, 331, 338
HUMIRA (2 SYRINGE) 260, 331, 338
HUMIRA-CD/UC/HS STARTER 260, 331, 338
HUMIRA-PED 260, 332, 338
HUMIRA-PED>/=40KG CROHNS START 260, 332, 338
HUMIRA-PED>/=40KG UC STARTER 260, 332, 338
HUMIRA-PSORIASIS/UVEIT STARTER 260, 332, 338
HUMULIN 70/30 KWIKPEN 298, 311
HUMULIN 70/30 VIAL 298, 311
HUMULIN N KWIKPEN 298
HUMULIN N VIAL 298
HUMULIN R U-500 KWIKPEN 311
HUMULIN R U-500 VIAL 311
HUMULIN R VIAL 311
HURRICAINE 383
HYALGAN 349
HYCAMTIN 45
HYCODAN 71, 360
hydralazine hcl 122
HYDREA 45
HYDRO 40 405
hydrochlorothiazide 127, 224

hydrocod poli-chlorphe poli er 11, 13, 360
hydrocodone bitartrate er.....172
hydrocodone bit-homatrop mbr 71, 360
hydrocodone-acetaminophen 137, 172
hydrocodone-ibuprofen... 172, 178
HYDROCORT LOTION COMPLETE KIT.....391, 398, 419
hydrocortisone..... 271, 391, 398
hydrocortisone (perianal)..... 398
hydrocortisone ace-pramoxine 383, 398
hydrocortisone acetate.....398
hydrocortisone anti-itch.....398
hydrocortisone butyrate..... 398
HYDROCORTISONE COMPLETE KIT.....391, 398, 419
hydrocortisone valerate.....398
hydrocortisone-acetic acid 234, 238
hydrocortisone-iodoquinol 398, 409
hydrocort-pramoxine (perianal) 383, 398
hydromet..... 71, 360
hydromorphone hcl..... 172
hydromorphone hcl er..... 172
HYDROMORPHONE HCL-NACL..... 172, 218
hydroquinone..... 402
HYDROXATE.....398
hydroxychloroquine sulfate 20, 332, 338
HYDROXYM..... 398
hydroxyurea..... 45
hydroxyzine hcl..... 11, 12, 157
hydroxyzine pamoate..11, 12, 157
HYFTOR..... 344, 404, 419
HYLATOPIC PLUS..... 419
HYLAVITE.....430, 439, 445
HYLAZINC..... 218, 430
HYMOVIS..... 349
hyoscyamine sulfate..... 71, 72
hyoscyamine sulfate er..... 71
hyosyne.....72
HYPERHEP B.....60
HYPERRAB..... 60
HYPERRHO S/D.....60
HYPERSAL.....366
HYPERTET.....60
HYPOCYN ANTIPRURITIC.... 419
HYQVIA..... 60, 226
HYRIMOZ260, 261, 332, 338, 339
HYRIMOZ-CROHNS/UC STARTER..... 261, 332, 339
HYRIMOZ-PED .261, 332, 339
HYRIMOZ-PED>/=40KG CROHN START..... 261, 332, 339
HYRIMOZ-PLAQUE PSORIASIS START 261, 332, 339
HYSINGLA ER.....172
HYZAAR..... 106, 224
ibandronate sodium..... 325
IBRANCE.....45
IBSRELA.....261
IBUPAK.....153, 178
ibuprofen..... 153, 178
ibuprofen infants..... 153, 178
ibuprofen-famotidine..... 178, 263
ICAR-C PLUS..... 97, 439, 445
icatibant acetate.....326, 346
iclevia.....281, 290, 304
ICLOFENAC CP..... 178, 412, 419
ICLUSIG.....45
icosapent ethyl..... 108
IDACIO (2 PEN)..... 261, 332, 339
IDACIO (2 SYRINGE) 261, 332, 339
IDACIO-CROHNS/UC STARTER..... 261, 332, 339
IDACIO-PSORIASIS STARTER..... 261, 332, 339
IDAMYCIN PFS..... 45
IDARAN..... 378
idarubicin hcl.....45
IDELVION..... 92
IDHIFA..... 45
IDOSE TR.....243
IDYYXIATAR.....392, 419
IFE-BIMIX 30/1..... 79, 129
iferex 150 forte.....97, 439
IFEX.....45
ifosfamide.....45
IGALMI.....69, 157
IGG 2000 CWP.....210
IGG PURE..... 210
IHEALTH COVID-19 RAPID TEST.....204
IHEEZO.....242
ILARIS.....137, 349
ILEVRO.....240
ILUMYA.....404, 419
ILUVIEN.....234
imatinib mesylate..... 45
IMBRUVICA.....45
IMCIVREE.....140, 267
IMFINZI.....45
IMIOXIA..... 388, 419
imipenem-cilastatin..... 25
imipramine hcl.....189
imipramine pamoate..... 189
imiquimod.....419
imiquimod pump.....419
IMITREX..... 186
IMITREX STATDOSE REFILL 186
IMITREX STATDOSE SYSTEM..... 186
IMJUDO..... 46
IMLYGIC..... 46, 132
IMODIUM A-D.....248
IMODIUM MULTI-SYMPTOM RELIEF..... 248, 251
IMOGAM RABIES-HT.....60
IMOVAX RABIES.....64
IMPAVIDO..... 22
IMPOYZ..... 399
IMUBOLIC.....349
IMURAN.....332, 339, 344
IMVEXXY MAINTENANCE PACK..... 290
IMVEXXY STARTER PACK... 290
inavix.....178
INBRIJA..... 167
incassia.....281, 304
INCRELEX.....314
INCRUSE ELLIPTA..... 72
indapamide..... 128, 225
INDERAL LA 78, 110, 111, 117, 153
INDERAL XL 78, 110, 111, 117, 153
INDICAID COVID-19 RAPID TEST.....204
INDOCIN.....178, 322
indomethacin.....178, 322
INDOMETHACIN..... 178, 322
indomethacin er..... 178, 322
INFANRIX..... 61, 64
infants gas relief.....251
INFASURF.....218, 370
INFED..... 97
INFLAMMACIN..... 178
INFLECTRA.... 261, 333, 339, 419
INFLIXIMAB.... 261, 333, 339, 419
INFUMORPH 200..... 172
INFUMORPH 500..... 172
INFUVITE ADULT.....430

INFUVITE PEDIATRIC 430
INGREZZA 190
INJECTAFER 97
INLYTA 46
INNOPRAN XL 78, 110, 111, 117, 153
INOVA 403, 409
INOVA 4/1 ACNE CONTROL THERAPY 403, 405, 409
INOVA 8/2 ACNE CONTROL THERAPY 403, 405, 409
INPEFA 103, 312
INPEN 100-BLUE-LILLY-HUMALOG 196
INPEN 100-BLUE-NOVOLOG-FIASP 196
INPEN 100-GREY-LILLY-HUMALOG 196
INPEN 100-GREY-NOVOLOG-FIASP 196
INPEN 100-PINK-LILLY-HUMALOG 196
INPEN 100-PINK-NOVOLOG-FIASP 196
INQOVI 46
INREBIC 46
INSPIREASE RESERVOIR BAGS 196
INSPRA 124, 125, 127, 215
INSTA-GLUCOSE 277
instant oral pain relief max 383
INSULIN ASP PROT & ASP FLEXPEN 310
INSULIN ASPART 310
INSULIN ASPART FLEXPEN 310
INSULIN ASPART PENFILL 310
INSULIN ASPART PROT & ASPART 310
INSULIN DEGLUDEC 299
INSULIN DEGLUDEC FLEXTOUCH 298
INSULIN GLARGINE MAX SOLOSTAR 299
INSULIN GLARGINE SOLOSTAR 299
INSULIN GLARGINE-YFGN 299
INSULIN LISPRO 310
INSULIN LISPRO (1 UNIT DIAL) 310
INSULIN LISPRO JUNIOR KWIKPEN 310
INSULIN LISPRO PROT & LISPRO 310
INSULIN PEN NEEDLES 196, 197
INSULIN SYRINGES 197
INTEGRA F 97, 439, 445
INTEGRA PLUS 97, 439, 445
INTELENCE 29
INTELISWAB COVID-19 RAPID TEST 204
INTERCEED 419
INTRAROSA 271
introvale 281, 290, 304
INTUNIV 166
INVEGA 159
INVEGA HAFYERA 159
INVEGA SUSTENNA 159
INVEGA TRINZA 159
INVELTYS 234
INVOKAMET 278, 312
INVOKAMET XR 278, 312
INVOKANA 312
INZDEAXIATAR 378, 392, 409, 419
INZDEAXIAVAR 378, 393, 409, 419
INZDEOXIA 378, 409, 419
iodine strong 363
iodine tincture 409
IODOQUIMEZ-HC 391, 399, 409
iodoquinol-hc-aloe polysacch 391, 399, 409
iodoquinol-hydrocortisone-aloe 391, 399, 409
IODOSORB 409
IOPIDINE 238
IOSAT 277, 320
IPOL 64
ipratropium bromide 72, 358
ipratropium-albuterol 72, 83, 358
irbesartan 104, 106
irbesartan-hydrochlorothiazide 106, 224
IRESSA 46
irinotecan hcl 46
IRON FOLATE PLUS 97, 439, 445
IRON FOLATE-F 97, 439, 445
IROSPAN 24/6 ..... 97, 218, 349, 439, 445
ISENTRESS 28
ISENTRESS HD 28
isibloom 281, 290, 304
isoflurane 169
ISOLYTE-S 218
isoniazid 23
ISORDIL TITRADOSE 125
isosorb dinitrate-hydralazine 122, 125
isosorbide dinitrate 125
isosorbide mononitrate 125
isosorbide mononitrate er 125
isotretinoin 419
ISOVACTIN AA PLUS 210
isradipine 120, 121
ISTALOL 232
ISTODAX 46
ISTURISA 349
ITHOXIA 419
itraconazole 24
ivermectin 19, 413
IWILFIN 46
IXEMPRA KIT 46
IXIARO 64
IXINITY 92
IYUZEH 243
IZERVAY 238
JADENU 267
JADENU SPRINKLE 267
jaimiess 281, 290, 304
JAKAFI 46
JALYN 81, 319
jantoven 87
JANUMET 278, 286
JANUMET XR 278, 286
JANUVIA 286
JARDIANCE 312
jasmiel 281, 290, 304
JATENZO 275
JAVYGTOR 349
JAYPIRCA 46
JELMYTO 46
JEMPERLI 46
jencycla 281, 304
JENLIVA PRENATAL/POSTNATAL 98, 218, 430, 439
JENTADUETO 278, 286
JENTADUETO XR 278, 286
JESDUVROQ 86, 88
JEVTANA 46
jinteli 290, 304
JIVI 92
JOENJA 339
JOHNSON GRASS 57, 201
jolessa 281, 290, 304
JORNAY PM 182
joyeaux 281, 290, 304
JUBLIA 388
juleber 281, 290, 304

JULUCA 28, 29
JUNE GRASS POLLEN STANDARDIZED 57, 201
junel 1.5/30 ..... 281, 290, 304
junel 1/20 ..... 281, 290, 304
junel fe 1.5/30 ..... 281, 290, 304
junel fe 1/20 ..... 281, 290, 304
junel fe 24 ..... 281, 290, 304
JUST RIGHT 5000 326
JUVAZIN 419
JUXTAPID 109
JYLAMVO 46, 333, 339, 344
JYNARQUE 225
K.B.G.L IN TERODERM 77, 179, 383, 412, 419
KADCYLA 46
kaitlib fe 281, 290, 304
KALBITOR 346
KALETRA 31
kalliga 281, 290, 304
KALYDECO 362
KAMDOY 419
KANJINTI 46
KANUMA 226
KAPSPARGO SPRINKLE 84, 110, 111, 118
KARBINAL ER 9, 11, 365
kariva 281, 290, 304
KATARAXAP 393, 399, 402
KATARVIA 393, 402
KATARYA 393, 399, 402
KATARYAXN 393, 399, 402
KATE FARMS BLENDED MEALS PED 210
KATE FARMS PED PEPTIDE 1.0 210
KATE FARMS STANDARD 1.4 210
KATERZIA 120, 121, 129
KAXM 402
kcl (0.149%) in nacl 218
kcl (0.298%) in nacl 218
KCL-LIDOCAINE-NACL ..218, 317
KEDRAB 60
KEIDO 402
kelnor 1/35 ..... 281, 290, 304
kelnor 1/50 ..... 281, 290, 304
KEMOPLAT 46
KENALOG 271, 399
KENALOG-80 271
KEPIVANCE 393
KEPPRA 143
KEPPRA XR 143
KERAGEL 419
KERALYT 405
KERALYT SCALP 405
KERAMATRIX REPLICINE 2CMX3CM 356
KERAMATRIX REPLICINE 5CMX5CM 356
KERENDIA 124
KESIMPTA 339
KETAMINE HCL 168
KETAMINE HCL-SODIUM CHLORIDE 168, 218
KETARYA 393, 399, 402
ketoconazole 24, 388, 389
ketodan 389
KETO-DIASTIX 206
KETONE TEST 204
ketoprofen 153, 179
ketoprofen er 153, 179
ketorolac tromethamine .. 179, 240
KETOROLAC TROMETHAMINE 179
KETOSTIX 204
ketotifen fumarate 12, 229
KETOVIE 211
KETOVIE 3:1 211
KETOVIE 4:1 211
KETOVIE PEPTIDE 211
KEVARAXAP 393, 399, 402
KEVARTIA 393, 402
KEVARYA 393, 399, 402
KEVEYIS 326
KEVZARA 333
KEXM 402
KEYA 399, 402
KEYFOLIC 218, 430
KEYLOSA 218, 430
KEYTRUDA 46
KHAPZORY 320, 439
KIMMTRAK 46
KINERET 333, 339
KIPROFEN 153, 179
KISQALI 46
KISQALI FEMARA 46, 276
KITABIS PAK 18, 229
KIVIK 420
KLARITY-A 230
KLARITY-C DROPS 237
KLARITY-L 234
KLARON 378
klayesta 412
KLISYRI 420
KLONOPIN 162, 163
klor-con 218
klor-con 10 218
klor-con m10 218
klor-con m15 218
klor-con m20 218
klor-con/ef 218
KLOXXADO 175
KOATE 92
KOATE-DVI 92
KOCHIA 57, 201
KOGENATE FS 92, 93
KONVOMEP 246, 265
KORLYM 276
KORSUVA 420
KOSELUGO 47
KOTARAXAP 393, 399, 402
kourzeq 399
KOVALTRY 93
K-PHOS 218
K-PHOS NO 2 206
K-PHOS-NEUTRAL 219
k-prime 219
KRAZATI 47
KRINTAFEL 20
KRISTALOSE 207
KRYSTEXXA 322
K-TAB 219
k-tan plus 98, 219, 439, 445
kurvelo 281, 290, 304
KUTAR 393, 402
KUTARVIA 393, 402
KUTARYAXM 393, 399, 402
KUTARYAXMPA 393, 399, 402
KUTEA 402
KUVAN 349
KUVARYA 393, 399, 402
KUVARYE 393, 399, 402
KUXM 402
KYLEENA 281, 304
KYMRIAH 132
KYPROLIS 47
KYZATREX 275
L.E.T. 245, 383
labetalol hcl 78, 81, 104, 110, 111, 118
lacosamide 143
LACRISERT 238
lactase enzyme 258
LACTEROL 248
lactic acid 390
lactic acid e 391
lactobacillus 249
lactulose 207

lactulose encephalopathy 207
LAGEVRIO 33
LAMICTAL 143, 148
LAMICTAL ODT 143, 148
LAMICTAL STARTER 143, 148
LAMICTAL XR 143, 148
lamivudine 30
lamivudine-zidovudine 30
lamotrigine 143, 148
lamotrigine er 143, 148
lamotrigine starter kit-blue 143, 148
lamotrigine starter kit-green 143, 148
lamotrigine starter kit-orange 144, 148
LAMPIT 22
LAMZEDE 226
LANCETS 197
LANOXIN 108, 115
LANREOTIDE ACETATE 313
lansoprazole 265
lanthanum carbonate 214, 320
LANTIDRA 131
LANTUS SOLOSTAR 299
LANTUS U-100 VIAL 299
lapatinib ditosylate 47
larin 1.5/30 ..... 281, 290, 304
larin 1/20 ..... 281, 291, 304
larin 24 fe 281, 291, 304
larin fe 1.5/30 ..... 281, 291, 304
larin fe 1/20 ..... 281, 291, 304
LASIX 124, 214
LATANOPROST 243
latanoprost 243
LATANOPROST-TIMOLOL MALEATE 232, 243
LATISSE 420
LATUDA 159
LAVARE WOUND WASH 420
laxative max str 256
laxative regular strength 256
layolis fe 282, 291, 304
L-CYSTINE 211
LDO PLUS 383
LEDIPASVIR-SOFOSBUVIR 27
leena 282, 291, 304
LEFLUNICLO 333, 412
leflunomide 333, 339, 344
LEMTRADA 339
lenalidomide 47, 339
LENMELDY 132
LENSCALE 57, 201
LENVIMA 47
LEQEMBI 166
LEQVIO 109, 126
LESCOL XL 123
lessina 282, 291, 304
LETAIRIS 129, 362, 373
letrozole 47, 276
LETS 68, 317
leucovorin calcium 320, 321, 439
LEUKERAN 47
LEUKINE 88
leuprolide acetate 47, 296
LEUPROLIDE ACETATE (3 MONTH) 47, 296
levalbuterol hcl 83, 373
LEVALBUTEROL HFA 83, 373
LEVAMLODIPINE MALEATE 120, 121, 129
LEVATIO 383, 420
LEVBID 72
LEVEMIR FLEXPEN 299
LEVEMIR U-100 VIAL 299
levetiracetam 144
levetiracetam er 144
levetiracetam in nacl 144, 219
levobunolol hcl 232
levocarnitine 349
levocarnitine sf 349
levocetirizine dihydrochloride 15
levofloxacin 23, 35, 230
levoleucovorin calcium 321, 439
levoleucovorin calcium pf 321, 439
levonest 282, 291, 304
levonorgest-eth est & eth est 282, 291, 304
levonorgest-eth estrad 91-day 282, 291, 305
levonorgest-eth estradiol-iron 282, 291, 305
levonorgestrel 282, 305
levonorgestrel-ethinyl estrad 282, 291, 305
levonorg-eth estrad triphasic 282, 291, 305
levora 0.15/30 (28) 282, 291, 305
levorphanol tartrate 172
levo-t 315
LEVOTHYROXINE SODIUM 315
levothyroxine sodium 316
levoxyl 316
LEVSIN 72
LEVSIN/SL 72
LEVULAN KERASTICK 420
LEXAPRO 187
LEXETTE 399
LEXITRAL PHARMAPAK II 179, 412, 420
LEXTOL 179, 412, 420
LIALDA 252
LIBRAX 72, 163
LIBTAYO 47
LICART 179
lice killing 413
lice killing shampoo max str 413
lice treatment 413
LIDO BDK 383
lidocaine 383
lidocaine hcl 242, 317, 383
LIDOCAINE HCL 317, 383
lidocaine hcl (pf) 317
lidocaine hcl urethral/mucosal 383
lidocaine pain relief max st 383
lidocaine viscous hcl 242
lidocaine-hydrocort (perianal) 383, 399
LIDOCAINE-HYDROCORTISONE ACE 383, 399
lidocaine-hydrocortisone ace 384, 399
lidocaine-prilocaine 384
LIDOCAN 384
LIDOCORT 384, 399
LIDODERM 384
LIDO-EPINEPHRINE-TETRACAINE 245, 384
LIDOLITE 384
lidopin 384
LIDOPIN 384
LIDOPURE PATCH 384
LIDOREX 384
LIDORX 384
LIDOSOL 384
LIDOSOL-50 384
LIDO-SORB 384
LIDOSTREAM 384, 420
LIDOTHOL 384, 420
LIDOTOR 384
LIDOTRAL 384
LIDOTRAL + HYDROCORTISONE 384, 399
LIDOTRAL-MENTHOL 384, 420
LIDOTRAN 384
LIDOVIX L 384
LIDTOPIC 384
LIDTOPIC MAX 384

LIKMEZ 18, 22, 254
LILETTA (52 MG) 282, 305
LIMBREL 350
LIMBREL250 ..... 219, 350
LIMBREL500 ..... 219, 350
LINCOCIN 32
lincomycin hcl 32
linezolid 34, 35
linezolid in sodium chloride 34, 219
LINZESS 261
LIORESAL 77
liothyronine sodium 316
LIPITOR 123
LIPOFEN 123
LIQREV 126, 368, 428
LIQUACEL 211
liquid acetaminophen 137, 153
liquid allergy relief 9, 11, 74, 141, 157, 360, 365
LIQUID HOPE PEPTIDE BERRY 211
lisdexamfetamine dimesylate .. 134
lisinopril 107, 108
lisinopril-hydrochlorothiazide 108, 224
L-ISOLEUCINE 211
LITFULO 420
lithium 149
lithium carbonate 148
lithium carbonate er 148
LITHOBID 149
LITHOSTAT 207
LIVALO 123
LIVITA ADULTS 219, 430
LIVITA CHILDREN 219, 430
LIVIXIL PAK 384
LIVMARLI 261
LIVTENCITY 23
LM PLUS RELIEF 384, 420
l-methylfolate 350
l-methylfolate calcium 350
l-methylfolate forte 350
l-methylfolate-algae 350
l-methylfolate-algae-b12-b6 ..... 350, 439
l-methyl-mc 439
LMR PLUS 317, 385, 420
LO LOESTRIN FE ... 282, 291, 305
LOCOID 399
LOCOID LIPOCREAM 399
LODINE 179
LODOCO 87, 350
LODOSYN 167
LOESTRIN 1.5/30 (21) 282, 291, 305
LOESTRIN 1/20 (21) 282, 291, 305
LOESTRIN FE 1.5/30 ..... 282, 291, 305
LOESTRIN FE 1/20 282, 291, 305
LOFENA 179
lojaimiess 282, 291, 305
LOKELMA 215
LOLLICAINE 385
LOMAIRA 133
LOMOTIL 72, 249
LONSURF 47
loperamide hcl 249
loperamide-simethicone .. 249, 251
LOPID 123
lopinavir-ritonavir 31
LOPRESSOR 84, 110, 111, 118
LOQTORZI 47
loratadine 15, 16, 372
loratadine childrens 15, 372
loratadine-d 12hr 16, 68
loratadine-d 24hr 16, 68
lorazepam 162, 163, 164
lorazepam intensol 162, 163
LORBRENA 47
LOREEV XR 162, 164
LORMATE 211
loryna 282, 291, 305
LORZONE 76
losartan potassium 104, 106
losartan potassium-hctz .. 106, 224
LOTEMAX 234
LOTEMAX SM 234
LOTENSIN 107, 108
LOTENSIN HCT 108, 224
loteprednol etabonate 234
LOTREL 108, 120
LOTREXONE 137
LOTRONEX 252
lovastatin 123
LOVAZA 109
LOVENOX 96
low-ogestrel 282, 291, 305
loxapine succinate 155
lo-zumandimine 282, 291, 305
lubiprostone 261
lubricant eye drops 239
lubricant eye drops (pf) 239
lubricant eye drops pf 239
lubricant pm 239
lubricating eye drops 239
LUCEMYRA 69
LUCENTIS 239, 244
LUCIRA COVID-19 & FLU TEST 204
LUGOLS STRONG IODINE 409
LULICONAZOLE 389
LUMAKRAS 47
LUMIGAN 243
LUMINOPIA 350
LUMIZYME 226
LUMRYZ 166
LUNESTA 157
LUNSUMIO 47
LUPKYNIS 344
LUPRON DEPOT (1-MONTH) 47, 296
LUPRON DEPOT (3-MONTH) 47, 296
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG 47, 296
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG 47, 296
LUPRON DEPOT-PED (1-MONTH) 296
LUPRON DEPOT-PED (3-MONTH) 296
LUPRON DEPOT-PED (6-MONTH) 296
lurasidone hcl 159
LUTATHERA 48, 356
lutera 282, 291, 305
LUXAMEND 420
LUXTURNA 132
LUZU 389
LYBALVI 159
LYDEXA 385
LYFGENIA 132
lyleq 282, 305
lyllana 291, 325
LYNPARZA 48
LYRICA 144, 168
LYRICA CR 137
lysiplex plus 219, 430
LYSODREN 48
LYTGOBI (12 MG DAILY DOSE) 48
LYTGOBI (16 MG DAILY DOSE) 48
LYTGOBI (20 MG DAILY DOSE) 48

LYUMJEV KWIKPEN.....311
LYUMJEV TEMPO PEN..... 311
LYUMJEV VIAL.....311
LYVISPAH..... 77
lyza.....282, 305
MAALOX MULTI SYMPTOM MAX ST.....246, 251
MACROBID.....38
MACRODANTIN..... 38
mafenide acetate..... 409
mag-al plus..... 246, 251
magnesium citrate.....256
magnesium oxide.....246, 254
magnesium oxide -mg supplement..... 219, 246, 254
magnesium sulfate..108, 144, 321
magnesium-aluminum-simethicone.....246, 251
magnesium-oxide.....219
mag-oxide..... 219
MALARONE.....21
malathion..... 413
maraviroc..... 28
MARCAINE.....317
MARCAINE PRESERVATIVE FREE..... 318
MARGENZA.....48
MARINOL.....250
MARLIDO.....318
MARLIDO-25..... 318
marlissa.....282, 291, 305
MARPLAN.....169
MARVONA SUIK..... 318, 385
MAS CARE-PAK.....271
MATULANE..... 48
matzim la.....113, 114, 119, 129
MAVENCLAD.....340, 344
MAVYRET.....27
MAX RELIEF JR CHILD PAIN/FEVER.....137, 153
MAX RELIEF JUNIOR.... 137, 153
MAX TUSSIN MUCUS & CHEST CONG.....363
MAXALLERGY KIDS 9, 11, 74, 141, 157, 360, 365
MAXALT.....186
MAXIDEX.....234
MAXITROL.....230, 234, 235
maxi-tuss ac.....360, 363
maxi-tuss gmx.....360, 363
maxi-tuss pe max.....69, 363
MAYZENT.....340
MAYZENT STARTER PACK.. 340
MC 300 W/UNIVERSAL TUBING..... 197
MC 300-MOUTHPIECE..... 197
m-dryl 9, 11, 74, 141, 157, 360, 365
me/naphos/mb/hyo1... 38, 72, 350
MEADOW FESCUE GRASS POLLEN.....57, 201
meclizine hcl..... 11, 251
meclofenamate sodium.....179
MEDERMA.....420
MEDERMA ADVANCED SCAR GEL.....420
MEDERMA FOR KIDS.....420
MEDERMA SPF 30.....420
MEDPURA BENZOYL PEROXIDE..... 409
medpura hand sanitizer..... 409
MEDROL.....271
MEDROLOAN II SUIK.... 272, 385
MEDROLOAN SUIK..... 272, 385
medroxyprogesterone acetate 282, 305
mefenamic acid.....179
mefloquine hcl.....21
megestrol acetate..... 48, 305
MEKINIST.....48
MEKTOVI.....48
MELALEUCA..... 57, 201
meloxicam.....179
MELOXICAM..... 179
melphalan..... 48
melphalan hcl.....48
memantine hcl.....166
memantine hcl er..... 166
MENATROL..... 219, 430
MENEST..... 291, 325
MENOPUR.....296
MENOSTAR.....291, 325
MENQUADFI..... 64
MENVEO..... 64
meperidine hcl.....172
meprobamate.....157
MEPRON..... 22
MEPSEVII.....226
mercaptopurine..... 48, 344
meropenem.....25
MEROPENEM-SODIUM CHLORIDE..... 25
merzee..... 282, 292, 305
mesalamine.....252
mesalamine er..... 252
mesalamine-cleanser.....252
mesna..... 355
MESNEX.....355
MESQUITE..... 57, 201
MESTINON.....80
METAFOLBIC.....439
METAFOLBIC PLUS 211, 350, 439
METAFOLBIC PLUS RF 211, 350, 439
METAMUCIL 4 IN 1 FIBER.....256
METANX..... 350, 439
metaxalone..... 76
METDRAY..... 405, 412
metformin hcl..... 278
metformin hcl er..... 278
metformin hcl er (mod).....278
metformin hcl er (osm).....278
METHACHOLINE CHLORIDE 204
methadone hcl..... 172
methadone hcl intensol.....172
METHADOSE..... 173
methadose..... 173
METHADOSE SUGAR-FREE.173
methamphetamine hcl.....134
methazolamide.....115, 233
methenamine hippurate..... 38
methenamine mandelate..... 38
methergine.....356
methimazole.....277
METHITEST.....275
methocarbamol..... 29, 76
METHOHEXITAL SODIUM 160, 162
methotrexate sodium 48, 333, 340, 344
methotrexate sodium (pf) 48, 333, 340, 344
methoxsalen rapid.....412
methscopolamine bromide.....72
methsuximide.....188
methyl salicylate.....390
METHYLDOPA..... 69, 116
methylergonovine maleate.....356
methylfol-algae-b12-acetylcyst 211, 350, 439
METHYLIN.....182
methylphenidate.....183
methylphenidate hcl.....183
methylphenidate hcl er.....183
methylphenidate hcl er (cd).....183
methylphenidate hcl er (la).....183
methylphenidate hcl er (osm)..183

METHYLPHENIDATE HCL ER (OSM) 183
methylphenidate hcl er (xr) 183
methylprednisolone 272
METHYLPREDNISOLONE ACETATE 272
methylprednisolone acetate 272
methyltestosterone 275
metoclopramide hcl 264
metolazone 128, 225
METOPIRONE 205
metoprolol succinate er 84, 110, 111, 118
metoprolol tartrate 84, 110, 111, 118
metoprolol-hydrochlorothiazide 110, 224
METROCREAM 378
METROGEL 378
METROLOTION 378
metronidazole 18, 22, 254, 378
METRONIDAZOLE BENZO+SYRSPEND ..18, 22, 254
metyrosine 205, 350
mexiletine hcl 117
MIACALCIN 277, 325
mibelas 24 fe 283, 292, 305
micaderm 389
micafungin sodium 25
MICARDIS 104, 106
MICARDIS HCT 106, 225
MICLARA LQ 11, 13, 365
MICOMITIN 427
miconazole 3 389
miconazole 7 389
miconazole nitrate 389
MICONAZOLE-ZINC OXIDE-PETROLAT 388, 389, 403
miconazorb af 389
MICONI-AL 389
MICOTRIN AL 427
MICOTRIN AP 389
MICRHOGAM ULTRA-FILTERED PLUS 60
MICRODOT TEST 203
MICROFLOR 33 249
microgestin 1.5/30 ..283, 292, 306
microgestin 1/20 ..... 283, 292, 306
microgestin 24 fe 283, 292, 306
microgestin fe 1.5/30 ..... 283, 292, 306
microgestin fe 1/20 ..283, 292, 306
MICROLET NEXT LANCING DEVICE 197
MICROPLEGIA MSA-MSG 219
midazolam hcl 164
MIDAZOLAM HCL-SODIUM CHLORIDE 164, 219
MIDAZOLAM+SYRSPEND SF 164
midodrine hcl 69
MIEBO 239
MIFEPREX 356
mifepristone 276, 356
MIGERGOT 79, 153, 183
miglitol 274
miglustat 350
migraine relief 137, 183, 185
MIGRANAL 79, 153
MIGRANOW 186, 385, 420
mili 283, 292, 306
milk of magnesia 256
milk of magnesia concentrate ..256
milrinone lactate 115
milrinone lactate in dextrose 115, 211
mimvey 292, 306
MIMYX 420
mineral oil heavy 256
MINIMED PUMP RESERVOIR 3ML 197
MINIPRESS 79, 104
MINIVELLE 292, 325
minocycline hcl 21, 37
minocycline hcl er 37, 420
MINOLIRA 37, 420
minoxidil 122
MIRAPEX ER 170
MIRCERA 88
MIRENA (52 MG) 283, 306
MIRO3D WOUND MATRIX 420
mirtazapine 146
MIRVASO 421
misoprostol 264
MITE (D. FARINAE) 57, 201
MITE (D. PTERONYSSINUS) 57, 201
MITIGARE 322
mitigo 173
mitomycin 48
MITOSOL 230
mitoxantrone hcl 48
MIXED FEATHERS 57, 201
MIXED RAGWEED 57, 201
MLK F1 ..... 272, 318
MLK F2 ..... 272, 318
MLK F3 ..... 272, 318
MLK F4 ..... 272, 318
mm acetaminophen ex str 137, 153
MM ALLER-BEN 9, 11, 74, 141, 157, 360, 365
mm aspirin 102, 103, 153, 185
MM BLOOD GLUCOSE SYSTEM 197
MM BLOOD GLUCOSE SYSTEM REFILL 197
MM BLULINK GLUCOSE MONIT SYS 197
MM BLULINK GLUCOSE TEST 203
mm clearlax 256
mm ibuprofen 153, 179
mm stool softener laxative 256
M-M-R II 64
M-NATAL PLUS 98, 430, 439
modafinil 190
MODERNA COVID-19 VAC 6M-11Y 64
MODIA 350
moexipril hcl 107, 108
molindone hcl 155
MOMETACURE 391, 399
mometasone furoate 235, 272, 367, 399
mondoxyne nl 21, 37
MONJUVI 48
MONOFERRIC 98
mono-linyah 283, 292, 306
MONOVISC 350
MONSELS FERRIC SUBSULFATE 93
montelukast sodium 366
MORCIN 350
MORPHINE SULFATE 173
morphine sulfate 173
MORPHINE SULFATE (BULK) 173
morphine sulfate (concentrate) 173
morphine sulfate (pf) 173
morphine sulfate er 173
morphine sulfate er beads 173
MORPHINE SULFATE-NACL 173, 219
MOTEGRITY 261
motion sickness relief 11, 252
MOTOFEN 72, 249
MOTPOLY XR 144

MOTRIN CHILDRENS 153, 179
MOTRIN IB 153, 179
MOUNJARO 297
MOUNTAIN CEDAR 57, 201
MOUSE EPITHELIUM 57, 201
MOUTH KOTE REMINT 239
MOVANTIK 261
MOVIPREP 256, 445
moxifloxacin hcl 23, 36, 230
moxifloxacin hcl (2x day) 230
moxifloxacin hcl in nacl 23, 36
MOZOBIL 88
m-pap 137, 153
MPM PAK 356
MS CONTIN 173
MUCINEX DM 361, 363
MUCINEX FAST-MAX CHEST CONG MS 363
MUCINEX FAST-MAX CONG HEADACHE 69, 137, 361
MUCINEX FAST-MAX DM MAX 361, 363
MUCINEX SINUS-MAX SEV CONG/PN 70, 137, 361
MUCOSITISRX 239
MUCOTROL 421
mucus dm 361, 363
mucus relief 363
mucus relief d 68, 363
mucus relief dm 361, 363
mucus relief max st 363
mucus+chest congestion 363
MUGARD 421
MUGWORT 57, 201
MULPLETA 88
MULTAQ 118
MULTIGEN 98, 101, 211, 350, 440
MULTIGEN FOLIC 98, 211, 350, 440, 445
MULTIGEN PLUS 98, 211, 350, 440, 446
multiple electro type 1 ph 5.5 .. 219
multiple electro type 1 ph 7.4 .. 219
MULTIPRO 219, 430
MULTI-SPECIALTY 272, 318
multivitamin w/fluoride 326, 430
multivitamin/fluoride 326, 327, 430, 431, 440
MULTIVITAMIN/FLUORIDE 327, 430, 431, 440
multi-vitamin/fluoride 326, 430
multi-vitamin/fluoride/iron 98, 327, 431
MULTI-VIT-FLOR 327, 431
mupirocin 378
mupirocin calcium 378
MURO 128 239
MUSCUSOLICE 421
MUSE 129
mutamycin 48
MVASI 48, 49, 244
my choice 283, 306
my way 283, 306
MYALEPT 298
MYAMBUTOL 23
MYCAMINE 25
MYCAPSSA 261, 313
MYCOBUTIN 23, 36
mycophenolate mofetil 345
mycophenolate mofetil hcl 344
mycophenolate sodium 345
mycophenolic acid 345
MYCOZYL AL 427
MYCOZYL AP 389
MYCOZYL HC 381, 400
MYDAYIS 134
MYDRIACYL 242
MYFEMBREE 277, 292, 306
MYFORTIC 345
MYLERAN 49
MYLICON INFANTS GAS RELIEF 251
MYLOTARG 49
mynephrocaps 431, 440, 446
MYNEPHRON 431, 440, 446
MYOBLOC 76, 84, 350
MYRBETRIQ 428
MYSOLINE 161
MYTESI 249
MYXREDLIN 219, 311
na ferric gluc cplx in sucrose 98
na sulfate-k sulfate-mg sulf 256
NABI-HB 61
nabumetone 179
nadolol 78, 110, 111
nafcillin sodium 35
naftifine hcl 376
NAFTIN 376
NAGLAZYME 226
nalbuphine hcl 176
NALFON 179
NALOCET 137, 173
naloxone hcl 175, 321
NALTREX 137
naltrexone hcl 175, 319, 321
NAMENDA TITRATION PAK .. 166
NAMENDA XR 166
NAMZARIC 80, 166
NANRAN 378, 385
NAPRELAN 154, 179, 322
NAPROSYN 154, 179, 322
NAPROTIN 179
naproxen 154, 180, 322
naproxen dr 154, 180, 322
naproxen sodium 154, 180, 322
naproxen sodium er 154, 180, 322
naproxen-esomeprazole mg 180, 265
naratriptan hcl 186
NARCAN 175
NARDIL 169
NASACORT ALLERGY 24HR 235, 367
nasal decongestant 68, 357
nasal decongestant pe 70
nasal moisturizing spray . 239, 366
nasal spray 12 hour 245
nasal spray no drip 245
NASCOBAL 101, 440
NATACYN 231
NATAL PNV 98, 431, 440
NATAZIA 283, 292, 306
nateglinide 299
NATESTO 275
NATROBA 413
natural senna laxative 256
NAYZILAM 162
nebivolol hcl 78, 110
NEBULIZER MASK ADULT 197
NEBULIZER MASK CHILD 197
NEBUPENT 22
NEBUSAL 366
necon 0.5/35 (28) 283, 292, 306
nefazodone hcl 188
nelarabine 49
NENDRUX 385
NEODOT THERMOMETER ... 197
neomycin sulfate 18, 230, 379
neomycin-bacitracin zn-polymyx 230
neomycin-polymyxin b gu 379
neomycin-polymyxin-dexameth 230, 235
neomycin-polymyxin-gramicidin 230
neomycin-polymyxin-hc .. 230, 235

NEONATAL + DHA 98, 219, 350, 431, 440
NEONATAL 19 431
NEONATAL COMPLETE 98, 431, 440
NEONATAL FE 98, 431, 440
NEONATAL PLUS 98, 431, 440
NEONATAL PRENATAL 98, 431, 440
neo-polycin 230
neo-polycin hc 230, 235
NEORAL 333, 340, 345
NEOSALUS 421
NEOSPORIN + PAIN RELIEF MAX ST 379, 385
NEOSPORIN ORIGINAL 379
NEOSTIGMINE METHYLSULFATE 80, 204
NEO-SYNALAR 379, 400
NEO-SYNEPHRINE COLD/ALLRG MILD 245
NEO-SYNEPHRINE COLD/ALLRGY EXT 245
NEO-SYNEPHRINE COLD/ALLRGY REG 245
NEOVITE 219, 431
NEPHPLEX RX 219, 431, 440, 446
nephronex 431, 440, 446
NEPHRO-VITE 431, 440, 446
NEPRO/CARBSTEADY 211
NERLYNX 49
NESTABS 98, 431, 440
NESTABS ONE 98, 350, 431, 440
neuac 379, 409
NEULASTA 88
NEULASTA ONPRO 88
NEUPOGEN 89
NEUPRO 170
NEURAPTINE 138
NEURIN-SL 101, 440
NEURONTIN 138, 144
NEVANAC 240
nevirapine 29
nevirapine er 29
new day 283, 306
NEW ZEALAND WHEY PROTEIN 211
NEWFLORA PROBIOTIC 249
NEXAVAR 49
NEXICLON XR 70, 116
NEXIUM 265
NEXLETOL 109
NEXLIZET 109, 116
NEXOBRID 421
NEXPLANON 283, 306
NEXTSTELLIS 283, 292, 306
NEXVIAZYME 227
NGENLA 300
niacin (antihyperlipidemic) 440
niacin er (antihyperlipidemic) .. 109
niacor 440
NICADAN 219, 431
NICAPRIN 211
nicardipine hcl 120, 121, 129
NICAZEL 219, 431
NICAZEL FORTE 219, 431
NICOMIDE 220, 431, 440
NICORETTE 66, 75
NICORETTE MINI 66, 75
nicotinamide 220, 431, 440
nicotine 66, 75
nicotine mini 66, 75
nicotine polacrilex 66, 75
nicotine polacrilex mini 66, 75
nicotine step 1 ..... 66, 75
nicotine step 2 ..... 66, 75
nicotine step 3 ..... 66, 75
NICOTROL 66, 75
NICOTROL NS 66, 75
nifedipine 121, 122, 129
nifedipine er 120, 121, 129
nifedipine er osmotic release 121, 129
NIFEREX 98
nikki 283, 292, 306
NILANDRON 49
nilutamide 49
nimodipine 121, 122, 129
NINLARO 49
NIPENT 49
nisoldipine er 121, 122
nitazoxanide 22
nitisinone 350
NITRIVIA 431
NITRO-BID 125
NITRO-DUR 125
nitrofurantoin 38
NITROFURANTOIN 38
nitrofurantoin macrocrystal 38
nitrofurantoin monohydrate macrocrystals 38
nitroglycerin 125, 421
NITROLINGUAL 125
NITROSTAT 125
NITRO-TIME 125
NITYR 351
NIVA THYROID 316
NIVESTYM 89
nizatidine 12, 263
NOCDURNA 93, 300
nora-be 283, 306
NORDIPEN 5 INJECTION DEVICE 197
NORDITROPIN FLEXPRO 300, 314
norelgestromin-eth estradiol 283, 292, 306
norethin ace-eth estrad-fe 283, 292, 306
norethindrone 283, 306
norethindrone acetate 306
norethindrone acet-ethinyl est 283, 292, 306
norethindrone-eth estradiol 292, 306
norethindron-ethinyl estrad-fe 283, 292, 306
norethin-eth estradiol-fe 283, 292, 307
NORGESIC 77, 84, 183, 185
NORGESIC FORTE 77, 84, 183, 185
norgestimate-eth estradiol 283, 292, 307
norgestimate-ethinyl estradiol triphasic 283, 292, 307
NORITATE 379
NORLIQVA 121, 122, 129
norlyroc 284, 307
NORPACE 116
NORPACE CR 116
NORPRAMIN 189
NORTHERA 68
nortrel 0.5/35 (28) ... 284, 292, 307
nortrel 1/35 (21) 284, 293, 307
nortrel 1/35 (28) 284, 293, 307
nortrel 7/7/7 ..... 284, 293, 307
nortriptyline hcl 189
NORVASC 121, 122, 129
NORVIR 31
NOURIANZ 166
NOVAMV PEDIATRIC MULTI-VITAMIN 431
NOVAREL 296
NOVAVAX COVID-19 VACCINE 64
NOVITE 431
NOVOEIGHT 93

NOVOFINE PEN NEEDLE..... 197
NOVOFINE PLUS PEN NEEDLE.....197
NOVOLIN 70/30 FLEXPEN 298, 312
NOVOLIN 70/30 FLEXPEN RELION.....298, 312
NOVOLIN 70/30 RELION298, 312
NOVOLIN 70/30 VIAL..... 298, 312
NOVOLIN N FLEXPEN.....298
NOVOLIN N FLEXPEN RELION.....298
NOVOLIN N RELION.....298
NOVOLIN N VIAL..... 298
NOVOLIN R FLEXPEN.....312
NOVOLIN R FLEXPEN RELION.....312
NOVOLIN R RELION.....312
NOVOLIN R VIAL..... 312
NOVOLOG 70/30 FLEXPEN RELION.....311
NOVOLOG FLEXPEN..... 311
NOVOLOG FLEXPEN RELION.....311
NOVOLOG MIX 70/30 FLEXPEN.....311
NOVOLOG MIX 70/30 RELION.....311
NOVOLOG MIX 70/30 VIAL....311
NOVOLOG PENFILL..... 311
NOVOLOG RELION..... 311
NOVOLOG U-100 VIAL..... 311
NOVOPEN ECHO.....197
NOVOSEVEN RT..... 93
NOXAFIL.....24
np thyroid..... 316
NPLATE..... 89
NUBEQA.....49
NUCALA..... 358
NUCARACLINPAK..... 379
NUCARARXPAK.....379, 391, 410
NUCORT.....400
NUCYNTA.....173
NUCYNTA ER.....173
NUDERMRXPAK 120..... 391, 421
NUDERMRXPAK 60..... 391, 421
NUDICLO TABPAK.....180
NUDROXIPAK..... 167, 385, 421
NUDROXIPAK DSDR-50 180, 390
NUDROXIPAK DSDR-75 180, 390
NUDROXIPAK E-400.....180, 390
NUDROXIPAK I-800..... 180, 390
NUDROXIPAK M-15..... 180, 390
NUDROXIPAK N-500..... 180, 390
NUEDEXTA..... 166
nufol..... 441
NUJO..... 345, 404, 421
NUJU..... 345, 404, 421
NULEV.....72
NULIBRY..... 351
NULOJIX.....345
NUPLAZID..... 159
NURTEC..... 165
NUSURGEPAK SURGICAL PREP/CARE... 197, 379, 391, 410
NUTRASEB..... 405
NUTRA-Z+..... 431
NUTRIARX CREAMPAK 197, 391, 400
NUTRICAP.....220, 431
nutrifac zx.....220, 431
NUTRIVIT. 98, 211, 220, 432, 441
NUTROPIN AQ NUSPIN 10 ..... 301, 314
NUTROPIN AQ NUSPIN 20 ..... 301, 314
NUTROPIN AQ NUSPIN 5 ..... 301, 314
NUVAIL.....421
NUVARING.....284, 293, 307
NUVESSA.....18, 379
NUVIGIL.....190
NUWIQ.....93
NUZYRA..... 18
nyamyc.....412
nylia 1/35.....284, 293, 307
nylia 7/7/7.....284, 293, 307
NYMALIZE..... 121, 122, 129
nymyo..... 284, 293, 307
NYNUTEY.....385
nystatin.....35, 412
nystatin-triamcinolone..... 400, 413
nystop..... 413
NYVEPRIA.....89
OBIZUR..... 93
OBSTETRIX EC.....98, 432, 441
OBSTETRIX ONE 98, 351, 432, 441
OCALIVA..... 261
ocella.....284, 293, 307
OCREVUS..... 340
OCTAGAM.....61
OCTAPLAS BLOOD GROUP A.....85
OCTAPLAS BLOOD GROUP AB..... 85
OCTAPLAS BLOOD GROUP B.....85
OCTAPLAS BLOOD GROUP O..... 85
octreotide acetate..... 261, 313
OCUFLOX.....230
OCUVEL..... 220, 432, 441
ODACTRA..... 57
ODEFSEY.....29, 30
ODOMZO.....49
odorless coated fish oil..... 351
OFEV..... 358
ofloxacin.....36, 230
OGIVRI..... 49
OGSIVEO..... 49
OJJAARA.....49
olanzapine.....149, 159
olanzapine-fluoxetine hcl 159, 188
OLIVE TREE.....57
olmesartan medoxomil....105, 106
olmesartan medoxomil-hctz 106, 225
olmesartan-amlodipine-hctz 106, 121, 225
olopatadine hcl.....12, 229
OLPRUVA (2 GM DOSE)..... 207
OLPRUVA (3 GM DOSE)..... 207
OLPRUVA (4 GM DOSE)..... 207
OLPRUVA (5 GM DOSE)..... 207
OLPRUVA (6 GM DOSE)..... 207
OLPRUVA (6.67 GM DOSE).. 207
OLUMIANT..... 333
OMBRA COMPRESSOR AIR FILTERS..... 197
OMECLAMOX-PAK.... 19, 34, 265
omega-3 fish oil.....351
omega-3 microgel..... 351
omega-3-acid ethyl esters.....109
omeprazole..... 266
omeprazole magnesium.....266
OMEPRAZOLE+SYRSPEND SF ALKA..... 266
omeprazole-sodium bicarbonate..... 246, 266
OMISIRGE..... 131
OMNARIS..... 235
OMNIPOD 5 G6 INTRO (GEN 5).....197
OMNIPOD 5 G6 PODS (GEN 5).....197
OMNITROPE..... 301, 314
OMVOH..... 247, 262

ON/GO COVID-19 ANTIGEN TEST 204
ON/GO ONE COVID-19 HOME TEST 204
ONCASPAR 49
ondansetron hcl 247
ondansetron odt 247
ONE VITE FERROUS SULFATE 98
ONE VITE WOMENS 98, 432, 441
ONE VITE WOMENS PLUS 98, 432, 441
ONELAX 256
ONELAX DOCUSATE SODIUM 256
ONELAX MAGNESIUM CITRATE 256
ONELAX SENNA 256
ONETOUCH DELICA PLUS LANCING 197
ONETOUCH DELICA SAFETY LANCING 197
ONETOUCH ULTRA 198, 203
ONETOUCH ULTRA 2 198
ONETOUCH ULTRA TEST 203
ONETOUCH VERIO 198, 203
ONETOUCH VERIO FLEX SYSTEM 198
ONETOUCH VERIO REFLECT 198
ONEVITE 220, 432, 441
ONEXTON 379, 410
ONFI 162, 164
ONGENTYS 165
ONGLYZA 286
ONIVYDE 49
ONPATTRO 351
ONTRUZANT 49
ONUREG 49
ONYCHO-MED 376, 389
ONZDEAXIADEMTAR 379, 393, 410, 421
ONZDEAXIADEMVAR 379, 393, 410, 421
ONZDEAXIATAR 379, 393, 410, 421
ONZDEAXIAVAR 379, 393, 410, 421
ONZDEAXIAZAR 379, 393, 410, 421
ONZDEOXIA 379, 410, 421
ONZETRA XSAIL 186
opcicon one-step 284, 307
OPDIVO 49
OPDUALAG 49
OPFOLDA 351
OPILL 284, 307
opium 249
OPSUMIT 129, 362, 374
OPSYNVI 362, 368
OPTICLEANSE GHI 211
OPTICLEANSE PLUS 211
option 2 ..... 284, 307
OPTIONS GYNOL II CONTRACEPTIVE 355
OPVEE 175
OPZELURA 421
ORACEA 37, 421
ORACIT 206
ORAL CITRATE 206
ORALAIR 58
ORALAIR ADULT STARTER PACK 58
ORALAIR CHILDRENS STARTER PACK 58
oralone 400
ORAMAGICRX 421
ORAPRED ODT 272
ORAVIG 389
ORCHARD GRASS POLLEN 58, 201
ORENCIA 333, 340
ORENCIA CLICKJECT ... 333, 340
ORENITRAM 130, 369, 374
ORENITRAM MONTH 1 ..... 129, 369, 374
ORENITRAM MONTH 2 ..... 130, 369, 374
ORENITRAM MONTH 3 ..... 130, 369, 374
ORFADIN 351
ORGOVYX 49, 277
ORIAHNN 277, 293, 307
ORILISSA 277
ORKAMBI 361, 362
ORLADEYO 346
ORLISTAT 262
ORMALVI 326
orphenadrine citrate er 77, 85, 141
orphenadrine-aspirin-caffeine 77, 85, 183, 185
ORPHENGESIC FORTE 77, 85, 183, 185
ORSERDU 49
ORTHO DF 441, 448
ORTHOVISC 351
OSCIMIN 72
oseltamivir phosphate 33
OSMOLEX ER 17, 133
OSPHENA 287
OSTACHOL 441, 448
OTEZLA 333, 340, 421
OTOVEL 230, 235
OTREXUP 333
OVACE PLUS 379
OVACE PLUS WASH 379
OVACE WASH 379
OVEEZA 351, 441
OVIDE 413
OVIDREL 296
oxacillin sodium 35
oxaliplatin 49
OXAPROZIN 180
oxaprozin 180
oxazepam 164
OXBRYTA 87
oxcarbazepine 144
OXERVATE 239
OXIAICE 379, 421
OXIANUJO 345, 421, 422
OXIATAR 393, 422
OXIAVAR 393, 422
OXIAVARRY 393, 422
OXIAVARY 393, 422
OXIAZAR 393, 422
oxiconazole nitrate 389
OXISTAT 389
OXLUMO 351
OXOPID 122, 400
OXOPIDAXIAQUP 400, 422
OXOPOD 122, 400
OXTELLAR XR 144
oxybutynin chloride 427
oxybutynin chloride er 427
oxycodone hcl 174
OXYCODONE HCL ER 174
OXYCODONE-ACETAMINOPHEN 138, 174
oxycodone-acetaminophen 138, 174
OXYCONTIN 174
oxymorphone hcl 174
oxymorphone hcl er 174
OXYTOCIN-LACTATED RINGERS 220, 356
OXYTOCIN-SODIUM CHLORIDE 220, 356
OXYTROL 427
OXYTROL FOR WOMEN 427

oyster shell calcium w/d .. 220, 448
oyster shell calcium/d 220, 448
oyster shell calcium/vit d . 220, 448
oyster shell calcium/vit d3 ..... 220, 448
oyster shell calcium/vitamin d 220, 448
OZEMPIC 297
OZOBAX DS 77
OZURDEX 235
PACERONE 118
paclitaxel 49
PACLITAXEL PROTEIN-BOUND PART 50
PADCEV 50
pain & fever childrens 138, 154
pain & fever infants 138, 154
pain relief 138, 154
pain relief childrens 138, 154
pain relief extra strength . 138, 154
pain relief regular strength 138, 154
pain reliever extra strength 138, 183, 185
pain relieving + lidocaine 385
PAINGO KFT 385, 422
PALFORZIA 58
paliperidone er 159
palonosetron hcl 247
PALYNZIQ 227
PAMELOR 189
pamidronate disodium 325
PANADOL CHILDRENS . 138, 154
PANADOL EXTRA 138, 183
PANADOL EXTRA STRENGTH 138, 154
PANADOL INFANTS 138, 154
PANCREAZE 227, 258
PANDEL 400
PANHEMATIN 85
PANRETIN 422
pantoprazole sodium 266
PANZYGA 61
papaverine hcl 130
PARAGARD INTRAUTERINE COPPER 355
PARAPLATIN 50
PARI ALTERA NEBULIZER HANDSET 198
PARI BABY NEBULIZER SET 198
PARI PRONEB MAX LC PLUS 198
PARI PRONEB MAX LC SPRINT 198
PARI SMARTMASK BABY/ELBOW 198
PARI TREK S COMBO PACK 198
PARI VORTEX ADULT MASK 198
paricalcitol 448
PARLODEL 168
PARNATE 169
paroxetine hcl 188
paroxetine hcl er 188
paroxetine mesylate 188
PARSABIV 277
PATADAY 12, 229
PAXIL 188
PAXIL CR 188
PAXLOVID (150/100) 23
PAXLOVID (300/100) 23
pazopanib hcl 50
pb-hyoscy-atropine-scopolamine 72, 161
P-CARE K40 272
P-CARE K40G 272, 385
P-CARE K40MX 272, 318
P-CARE K80 272
P-CARE K80G 272, 385
P-CARE K80MX 272, 318
PEDIACLEAR PD CHILDRENS 11, 13, 365
PEDIAPRED 272
PEDIARIX 61, 64
PEDIASURE GROW & GAIN/FIBER 211
PEDIATRIC COMPRESSOR NEBULIZER 198
PEDIZOLPAK 389
PEDVAX HIB 64
peg 3350-kcl-na bicarb-nacl 256
peg-3350/electrolytes 256
peg-3350/electrolytes/ascorbat 256, 446
PEGASYS 32
peg-kcl-nacl-nasulf-na asc-c 256, 446
PEG-PREP 257
PEMAZYRE 50
PEMETREXED 50
PEMETREXED DISODIUM 50
pemetrexed disodium 50
PEMETREXED DITROMETHAMINE 50
PEMFEXY 50
PEMRYDI RTU 50
PENBRAYA 64
penciclovir 387
penicillamine 267, 333, 334
penicillin g potassium 32
penicillin g sodium 32
penicillin v potassium 33
PENLEN 422
PENNSAID 412, 422
PENTACEL 62, 64
PENTAM 22
pentamidine isethionate 22
PENTASA 252
pentazocine-naloxone hcl 175, 176
PENTOSAN POLYSULFATE SODIUM 351
pentoxifylline er 90
PEPCID 12, 263
PEPCID AC 12, 263
PERCOCET 138, 174
PERDIEM OVERNIGHT RELIEF 257
PERFOROMIST 83, 373
PERIDEX 237, 410
perindopril erbumine 107, 108
periogard 237, 410
PERJETA 50
permethrin 413
perphenazine 181
perphenazine-amitriptyline 181, 189
PERSERIS 149, 159
PERTZYE 227, 258
PFIZER COVID-19 VAC-TRIS 5-11Y 64
PFIZER COVID-19 VAC-TRIS 6M-4Y 64
PFIZERPEN 33
PH STRIPS 205
PHAZYME ULTRA STRENGTH 251
PHEBURANE 207
PHEDRAX 389, 405
phenazo 385
phenazopyridine hcl 385
phendimetrazine tartrate 133
phendimetrazine tartrate er 133
phenelzine sulfate 169
PHENERGAN 11, 12, 157, 250, 365
phenobarbital 161
PHENOHYTRO 72, 161, 162
phenoxybenzamine hcl 79, 124
phentermine hcl 133

phentolamine mesylate 79, 124
PHENYLEPHRINE HCL 70
phenylephrine hcl 242, 245
PHENYLEPHRINE HCL-NACL 70, 220
phenylephrine-dexbromphen-dm 11, 13, 70, 361
phenytek 117, 168
phenytoin 117, 168, 169
phenytoin infatabs 117, 168
phenytoin sodium extended 117, 169
PHEODOYO 389, 400, 410
PHEOXIA 389, 422
PHESGO 50
PHEXXI 355
PHEYO 389, 400
philith 284, 293, 307
PHLAG SPRAY 422
PHOSPHA 250 NEUTRAL 220
PHOSPHOLINE IODIDE 242
phosphorous 220
phosphorus supplement 220
phosphorus w/sod & potassium 220
phospho-trin 250 neutral 220
PHOSPHO-TRIN K500 220
PHOTOFRIN 50
PHOTREXA-PHOTREXA VISCOUS KIT 239
PHOXILLUM B22K4/0 220
PHOXILLUM BK4/2.5 220
PHYSICIANS EZ USE B-12 ..... 101, 441
PHYSICIANS EZ USE JOINT/TUNNEL 183, 272, 318
PHYSICIANS EZ USE M-PRED 272, 318
PHYSIOLYTE 213
PHYSIOSOL IRRIGATION 214
phytonadione 321, 449
PIDPROGTAR 307, 393, 422
PIFELTRO 29
pilocarpine hcl 80, 242
PILOT COVID-19 AT-HOME TEST 204
pimecrolimus 345, 404, 422
pimozide 155
pimtrea 284, 293, 307
pindolol 78, 110, 111, 118
pink bismuth maximum strength 246, 249, 254
pioglitazone hcl 315
pioglitazone hcl-glimepiride 315
pioglitazone hcl-metformin hcl 278, 315
PIP BLOOD GLUCOSE MONITORING 198
PIP BLOOD GLUCOSE TEST STRIP 203
PIP GLUCOSE CONTROL SOLUTION 198
piperacillin sod-tazobactam so ..26
PIQRAY 50
pirfenidone 358, 370
piroxicam 180
pitavastatin calcium 123
PKU EASY MICROTABS 211
PKU EASY SHAKE & GO 211
pku trio 211
PLAN B ONE-STEP 284, 307
PLAQUENIL 21, 334, 340
PLASMA-LYTE 148 220
PLASMA-LYTE A 220
PLAVIX 102
PLEGRIDY 340, 341
PLEGRIDY STARTER PACK. 340
PLENVU 257, 446
plerixafor 89
PLEXION 380, 405
PLEXION CLEANSER 379, 405
PLEXION CLEANSING CLOTH 380, 405
PLEXION NS 380
PLIAGLIS 385
PLUVICTO 50, 356
PNEUMOVAX 23 64
pnv prenatal plus multivit+dha 98, 351, 432, 441
PNV TABS 20-1 ..... 98, 432, 441
POD-CARE 100K 272
PODIAPN 351, 441
PODIATROLE 389, 405
PODOCON-25 422
podofilox 422
PODOXIA 422
PODPROG 307, 422
PODPROGTAR 307, 393, 422
PODTAR 393, 422
POINT OF CARE L.2 ..... 272, 318
POINT OF CARE L.5 ..... 272, 318
POINT OF CARE LM DEP 2 ..... 273, 318
POINT OF CARE LM-2.2 318
POINT OF CARE LM-2.5 318
POKONZA 220
POLIVY 50
poly bacitracin 380
polycin 230
polyethylene glycol 3350 257
poly-iron 150 forte 98, 441
polymyxin b sulfate 35, 380
polymyxin b-trimethoprim 230
polysaccharide iron forte ... 98, 441
POLYSPORIN 380
POLY-VI-FLOR 327, 432
POLY-VI-FLOR/IRON 99, 327, 432
polyvinyl alcohol 239
POLY-VITE PEDIATRIC 432
POMALYST 50, 341
POMBILITI 227
PONVORY 341
PONVORY STARTER PACK. 341
portia-28 ..... 284, 293, 307
PORTRAZZA 51
posaconazole 24
potassium chloride 221
potassium chloride crys er 220
potassium chloride er 220, 221
potassium chloride in nacl 221
potassium citrate er 206
potassium citrate-citric acid 206
potassium iodide 363
POTELIGEO 51
POVIDONE-IODINE 237
povidone-iodine 410
PR BENZOYL PEROXIDE 410
PR BENZOYL PEROXIDE WASH 410
PR CREAM 422
PRADAXA 87, 88
PRAKETAMIDE 422
PRALATREXATE 51
PRALUENT 126
pramipexole dihydrochloride ... 170
pramipexole dihydrochloride er 170
PRAMOSONE 385, 400
PRAMOTIC 237, 242
PRASTERA 180, 351
prasugrel hcl 102
pravastatin sodium 124
PRAXBIND 86
praziquantel 19
prazosin hcl 79, 104
PRECEDEX 70, 157, 221
PRECISION XTRA BLOOD GLUCOSE 203

PRED FORTE 235
PRED MILD 235
PREDNISOL ACE-MOXIFLOX-BROMFEN 230, 235, 240
prednisolone 273
prednisolone acetate 235
PREDNISOLONE ACETATE P-F 235
PREDNISOLONE ACETATE-NEPAFENAC 235, 241
PREDNISOLONE ACET-MOXIFLOXACIN 230, 235
prednisolone sodium phosphate 235, 273
PREDNISOLONE-BROMFENAC 235, 241
PREDNISOLONE-GATIFLOXACIN 230, 235
PREDNISOLONE-MOXIFLOXACIN 230, 235
PREDNISOLON-GATIFLOX-BROMFENAC 231, 236, 241
PREDNISOLON-MOXIFLOX-BROMFENAC 231, 236, 241
PREDNISOLON-MOXIFLOX-NEPAFENAC 231, 236, 241
prednisone 273
prednisone intensol 273
pregabalin 144, 168
pregabalin er 138
PREGEN DHA 99, 221, 351, 432, 441
PREGENNA 99, 432, 441
PREGNYL 296
PREHEVBRIO 64
PREKUNIL 211
PREMARIN 293, 325
PREMESISRX 221, 351, 432, 441
premium lidocaine 385
PREMIUM SCAR 385, 388, 403
PREMPHASE 293, 307
PREMPRO 293, 307
PRENAISSANCE 99, 257, 351, 432, 441
prenatal 99, 432, 441
prenatal plus vitamin/mineral 99, 432, 441
PRENATE 221, 432, 441
PRENATE DHA 99, 221, 351, 432, 441
PRENATE ELITE 99, 432, 441
PRENATE ENHANCE 99, 221, 351, 432, 441
PRENATE ESSENTIAL 99, 221, 351, 432, 441
PRENATE MINI 99, 221, 351, 432, 441
PRENATE PIXIE 99, 221, 351, 433, 442
PRENATE RESTORE 99, 221, 352, 433, 442
PRENATRIX 99, 433, 442
PRENATRYL 99, 433, 442
PRENATVITE COMPLETE 99, 221, 433, 442
PRENATVITE PLUS 99, 221, 433, 442
PRENATVITE RX 99, 221, 433, 442
PREPARATION H 400
PREPIDIL 356
PREPIV SUPPLY 221, 385
PRESERA 422
PRESTALIA 107, 121
PRETOMANID 23
PREVACID 266
PREVACID 24HR 266
PREVACID SOLUTAB 266
prevalite 112
PREVIDENT 327
PREVIDENT 5000 BOOSTER PLUS 327
PREVIDENT 5000 DRY MOUTH 327
PREVIDENT 5000 ENAMEL PROTECT 190, 327
PREVIDENT 5000 ORTHO DEFENSE 327
PREVIDENT 5000 PLUS 327
PREVIDENT 5000 SENSITIVE 190, 327
PREVIDOLRX ANALGESIC 138, 266, 422
previdolrx plus analgesic 180
PREVNAR 20 64
PREVYMIS 23, 24
PREZCOBIX 31, 352
PREZISTA 31
PRIALT 138
PRID 352
PRIFTIN 23, 36
PRILO PATCH 385
PRILOSEC 266
PRILOVIX 385
PRILOVIX LITE 386
PRILOVIX LITE PLUS 386
PRILOVIX PLUS 386
PRILOVIX ULTRALITE 386
PRILOVIX ULTRALITE PLUS 386
PRILOVIXIL 386
PRIMACARE 99, 352, 433, 442
primaquine phosphate 21
PRIMIDAR 249
primidone 161
PRIORIX 64
PRISMASOL B22GK 4/0 221
PRISMASOL BGK 0/2.5 221
PRISMASOL BGK 2/0 221
PRISMASOL BGK 2/3.5 221
PRISMASOL BGK 4/0/1.2 222
PRISMASOL BGK 4/2.5 222
PRISMASOL BK 0/0/1.2 222
PRISTIQ 186
PRIVET 58, 201
PRIVIGEN 61
PRO HERS RX 433
PRO HIS RX 433
PRO PCOS RX 433
PROAIR DIGIHALER 83, 373
PROAIR RESPICLICK 83, 373
probenecid 225, 323
PROBICHEW 249, 257
PROBINATE 249
PROBIONEXX 249
PROBITROL 249
PROBIZEN 249
procainamide hcl 116
PROCARDIA XL 121, 122, 130
PRO-C-DURE 5 273
PRO-C-DURE 6 273
PROCEL 211
PROCENTRA 134
prochlorperazine 181, 252
prochlorperazine maleate 181, 252
PROCORT 386, 400
PROCRIT 86, 89
PRO-CRITIC 212
PROCTOCORT 400
PROCTOFOAM HC 386, 400
procto-med hc 400
proctosol hc 400
proctozone-hc 400
PROCYSBI 352
PROFILNINE 93
PROFINAC 412, 422
PROFOLA 222, 433
progesterone 307

PROGESTERONE MICRONIZED 307
PROGLYCEM 277
PROGRAF 345
PROLASTIN-C 85, 370
PROLATE 138, 139, 174
PROLENSA 241
PROLEUKIN 51, 341
PROLEVA 212
PROLIA 325
PROMACTA 89
PROMELLA IN PREBIOTIC ... 249
PROMEROL 249
promethazine hcl 8, 11, 13, 157, 250, 365
promethazine vc 11, 13, 70
promethazine vc/codeine 11, 13, 70, 361
promethazine-codeine 11, 13, 361
promethazine-dm 11, 13, 361
promethegan 11, 13, 157, 250, 365
PROMETRIUM 307
PROMISEB 406
PRONAL 390, 406
PRONEB ULTRA FILTER SET 198
PROOXIA 402, 422
propafenone hcl 117
propafenone hcl er 117
proparacaine hcl 242
proparacaine-fluorescein 205, 242
PROPECIA 319, 422
PROPEL 236, 273, 367
PROPEL MINI 236, 273, 367
PROPEL MINI SDS 236, 273, 367
propranolol hcl 78, 110, 112, 118, 154
propranolol hcl er 78, 110, 112, 118, 154
PROPRINAL 154, 180
propylthiouracil 277
PROQUAD 65
PROSCAR 319
PROSILK 392
PROSOURCE GELATEIN PLUS 212
PROSOURCE GELATEIN PLUS/MCT 212
PROSOURCE GELATEIN20 .. 212
PROSOURCE NO CARB 212
PROSOURCE PLUS 212
PROSOURCE PROTEIN 212
PROSOURCE TF FREE 212
PROSOURCE TF20 ENFIT COMPATIBL 212
PROSOURCE XTRACAL 212
PROSOURCE ZAC 212
PRO-STAT/FIBER 212
PROTALITY 212
protein fortifier 212
PROTEINEX 212
PROTEINEX P18 212
PROTONIX 266
protriptyline hcl 189
PROVENGE 51, 131
PROVENTIL HFA 83, 373
PROVERA 308
PROVIGIL 190
PROVOCHOLINE 204
PROXIVOL 386
PROZAC 188
PRUCLAIR 422
PRUDOXIN 386
PRUMYX 422
pseudoephedrine hcl er 68, 357
pseudoephedrine-bromphen-dm 11, 13, 68, 361
pseudoephedrine-guaifenesin er 68, 364
PSORIZIDE FORTE 352
PSORIZIDE ULTRA 352
PTS PANELS EGLU TEST 203
PULMICORT FLEXHALER 273, 368
PULMICORT SUSPENSION 273, 368
PULMOSAL 366
PULMOZYME 227, 367
PURAMINO DHA/ARA 212
PURE COMFORT SAFETY PEN NEEDLE 198
purevit dualfe plus 99, 222, 442, 446
PURIXAN 51, 345
PYLERA 20, 22, 37, 249, 253
pyrazinamide 23
PYRIDIUM 386
pyridostigmine bromide 80
pyridostigmine bromide er 80
pyridoxine hcl 442
PYRIDOXINE HCL 442
pyrimethamine 21
PYRIMETHAMINE-LEUCOVORIN 21, 321
PYROGALLIC ACID 356, 406, 422
PYRUKYND 87
PYRUKYND TAPER PACK 87
QALSODY 166, 323
QBRELIS 108
QBREXZA 72, 423
qc magnesium citrate 257
QDOLO 174
QELBREE 166
QINLOCK 51
QNASL 236, 367
QNASL CHILDRENS 236, 367
QSYMIA 139
QTERN 286, 312
QUAD-MIX 72, 79, 130, 358
quad-probiotic 249
QUADRACEL 62, 65
QUALAQUIN 21
quazepam 164
QUDEXY XR 144
QUEEN PALM 58, 201
QUESTRAN 112
QUESTRAN LIGHT 112
quetiapine fumarate 149, 159
quetiapine fumarate er 149, 159
QUFLORA FE 99, 222, 327, 433, 442
QUFLORA FE PEDIATRIC 99, 327, 433
QUFLORA PEDIATRIC 327, 328, 433
QUICKVUE AT-HOME COVID-19 TEST 204
QUIDROXZAR 393, 406, 423
QUIHOXAXIA 16, 423
QUIHOXVAR 16, 393, 423
QUILLICHEW ER 183
QUILLIVANT XR 183
quinapril hcl 107, 108
quinapril-hydrochlorothiazide 108, 225
quinidine gluconate er 21, 116
quinidine sulfate 21, 116
quinine sulfate 21
QUINIXIL 392, 400
QULIPTA 165
QUTENZA 423
QUTENZA (2 PATCH) 423
QUTENZA (4 PATCH) 423
QUVIVIQ 176
QVAR REDIHALER 273, 368
RABAVERT 65
RABBIT EPITHELIUM 58, 201
RABEPRAZOLE SODIUM 266

rabeprazole sodium 266
RADIAPLEXRX 423
RADICAVA 166
RADICAVA ORS 166
RADICAVA ORS STARTER KIT 166
RADIOGARDASE 214, 321
RAGWITEK 58
raloxifene hcl 287, 325
ramelteon 157
ramipril 107, 108
ranolazine er 115
RAPAFLO 81
RAPAMUNE 345
RAPIVAB 33
rasagiline mesylate 169
RASUVO 334
RAVICTI 207
RAYA SURE PEN NEEDLE ... 198
RAYALDEE 448
RAYASAL 406
RAYASORE KIT 410, 423
RAYOS 273
react 284, 308
REBIF 341
REBIF REBIDOSE 341
REBIF REBIDOSE TITRATION PACK 341
REBIF TITRATION PACK 341
REBINYN 93
REBLOZYL 89
REBYOTA 352
RECARBRIO 25
RECEDO 423
RECLAST 325
reclipsen 284, 293, 308
RECOMBINATE 93
RECOMBIVAX HB 65
RECORLEV 352
RECOTHROM 94
RECOTHROM SPRAY KIT 94
RECTIV 423
RECURA 381
RED MAPLE 58
RED MULBERRY 58, 201
RED TOP GRASS POLLEN 58, 201
REFRESH RELIEVA 239
REFRESH RELIEVA PF 239
REFRESH TEARS PF 239
REGENECARE 386, 392, 423
REGIOCIT 86
REGLAN 264
REGRANEX 423
reguloid 257
REJUVAFLOR 249
RELADOR PAK 386
RELADOR PAK PLUS 386
RELAFEN DS 180
RELENZA DISKHALER 33
RELEUKO 89
RELEXXII 183, 184
RELISTOR 175, 262
RELNATE DHA 99, 352, 433, 442
RELPAX 186
RELTONE 258
RELYVRIO 166
REMEDIENT 222, 433, 442
REMERON 146
REMERON SOLTAB 146
REMICADE 262, 334, 341, 423
REMIGEN 423
REMODULIN 130, 369, 374
RENACIDIN 214
RENAL 433, 442, 446
RENATABS 433, 442, 446, 449
RENATABS WITH IRON 99, 433, 442, 446, 449
rena-vite 433, 442, 446
RENFLEXIS 262, 334, 341, 423
RENOVA 393
RENOVA PUMP 393
RENVELA 214, 215, 321
repaglinide 299
REPATHA 126
REPATHA PUSHTRONEX SYSTEM 126
REPATHA SURECLICK 126
RESORCINOL-SULFUR 406
RESTASIS 237
RESTASIS MULTIDOSE 237
RESTORA RX 249, 442
RESTORIL 164
RETACRIT 86, 89
RETEVMO 51
RETHYMIC 131, 352
RETIN-A 394
RETIN-A MICRO 394
RETIN-A MICRO PUMP 394
RETISERT 236
RETROVIR 30
REUSABLE COMFORTSEAL MASK-LRG 198
REUSABLE COMFORTSEAL MASK-MED 198
REUSABLE COMFORTSEAL MASK-SML 198
REVATIO 126, 368, 374, 428
REVCOVI 227
REVITAFLOR 249
REVLIMID 51, 341
REXASIL PATCH & VITAMIN E LIQ 392
REXULTI 159
REYATAZ 31, 32
REYVOW 186
REZDIFFRA 316
REZLIDHIA 51
REZUROCK 352
REZVOGLAR KWIKPEN 299
REZZAYO 25
RHEUMATE 212
RHOFADE 423
RHOGAM ULTRA-FILTERED PLUS 61
RHOPHYLAC 61
RHOPRESSA 243
RIABNI 51, 334
RIASTAP 94
ribavirin 33
RIDAURA 266, 334, 341
rifabutin 23, 36
rifampin 23, 36
RIFAMPIN+SYRSPEND SF 23, 36
RIGHTEST GT333 GLUCOSE TEST 203
RILUTEK 166
riluzole 166
rimantadine hcl 17
RIMSO-50 352
ringers irrigation 214
RINVOQ 334
RIOMET 278
risedronate sodium 325
RISPERDAL 149, 159
RISPERDAL CONSTA 149, 159
risperidone 149, 160
risperidone microspheres er 149, 160
RITALIN 184
RITALIN LA 184
ritonavir 32
RITUXAN 51
RITUXAN HYCELA 51
rivastigmine 81
rivastigmine tartrate 80
rivelsa 284, 293, 308
RIVFLOZA 352

RIVIVE 175
RIXUBIS 94
rizatriptan benzoate 186
ROAOXIA 412, 423
ROBINUL 72
ROBINUL-FORTE 72
ROBITUSSIN 12 HOUR COUGH CHILD 361
ROBITUSSIN COUGH+CHEST CONG DM 361, 364
ROCALTROL 448
ROCKLATAN 243
ROCTAVIAN 94, 132
roflumilast 368
ROLVEDON 89
romidepsin 51
ropinirole hcl 170
ropinirole hcl er 170
rosuvastatin calcium 124
ROTARIX 65
ROTATEQ 65
ROUGH MARSH ELDER ..58, 201
ROWASA 252
roweepra 144
ROXICODONE 174
ROXYBOND 174
ROZEREM 157
ROZLYTREK 51
RUBRACA 51
RUCONEST 328, 346
rufinamide 144
RUKOBIA 28
RUSSIAN THISTLE 58, 201
RUXIENCE 51
RYALTRIS 12, 229, 236, 273, 367
RYBELSUS 297
RYBREVANT 51
RYCLORA 11, 13
RYDAPT 51
RYKINDO 149, 160
RYLAZE 51
RYPLAZIM 85
RYSTIGGO 341
RYTARY 167
ryvent 9, 11, 365
SABRIL 144
saccharomyces boulardii 249
SAFETY PEN NEEDLES 198
SAFYRAL 284, 293, 308, 442
SAIZEN 301, 314
sajazir 326, 346
SALAGEN 81
SALICATE 406
salicylic acid 406
salicylic acid er 406
salicylic acid wart remover 406
salicylic acid-cleanser 406
SALIMEZ 406
SALIMEZ FORTE 406
SALIVAMAX 239
salsalate 185
SALVAX 406
SALVAX DUO PLUS 390, 406
SALYCIM 406
SALYNTRA 406
SAMSCA 226
SANADERMRX SKIN REPAIR 198, 392, 400
SANCUSO 248
SANDIMMUNE 334, 341, 345
SANDOSTATIN 262, 313
SANDOSTATIN LAR DEPOT 262, 313
SANTYL 227, 423
SAPHNELO 345
SAPHRIS 149, 160
sapropterin dihydrochloride 352
SARCLISA 51
SAROXIA 394, 423
SAVAYSA 87
SAVELLA 168, 186
SAVELLA TITRATION PACK 168, 186
saxagliptin hcl 286
saxagliptin-metformin er ..278, 286
SAXENDA 297
SCALACORT DK 401, 406
SCARCARE GEL-PAD KIT/LARGE 392
SCARCIN 423
SCARSILK 423
SCARZEN SKIN REPAIR 199, 392, 401
SCEMBLIX 51
SCENESSE 267, 423
scopolamine 72, 250
SCRUB CARE POVIDONE-IODINE 410
SECUADO 149, 160
SEGLENTIS 167, 174
SEGLUROMET 278, 312
SELECT-OB 100, 433, 442
selegiline hcl 169
selenium sulfide 406, 410
SELZENTRY 28
SEMGLEE (YFGN) 299
senexon-s 257
senna 257
senna plus 257
senna s 257
senna smooth 257
senna-docusate sodium 257
senna-lax 257
senna-plus 257
senna-s 257
SENOKOT EXTRA STRENGTH 257
SENOKOT S 257
SENSIPAR 277
SENSORCAINE 318
SENSORCAINE-MPF 318
SENTIA 239
SEREVENT DISKUS 83, 373
SERNIVO 401
SEROQUEL 149, 160
SEROQUEL XR 149, 160
SEROSTIM 301, 314
SERTRALINE HCL 188
sertraline hcl 188
sesame oil nasal spray 239
se-tan plus 100, 222, 442, 446
setlakin 284, 293, 308
sevelamer carbonate 215, 321
sevelamer hcl 215, 321
SEVENFACT 94
sevoflurane 169
SEYSARA 18
sf 328
sf 5000 plus 328
SFROWASA 252
SHAGBARK HICKORY 58, 202
sharobel 284, 308
SHARPS COLLECTOR 199
SHARPS CONTAINER 199
SHEEP SORREL 58
SHINGRIX 65
SHORT RAGWEED POLLEN EXT 58, 202
SIDEROL 222, 433
SIGNIFOR 313
SIGNIFOR LAR 313
SIKLOS 52
SILATRIX 423
sildenafil citrate 126, 368, 374, 428
SILENOR 189
SILHEAL-10 423
SILIQ 404, 423
silodosin 81

SILTREX 199
SILVADENE 410
silver nitrate 237
silver sulfadiazine 410
SILVERSEAL HYDROGEL DRESSING 423
SIMBRINZA 228, 233
simethicone 251
simethicone drops infants 251
simethicone ultra strength 251
SIMILAC 360 TOTAL CARE ... 212
SIMILAC ALIMENTUM IMMUNESUPP 212
SIMILAC ALIMENTUM TODDLER 212
SIMILAC NEOSURE OPTIGRO 212
SIMLANDI (1 PEN) . 262, 334, 341
SIMLANDI (2 PEN) . 262, 334, 341
simliya 284, 293, 308
simpesse 284, 293, 308
SIMPONI 262, 334, 341, 342
SIMPONI ARIA 262, 334, 341
SIMULECT 345
simvastatin 124
SINEMET 167
SINGULAIR 366
sinus 12 hour 68, 357
SINUVA 236, 273, 367
sirolimus 345
SIRTURO 23
SITAGLIPTIN 286
SITAVIG 33
SIVEXTRO 35
SKARCADE 423
skarjel 423
SKYADERM-LP 386
SKYCLARYS 352
SKYLA 284, 308
SKYRIZI 262, 404, 424
SKYRIZI PEN 404, 424
SKYSONA 132
SKYTROFA 301
sleep-aid 9, 12, 74, 141, 157, 361, 365
SLO-NIACIN 442
SLOWMAG MG MUSCLE/HEART 222
SLYND 284, 308
sm allergy relief childrens 9, 12, 74, 141, 157, 361, 365
sm calcium antacid ex st . 246, 254
sm fexofenadine hcl 16, 372
sm lansoprazole 266
sm milk of magnesia 257
smooth antacid extra strength 246, 254
SOAANZ 124, 214
sod citrate-citric acid 206
sodium bicarbonate . 206, 246, 254
SODIUM BICARBONATE 206
sodium chloride 222, 367
SODIUM CHLORIDE 222
sodium chloride (hypertonic) ... 239
sodium chloride (pf) 222
sodium fluoride 328
sodium fluoride 5000 plus 328
sodium fluoride 5000 ppm 328
SODIUM IODIDE I-131 277
SODIUM OXYBATE 166
sodium phenylbutyrate 207
sodium polystyrene sulfonate 215, 321
sodium sulfacetamide 380
sodium sulfacetamide wash 380
SOFOSBUVIR-VELPATASVIR . 27
SOGROYA 301
SOHONOS 352
SOLARAVIX 412, 424
SOLESTA 352
solifenacin succinate 427
SOLIQUA 297, 299
SOLIRIS 328, 347
SOLODYN 37, 424
SOLOSEC 22
SOLOX 424
SOLTAMOX 52, 287
SOLU-CORTEF 273
soluvita e 449
SOMA 76
SOMATULINE DEPOT 313
SOMAVERT 314
SOOLANTRA 413
SOOTHEE 242, 390, 424
sorafenib tosylate 52
SORBITOL 214
sorbitol-mannitol 214
SORILUX 424
sotalol hcl 78, 110, 112, 118
sotalol hcl (af) 78, 110, 112, 118
SOTYKTU 424
SOTYLIZE 78, 110, 112, 118
SOVALDI 27
SOVUNA 21, 334, 342
SPEEDGEL RX 352
SPEEDY SWAB COVID-19 ANTIGEN 204
SPEVIGO 404, 424
SPIKEVAX 65
spinosad 413
SPINRAZA 323
SPINY PIGWEED 58, 202
SPIRIVA HANDIHALER 73, 358
SPIRIVA RESPIMAT 73, 358
spironolactone 125, 127, 215
spironolactone-hctz . 125, 127, 225
SPORANOX 24
SPRAVATO (56 MG DOSE) ... 146
SPRAVATO (84 MG DOSE) ... 146
SPRING BIRCH POLLEN . 58, 202
sprintec 28 ..... 284, 293, 308
SPRITAM 144
SPRIX 180
SPRYCEL 52
SPS 215, 321
sronyx 284, 293, 308
ssd 410
SSKI 364
sss 10-5 ..... 380, 406
SSS 10-5 ..... 380, 406
ST JOSEPH LOW DOSE 102, 103, 154, 185
STALEVO 150 ..... 165, 167
STAMARIL 65
STEGLATRO 313
STEGLUJAN 286, 313
STELARA 262, 424
STENDRA 126
STERILE TOPICAL L.E.T. GEL 245, 386
STERITALC 127
STIMUFEND 89
stimulant laxative 257
STIOLTO RESPIMAT 73, 83
STIVARGA 52
stomach relief 247, 249, 254
stool softener 257
stool softener laxative 257
stool softener plus laxative 257
stool softener/laxative 257
stop lice complete treatment ... 413
STRATA CTX 424
STRATA GRT 424
STRATA MARK 424
STRATA TRIZ 424
STRATA XRT 424
STRATTERA 166
STRENSIQ 227

STREPTOCOCCINUM 30C....352
streptomycin sulfate..... 18, 23
STRIBILD.....28, 30, 352
STRIVE DUAL ZONE PEAK FLOW MTR.....199
STRIVERDI RESPIMAT... 83, 373
STROMECTOL..... 19
STROVITE FORTE. 222, 433, 442
STROVITE ONE..... 222, 433
SUBLOCADE.....176
SUBOXONE.....175, 176
subvenite.....144, 149
subvenite starter kit-blue. 144, 149
subvenite starter kit-green 144, 149
subvenite starter kit-orange 145, 149
SUCCINYLCHOLINE CHLORIDE..... 78
SUCRAID.....227
sucralfate..... 265
SUDAFED SINUS CONGESTION.....68, 357
sudogest..... 69, 357
sudogest 12 hour..... 68, 357
sudogest maximum strength 68, 357
SUFLAVE.....257
SULAR..... 121, 122
SULCONAZOLE NITRATE.....389
sulfacetamide sodium..... 231, 380
sulfacetamide sodium (acne).. 380
*sulfacetamide sodium (cleans)*380
sulfacetamide sodium-sulfur 380, 406
sulfacetamide sod-sulfur wash 380, 406
sulfacetamide-prednisolone 231, 236
sulfacetamide-sulfur in urea 380, 406
SULFACLEANSE 8/4.....380, 407
sulfadiazine..... 36
sulfamethoxazole-trimethoprim 22, 36, 38
sulfamez wash..... 380, 407
SULFAMYLON.....410
sulfasalazine..... 36, 252, 334, 342
sulfatrim pediatric.....22, 36, 38
sulfurated lime.....413
sulindac.....180
SUMADAN..... 380, 407
SUMADAN WASH..... 380, 407
SUMANSETRON..... 187, 248
sumatriptan..... 187
sumatriptan succinate..... 187
sumatriptan succinate refill subcutaneous solution cartridge..... 187
sumatriptan-naproxen sodium 180, 187
SUMAXIN.....380, 407
SUMAXIN CP.....380, 407
sunitinib malate..... 52
SUNLENCA..... 22, 27
SUNOSI..... 190
SUPARTZ FX.....352
SUPER BI-MIX.....79, 130
SUPER QUAD-MIX 73, 79, 130, 358
SUPER TRI-MIX..... 79, 130
SUPERVITE....212, 222, 433, 442
SUPPORT.....222, 433
SUPPRELIN LA..... 296
SUPRANE.....169
SUPREP BOWEL PREP KIT..257
SURE RESULT DSS PREMIUM PACK.... 180, 412, 424
SURE RESULT O3D3 SYSTEM..... 109, 448
SURGICEL SNOW 1"X2"..... 424
SURGICEL SNOW 2"X4"..... 424
SURGICEL SNOW 4"X4"..... 424
SURVANTA..... 370
SUSTOL.....248
SUSVIMO (IMPLANT 1ST FILL).....239, 244
SUSVIMO (IMPLANT REFILL) 239, 244
SUTAB.....257
SUTENT.....52
SWEEN MOISTURIZING BODY.....392
SWEET GUM.....58
SWEET VERNAL GRASS POLLEN.....58, 202
SX1 MEDICATED POST-OPERATIVE..... 386
syeda..... 284, 293, 308
SYFOVRE.....239
SYLVANT.....52
SYMBICORT.....83, 273
SYMBYAX.....160, 188
SYMDEKO.....361, 362
SYMFI.....29, 30
SYMFI LO..... 29, 30
SYMLINPEN 120..... 274
SYMLINPEN 60..... 274
SYMPAZAN..... 162, 164
SYMPROIC.....262
SYMTUZA.....30, 32, 353
SYNAGIS.....32
SYNALAR..... 401
SYNAPRYN FUSEPAQ..... 174
SYNAREL..... 297
SYNDROS..... 250
SYNERDERM.....424
SYNJARDY.....278, 313
SYNJARDY XR.....278, 313
SYNOJOYNT..... 353
SYNTHROID.....316
SYNVISC..... 353
SYNVISC ONE..... 353
SYPRINE..... 267
SYRINGE AVITENE..... 94
SYSTANE COMPLETE..... 240
SYSTANE HYDRATION PF... 240
SYSTANE ICAPS AREDS2 ..... 222, 434
SYSTANE ULTRA..... 240
SYSTANE ULTRA PF.....240
T:SLIM X2 3ML CARTRIDGE. 199
TABLOID.....52
TABRADOL FUSEPAQ..... 76
TABRECTA.....52
TACHOSIL.....424
TACLONEX.....401, 424
tacrolimus.....346, 404, 424
tadalafil.....126, 369
tadalafil (pah)..... 126, 368, 374
TADLIQ..... 126, 369, 374
TAFINLAR.....52
tafluprost (pf).....243
TAGAMET HB 200.....12, 263
TAGRISSO..... 52
take action.....284, 308
TAKHZYRO..... 346, 347
TALICIA..... 253
TALIVA.....353, 442
TALL RAGWEED.....58, 202
TALTZ.....424, 425
TALVEY..... 52
TALZENNA..... 52
TAMIFLU.....33
tamoxifen citrate.....52, 287
tamsulosin hcl..... 81
TANDEM PLUS 100, 222, 442, 446
TAPERDEX 12-DAY.....274

TAPERDEX 6-DAY 274
TAPERDEX 7-DAY 274
TARCEVA 52
TARDEOXIA 380, 394, 425
TARDIMAXIA 394, 425
TARGADOX 21, 37
TARGRETIN 52, 375, 425
tarina 24 fe 284, 293, 308
tarina fe 1/20 eq 284, 293, 308
TARON FORTE 100, 443, 446
TAROXIA 394, 425
TARPEYO 274
TASCENSO ODT 342
TASIGNA 52
tasimelteon 157
TASMAR 165
tavaborole 412
TAVALISSE 87
TAVNEOS 328, 347
taysofy 284, 293, 308
TAYTULLA 285, 293, 308
tazarotene 425
TAZAROTENE 425
tazicef 17
TAZORAC 425
taztia xt 113, 114, 119, 130
TAZVERIK 52
TDVAX 62
TECARTUS 52, 132
TECENTRIQ 52, 53
TECFIDERA 342
TECHLITE LANCETS 26G 199
TECVAYLI 53
TEENY TUMMY GAS RELIEF DROPS 251
TEFLARO 17
TEGLUTIK 167
TEGRETOL 145, 150
TEGRETOL-XR 145, 150
TEGSEDI 323
TEKTURNA 127
telmisartan 105, 106
telmisartan-amlodipine 106, 121
telmisartan-hctz 106, 225
temazepam 164
TEMBEXA 33
TEMODAR 53
temozolomide 53
TEMPO REFILL 199
TEMPO SMART BUTTON 199
TEMPO WELCOME 199
temsirolimus 53
TENCON 139, 162
TENIVAC 62
tenofovir disoproxil fumarate 30
TENORETIC 100 ..... 110, 225
TENORETIC 50 ..... 110, 225
TENORMIN 84, 110, 112, 118
TEPADINA 53
TEPEZZA 240
TEPMETKO 53
terazosin hcl 79, 104
terbinafine hcl 17
terbutaline sulfate 83, 373
terconazole 389
teriflunomide 342
teriparatide 300, 323
teriparatide (recombinant) 300, 323
TERIPARATIDE (RECOMBINANT) 300, 323
terrell 169
TESTIM 275
TESTONE CIK 275
TESTOPEL 275
TESTOSTERONE 275
testosterone 275, 276
testosterone cypionate 275
testosterone enanthate 275
TETANUS-DIPHTHERIA TOXOIDS TD 62
TETOXIA 401, 425
TETPIDTAR 319, 394, 425
tetrabenazine 190
tetracaine hcl 242
tetracycline hcl 21, 37, 254
TETRACYCLINE HCL 21, 37, 254
TEXACORT 401
TEZSPIRE 370
THALITONE 128, 225
THALOMID 342
THEO-24 ..... 122, 184, 213, 375, 428
theophylline 122, 184, 213, 375, 428
theophylline er 122, 184, 213, 375, 428
thiamine hcl 443
THIOLA 353
THIOLA EC 353
thioridazine hcl 181
thiotepa 53
thiothixene 189
THROMBATE III 86
THROMBI-GEL 10 94
THROMBI-GEL 100 94
THROMBI-GEL 40 94
THROMBIN-JMI 94
THROMBIN-JMI EPISTAXIS 94
THROMBI-PAD 94
THROMBOGEN 94
THYMOGLOBULIN 346
THYQUIDITY 316
THYROGEN 205
thyroid 316
tiadylt er 113, 114, 119, 130
tiagabine hcl 145
TIAZAC 113, 114, 119, 130
TIBSOVO 53
TICE BCG 53, 65
TIGAN 252
tigecycline 26
TIKOSYN 118
tilia fe 285, 293, 308
timolol maleate 79, 110, 112, 118, 154, 232
timolol maleate (once-daily) 232
timolol maleate pf 232
TIMOLOL-BRIMON-DORZOL-LATANOPR 228, 232, 233, 243
TIMOLOL-BRIMONIDINE-DORZOLAMID 228, 232, 233
TIMOLOL-DORZOLAMID-LATANOPROST 232, 233, 243
TIMOPTIC OCUDOSE 232
TIMOTHY GRASS POLLEN ALLERGEN 58, 202
tinidazole 22
tiopronin 353
tiotropium bromide monohydrate 73, 358
TIROSINT 316
TIROSINT-SOL 316
TISSEEL 425
TIS-U-SOL 214
TIVDAK 53
TIVICAY 28
TIVICAY PD 28
tizanidine hcl 76
TLANDO 276
TM-TOLNAFTATE 427
TM-TOLNAFTATE LR 427
TM-VITE RX 434, 443, 446
TOBAKIENT 212
TOBI NEBULIZER 18, 231
TOBI PODHALER 18, 231
TOBRADEX 231, 236
TOBRADEX ST 231, 236
tobramycin 18, 231
TOBRAMYCIN 18, 231

tobramycin-dexamethasone 231, 236
TOBRAMYCIN-VANCOMYCIN HCL 231, 241
TOBREX 231
TOLAK 425
tolcapone 165
tolmetin sodium 180
TOLNAFI-AL 427
tolnaftate 427
tolnaftate antifungal 427
TOLSURA 24
tolterodine tartrate 427
tolterodine tartrate er 427
tolvaptan 226
TOPAMAX 145, 154
TOPAMAX SPRINKLE 145, 154
TOPICAL L.E.T. 245, 386
TOPICORT 401
TOPICORT SPRAY 401
TOPIDEX 274
topiramate 145, 155
topiramate er 145, 155
topotecan hcl 53
TOPROL XL 84, 110, 112, 118
toremifene citrate 53, 287
TORISEL 53
TORONOVA II SUIK 180, 386
TORONOVA SUIK 181, 386
torsemide 124, 214
TOSYMRA 187
TOUJEO MAX SOLOSTAR 299
TOUJEO SOLOSTAR 299
tovet 401
TOVIAZ 427
TPOXX 24
TRACLEER 130, 362, 374
TRADJENTA 286
TRAMADOL HCL 174
tramadol hcl 174
TRAMADOL HCL (ER BIPHASIC) 174
tramadol hcl (er biphasic) 174
tramadol hcl er 174
tramadol-acetaminophen 139, 175
trandolapril 107, 108
trandolapril-verapamil hcl er 108, 114
tranexamic acid 94
tranexamic acid-nacl 94
TRANSDERM-SCOP 73, 250
tranylcypromine sulfate 169
TRANZGEL 353
TRAUMEEL 353
TRAVATAN Z 243
travoprost (bak free) 243
TRAZIMERA 53
trazodone hcl 188
TREANDA 53
TRECATOR 23
TRELEGY ELLIPTA 73, 83, 274
TRELSTAR MIXJECT 53, 297
TREMFYA 404, 425
treprostinil 130, 369, 374
TRESIBA 299
TRESIBA FLEXTOUCH 299
tretinoin 53, 394
tretinoin microsphere 394
tretinoin microsphere pump 394
TRETTEN 94
TREXALL 53, 334, 342, 346
TREXIMET 181, 187
TREZIX 139, 175, 184
TRIADIME 199, 392, 401
triamcinolone acetonide 236, 274, 367, 401
TRIAMCINOLONE ACETONIDE 274
triamcinolone in absorbase 401
triamterene 127, 215
triamterene-hctz 215, 225
TRIASIL 199, 401
triazolam 164
TRIBENZOR 106, 121, 225
TRICHOPHYTON MENTAGROPHYTES 58, 202
TRICITRASOL 86
tricitrates 206
TRICON 100, 443, 446
TRICOR 123
TRIDACAINE 386
triderm 401
trientine hcl 267
tri-estarylla 285, 293, 308
trifluoperazine hcl 181
trifluridine 231
trihexyphenidyl hcl 75, 141
TRIJARDY XR 279, 286, 313
TRIKAFTA 361, 362
tri-legest fe 285, 294, 308
TRILEPTAL 145
tri-linyah 285, 294, 308
TRILIPIX 123
TRILOAN II SUIK 274, 386
TRILOAN SUIK 274, 386
tri-lo-estarylla 285, 294, 308
tri-lo-marzia 285, 294, 308
tri-lo-mili 285, 294, 308
tri-lo-sprintec 285, 294, 308
TRI-LUMA 394, 401, 403
TRILURON 353
trimethobenzamide hcl 252
trimethoprim 38
tri-mili 285, 294, 308
trimipramine maleate 189
TRI-MIX 80, 130
TRINATE 100, 434, 443
TRINTELLIX 188
tri-nymyo 285, 294, 308
TRIONEX 425
triphrocaps 434, 443, 446
triple antibiotic 381
triple antibiotic pain relief 381, 386
triple antibiotic+pain relief 381, 386
TRIPLE COMPLEX FORMULA 3 KIT 386, 412, 425
TRIPLE PMB 231, 236, 241
TRIPLE PMK 231, 236, 241
triprolidine hcl 12, 13, 365
TRIPTODUR 297
TRISENOX 53
tri-sprintec 285, 294, 308
TRISTART DHA 100, 222, 353, 434, 443
TRITOLNACIDE S 427
TRIUMEQ 28, 31
TRIUMEQ PD 28, 31
TRI-VI-FLOR 328, 434, 435, 443, 446, 448
TRI-VI-FLORO 328, 434, 435, 443, 446, 448
tri-vite pediatric 434, 435, 446, 448
tri-vite/fluoride 328, 434, 435, 446, 448
TRIVIX 199, 392, 401
trivora (28) 285, 294, 308
tri-vylibra 285, 294, 308
tri-vylibra lo 285, 294, 308
TRODELVY 53
TROGARZO 28
TROKENDI XR 145, 155
TRONVITE 434, 443, 446
tropicamide 242
TROPICAMIDE-CYCLOPENTOLATE-PE 242, 245
TROPICAMIDE-PHENYLEPHRINE 242, 245
TROPIC-PROPARACA-PE-KETOROLAC 241, 242, 243, 245

trospium chloride 427
trospium chloride er 427
TRUBREXA 387, 425
TRUDHESA 80, 155
TRUE FERROUS SULFATE .. 100
TRUE FOLIC ACID 443
TRUE MAGNESIUM OXIDE ... 222
TRUE METRIX BLOOD GLUCOSE TEST 203
TRUE METRIX LEVEL 1 199
TRUE METRIX LEVEL 2 199
TRUE METRIX LEVEL 3 199
TRUE METRIX METER 199
TRUE METRIX PRO BLOOD GLUCOSE 203
TRUE MULTIVITAMIN 434
TRUE VITAMIN A 435
TRUE VITAMIN B1 443
TRUE VITAMIN B12 ..... 101, 443
TRUE VITAMIN B2 443
TRUE VITAMIN B3 443
TRUE VITAMIN B6 443
TRUE VITAMIN C 446
TRUE VITAMIN D3 448
TRUE VITAMIN E 449
TRUELYTE 222
TRUETRACK TEST 203
TRULANCE 262
TRULICITY 297
TRUMENBA 65
TRUQAP 54
TRUSTEEL INFUSION SET ... 199
TRUVADA 31
TRUXIMA 54
TUDORZA PRESSAIR 73
TUKYSA 54
TULIVITE 100, 443
TUMS CHEWY BITES 247, 254
TURALIO 54
turpentine 390
turqoz 285, 294, 308
tusnel-ex 364
tussin dm 361, 364
tussin dm cough + chest . 361, 364
tussin dm max 361, 364
tussin mucus & chest congest 364
TUXARIN ER 12, 13, 361
TWINRIX 65
TWIRLA 285, 294, 309
TWYNEO 394, 410
TYBLUME 285, 294, 309
TYBOST 353
tydemy 285, 294, 309, 443
TYGACIL 26
TYKERB 54
TYLACTIN BUILD 20PE TYR . 212
TYLACTIN COMPLETE 15 PE 212
TYLACTIN RESTORE 10 212
TYLACTIN RESTORE 5PE 212
TYLACTIN RTD 15 212
TYLENOL 139, 155
TYLENOL 8 HOUR 139, 155
TYLENOL 8 HOUR ARTHRITIS PAIN 139, 155
TYLENOL CHILDRENS .. 139, 155
TYLENOL EXTRA STRENGTH 139, 155
TYLENOL FOR CHILDREN + ADULTS 139, 155
TYLENOL INFANTS PAIN+FEVER 139, 155
TYMLOS 300, 323
TYPHIM VI 65
TYROS 2 213
TYRVAYA 240
TYSABRI 342
TYVASO 130, 369, 374
TYVASO DPI INSTITUTIONAL KIT 130, 369, 374
TYVASO DPI MAINTENANCE KIT 130, 369, 374
TYVASO DPI TITRATION KIT 130, 369, 374
TYVASO REFILL 131, 369, 374
TYVASO STARTER 131, 369, 374
TZIELD 276
UBRELVY 165
ucd trio 213
UCERIS 274, 401
UDAMIN SP 222, 434, 443
UDENYCA 89
UDENYCA ONBODY 89
UDSX MEDICATED SYSTEM 124, 204, 214
UDSXMP MEDICATED SYSTEM 124, 204, 214
ULORIC 323
ULTANE 169
ULTOMIRIS 328, 347
ultra calcium + vitamin d3 222, 448
ultra fresh pm 240
ULTRA HERS RX 353
ULTRA HIS 353
ultra lubricating eye drops 240
ultra lubricating eye drops pf ... 240
ULTRA NEB ACCESSORIES KIT 199
ULTRA PCOS 353
ULTRAFOAM SPONGE 2X6.25X7CM 94
ULTRAFOAM SPONGE 8X12.5X1CM 94
ULTRAFOAM SPONGE 8X12.5X3CM 94
ULTRAFOAM SPONGE 8X25X1CM 95
ULTRAFOAM SPONGE 8X6.25X1CM 95
ULTRASAL-ER 407
ULTRAVATE 401
UMECTA MOUSSE 407
UNASYN 19
UNIFINE PROTECT PEN NEEDLE 199
UNISTRIP CONTROL 199
unithroid 316
UNITUXIN 54
UPLIZNA 342
UPNEEQ 245
UPTRAVI 375
UPTRAVI TITRATION 375
URAMAXIN 407
urea 407
UREA 407
urea 20 intensive hydrating 407
urea hydrating 390, 407
urea nail 407
ureacin-10 407
ureacin-20 407
UREA-SALICYLIC ACID 407
uredeb 407
URELLE 38, 73, 139, 353
UREMEZ-40 407
URESOL 407
uretron d/s 38, 73, 139, 353
URIBEL 38, 73, 139, 353
URIMAR-T 38, 73, 139, 353
urin ds 38, 73, 139, 353
urinary pain relief 387
URNEVA 38, 73, 139, 353
UROCIT-K 10 206
UROCIT-K 15 206
UROCIT-K 5 206
UROGESIC-BLUE 38, 73, 353
URO-MP 38, 73, 139, 353
URO-PAIN 387
urosex 434
UROXATRAL 81

URSO 250 258
URSO FORTE 258
URSODIOL 258
ursodiol 258
URSODIOL+SYRSPEND SF .. 258
UTYMAX 213
UZEDY 160
VABYSMO 244
VAGIFEM 294, 325
valacyclovir hcl 33
VALCHLOR 425
VALCYTE 33, 34
valganciclovir hcl 34
VALIUM 162, 164
valproic acid 145, 150, 155
valrubicin 54
VALSARTAN 105, 106
valsartan 105, 106
valsartan-hydrochlorothiazide 106, 225
VALSTAR 54
VALTOCO 163
VALTREX 34
VANCOCIN 26
vancomycin hcl 26
vancomycin hcl in nacl 26, 222
VANCOMYCIN+SYRSPEND SF 26
VANDAZOLE 18, 381
VANFLYTA 54
VANICREAM 392
VANISH 328
VANOS 402
VANOXIDE-HC 402, 410
VAQTA 65
vardenafil hcl 126
VARDIMAXIA 394, 425
varenicline tartrate 66, 75
varenicline tartrate (starter) . 66, 75
varenicline tartrate(continue) 66, 75
VARISOFT INFUSION SET 199
VARIVAX 65
VARIZIG 61
VAROPHEN 390, 412, 425
VAROXIA 394, 425
VARUBI (180 MG DOSE) 264
VASCEPA 109
VASCULERA 213
VASERETIC 108, 225
VASOTEC 107, 108
VAXCHORA 65
VAXELIS 62, 65
VAXNEUVANCE 66
v-c forte 222, 434
VCF VAGINAL CONTRACEPTIVE 355
VECAMYL 124
VECTIBIX 54
VECTICAL 425
VECURONIUM BROMIDE 78
VEGAPRO 213
vegetable lax+stool softener ... 258
VEGZELMA 54, 244
VEKLURY 34
VELCADE 54
VELETRI 131, 369, 375
velivet 285, 294, 309
VELPHORO 215
VELSIPITY 247, 342
VELTASSA 215
VEMLIDY 34
VENCLEXTA 54
VENCLEXTA STARTING PACK 54
VENELEX 425
VENEXA 223, 434
VENEXA FE 222, 434
VENIPUNCTURE PX1 PHLEBOTOMY 204, 387
VENLAFAXINE BESYLATE ER 186
venlafaxine hcl 186
venlafaxine hcl er 186
VENNGEL ONE 412, 425
VENOFER 100
VENTAVIS 131, 369, 375
VENTIVA TEARS 240
VENTOLIN HFA 83, 373
VENTRIXYL 223, 434, 443
VENTRIXYL FE 223, 434
VEOPOZ 328
VEOZAH 167
verapamil hcl ... 113, 115, 119, 131
verapamil hcl er 113, 115, 119, 131
VEREGEN 425
VERELAN 114, 115, 119, 131
VERELAN PM . 114, 115, 120, 131
VERIFINE INSULIN PEN NEEDLE 199
VERIFINE INSULIN SYRINGE 199
VERIFINE PLUS PEN NEEDLE 199
VERIFINE SAFE LANCET MINI 21G 200
VERIFINE SAFE LANCET MINI 23G 200
VERIFINE SAFE LANCET MINI 28G 200
VERIFINE SAFE LANCET MINI 30G 200
VERIFINE SHARPS CONTAINER 200
VERKAZIA 237
VERQUVO 131
VERSACLOZ 160
VERSAPAP 200
VERSAPAP W/UNIVERSAL TUBING 200
VERSAPENN (AL) ANHYD LIPID 356
VERZENIO 54
VESICARE 428
VESICARE LS 428
vestura 285, 294, 309
VEVYE 237
VFEND 24
VIAGRA 126, 369, 375
VIBERZI 262
VIBRAMYCIN 21, 37, 38
vic-forte 223, 434
VICTOZA 297
VIDAZA 54
vienva 285, 294, 309
vigabatrin 145
vigadrone 145
VIGAMOX 231
vigpoder 145
VIIBRYD 188
VIJOICE 353
VILACTIN AA PLUS 213
VILAMIT MB 39, 73, 139, 353
vilazodone hcl 188
VILEVEV MB 39, 73, 139, 354
VILTEPSO 323
VIMIZIM 227
VIMOVO 181, 266
VIMPAT 145
VINATE ONE 100, 434, 443
vinblastine sulfate 54
vincristine sulfate 54
vinorelbine tartrate 54
VIOKACE 227, 258
viorele 285, 294, 309
VIRACEPT 32
VIRASAL 407

VIRAZOLE 34
VIREAD 31
virt-caps 434, 443, 446
VISBIOME 249
VISIONBLUE 205
VISTARIL 12, 157
VISTOGARD 321
VISUDYNE 240
vita s forte 223, 434
vitacel 223, 434
vitachew adult multi vitamin 223, 434
vitachew vitamin d3 448
VITAFOL FE+ 100, 223, 354, 434, 443
VITAFOL STRIPS 434
VITAFOL-NANO 100, 434, 443
VITAFOL-OB+DHA 100, 223, 354, 434, 443
VITAL-D RX 223, 434, 443, 446, 448
VITAMEDMD ONE RX/QUATREFOLIC 100, 223, 354, 434, 443
VITAMEZ 354, 443
vitamin b complex 100 443
vitamin b-complex 100 443
VITAMIN C BRIGHTENING SERUM 390
vitamin d (ergocalciferol) 448
VITAMIN DEFICIENCY SYSTEM-B12 ..... 101, 444
vitamin k1 ..... 321, 449
vitamins acd-fluoride 328, 435, 446, 448
VITA-PAC 100, 223, 435, 444
VITAPEARL 100, 354, 435, 444
VITAROCA PLUS 223, 435
VITASURE 435, 444, 446
VITATHELY WITH GINGER 100, 435, 444
VITRAKVI 54
VITRAMYN 223, 435
VITRANOL 223, 435
VITRANOL FE 223, 435
VITREXATE 223, 435
VITREXATE FE 223, 435
VITREXYL 223, 435
VITREXYL + IRON 223, 435
VIVELLE-DOT 294, 325
VIVIMUSTA 54
VIVITROL 175, 319, 321
VIVJOA 24
VIVONEX PEDIATRIC 213
VIVONEX PEDIATRIC RTF 213
VIVONEX PLUS 213
VIVOTIF 66
VIZIMPRO 54
VOCABRIA 28
VOGELXO 276
VOGELXO PUMP 276
volnea 285, 294, 309
VONJO 54
VONVENDI 95
VOQUEZNA 264, 266
VOQUEZNA DUAL PAK 19, 264
VOQUEZNA TRIPLE PAK 19, 34, 264
VORAXAZE 227, 321
voriconazole 24
VORTEX VALVED HOLDING CHAMBER 200
VORVIDA 354
VOSEVI 27
VOTRIENT 54
VOWST 354
VOXZOGO 354
VOYDEYA 328, 329
VP FC KIT 76, 412, 425
VP GKL KIT 387, 412, 425
VPRIV 227
VRAYLAR 160
VTAMA 381, 426
VUITY 242
VUMERITY 342
VUSION 388, 389, 403
VYEPTI 165
vyfemla 285, 294, 309
VYJUVEK 95, 132, 426
VYLEESI 167, 267
vylibra 285, 294, 309
VYNDAMAX 115, 167, 354
VYNDAQEL 115, 354
VYONDYS 53 323
VYTONE 392, 402, 410
VYTORIN 116, 124
VYVANSE 135
VYVGART 342
VYVGART HYTRULO 342
VYXEOS 54
VYZULTA 243
WAINUA 323
WAKIX 190
wal-mucil 258
wal-tap cold/allergy 12, 13, 69
warfarin sodium 87
weekly-d 448
WEGOVY 297
WELCHOL 112, 276
WELIREG 55
WELLBUTRIN SR 146
WELLBUTRIN XL 146
WELLFOLA 223, 435
WELLPRO 31 249
wera 285, 294, 309
WESCAP-C DHA 100, 354, 435, 444
WESCAP-PN DHA 100, 223, 354, 435, 444
wescaps 435, 444, 446
WESNATAL DHA COMPLETE 100, 223, 354, 435, 444
WESNATE DHA 100, 354, 435, 444
wes-phos 250 neutral 223
WESTAB MAX 444
westab one 444
WESTAB PLUS 100, 435, 444
WESTERN JUNIPER 59, 202
WESTGEL DHA 100, 223, 354, 435, 444
westussin dm nf 12, 13, 70, 361
wheat germ oil 449
whey protein 213
WHITE BIRCH 59
WHITE MULBERRY 59, 202
WHITE OAK 59, 202
WHITE PINE 59, 202
WIDE-SEAL DIAPHRAGM 60 355
WIDE-SEAL DIAPHRAGM 65 355
WIDE-SEAL DIAPHRAGM 70 355
WIDE-SEAL DIAPHRAGM 75 355
WIDE-SEAL DIAPHRAGM 80 355
WIDE-SEAL DIAPHRAGM 85 355
WIDE-SEAL DIAPHRAGM 90 355
WIDE-SEAL DIAPHRAGM 95 356
WILATE 95
WINLEVI 426
WINREVAIR 370
WINRHO SDF 61
wixela inhub 83, 274
WONDR HEALTH OUTCOME BONUS 354
WPR PLUS WOUND HEALING SYSTEM 387, 426
wymzya fe 285, 294, 309
WYNZORA 402, 426
XACIATO 381
XADAGO 169

XALATAN....243
XALIX....407
XALKORI.... 55
XANAX....164
XANAX XR....164
XARACOLL....318
XARELTO.... 87
XARELTO STARTER PACK....87
XATMEP.... 55, 335, 342, 346
XCOPRI.... 145
XDEMVY....237
XELJANZ.... 335
XELJANZ XR.... 335
XELODA.... 55
XELPROS....243
XELSTRYM....135
XEMBIFY.... 61
XENAZINE.... 190
XENICAL....262
XENOVIEW....204
XENPOZYME.... 227
XEOMIN....76, 85, 354
XEPI....381
XERAC AC....388
XERALUX.... 426
XERESE.... 387, 402
XERMELO.... 249
XEROSTOMIA RELIEF SPRAY....240
XGEVA....325
XHANCE.... 236, 274, 367
XIAFLEX.... 227
XIFAXAN....36
XIGDUO XR....279, 313
XIIDRA....237
XIPERE....236
XOFIGO....356
XOFLUZA (40 MG DOSE).... 24
XOFLUZA (80 MG DOSE).... 24
XOLAIR....370
XOLEGEL COREPAK.....389, 402
XOLEGEL DUO/HEAD & SHOULDERS....390, 410
XOLEGEL DUO/XOLEX. 390, 411
XOPENEX HFA.... 84, 373
XOSPATA....55
XPHOZAH....215, 262
XPOVIO (100 MG ONCE WEEKLY)....55
XPOVIO (40 MG ONCE WEEKLY)....55
XPOVIO (40 MG TWICE WEEKLY)....55
XPOVIO (60 MG ONCE WEEKLY)....55
XPOVIO (60 MG TWICE WEEKLY)....55
XPOVIO (80 MG ONCE WEEKLY)....55
XPOVIO (80 MG TWICE WEEKLY)....55
XRYLIX.... 412, 426
XTAMPZA ER.... 175
XTANDI....55
xulane.... 285, 294, 309
XULTOPHY....297, 299
xurea....407
XURIDEN....354
XYBIOTIC.... 249
XYLIDERM....387
XYLOCAINE.... 318
XYLOCAINE-MPF....319
XYNTHA.... 95
XYNTHA SOLOFUSE....95
XYOSTED....276
XYREM.... 167
XYWAV.... 167
XYZBAC....213
XYZMUNE.... 354
YASMIN 28.... 285, 294, 309
YAXATARXYN....394, 402, 403
YAZ.... 285, 294, 309
YCANTH.... 407
YELLOW DOCK....59
YERVOY....55
YESCARTA....55, 133
YF-VAX....66
YOKATAR....394, 402, 403
YONDELIS....55
YONSA.... 55
YOSPRALA....102, 266
YUFLYMA (1 PEN). 263, 335, 342
YUFLYMA (2 PEN). 263, 335, 342
YUFLYMA (2 SYRINGE).... 263, 335, 342
YUFLYMA-CD/UC/HS STARTER.... 263, 335, 342
YUPELRI....73
YUSIMRY....263, 335, 342
YUTIQ....236
yuvafem.... 294, 325
ZACARE.... 390, 411
ZACLIR CLEANSING.... 411
ZADITOR.... 12, 229
zafemy.... 285, 294, 309
zafirlukast....366
zaleplon....157
ZALTRAP....55
ZALVIT....100, 435, 444
ZANAFLEX.... 76
ZANOSAR....55
ZARONTIN....188
ZARXIO....89
ZAVESCA.... 354
ZAVZPRET.... 165
ZEASORB-AF.... 390
ZEEL ARTHIRITIS PAIN RELIEF.... 354
ZEGALOGUE....295, 321
ZEGERID....247, 266
ZEJULA....55
ZELAC.... 249
ZELAPAR....169, 170
ZELBORAF....55
ZELDANA.... 435
ZEMAIRA.... 85, 371
ZEMBRACE SYMTOUCH..... 187
ZEMDRI.... 18
ZEMPLAR....449
zenatane.... 426
ZENPEP....227, 258
ZENPHOR WOUND GEL..... 426
ZENPHOR WOUND PAD.....426
ZENZEDI....135
ZEPATIER.... 27
ZEPBOUND.... 140, 298
ZEPOSIA.... 343
ZEPOSIA 7-DAY STARTER PACK.... 343
ZEPOSIA STARTER KIT.....343
ZEPZELCA.... 55
ZERUVIA.... 387, 426
ZERVIATE.... 229, 372
ZESTORETIC.... 108, 225
ZESTRIL.... 107, 108
ZETIA....116
ZETONNA....236
ZEVALIN Y-90.... 56
ZIAGEN....31
ZIANA.... 381, 394, 426
ZICLOPRO....181, 412, 426
zidovudine....31
ZIEXTENZO....90
ZILBRYSQ.... 329
zileuton er.... 366
ZILRETTA....274
ZILXI.... 381
ZIMHI.... 175, 321
zinc....223

ZINPLAVA.....61
ZIONODIL.....387
ZIONODIL 100.....387
ZIOPTAN..... 243
ZIPHEX..... 100, 435, 444
ziprasidone hcl..... 150, 160
ziprasidone mesylate..... 150, 160
ZIPSOR.....181
ZIRABEV.....56, 244
ZIRGAN..... 231
ZITHRANOL.....426
ZITHROMAX.....34
ZITHROMAX TRI-PAK.....34
ZITHROMAX Z-PAK..... 34
ZITUVIO.....286
ZOCOR..... 124
ZOKINVY..... 354
ZOLADEX..... 56, 297
zoledronic acid.....325
ZOLGENSMA..... 133
ZOLINZA.....56
zolmitriptan.....187
ZOLOFT.....188
ZOLPIDEM TARTRATE.....157
zolpidem tartrate..... 157
zolpidem tartrate er.....157
ZOMACTON..... 301, 314
ZOMIG..... 187
ZONALON.....387
ZONEGRAN.....146
ZONISADE.....146
zonisamide.....146
ZONTIVITY..... 102
ZORTRESS..... 346
ZORYVE..... 426
zovia 1/35 (28)..... 285, 294, 309
ZOVIRAX..... 387
ZTALMY.....146
ZTLIDO..... 319
ZUBSOLV..... 175, 176
ZULRESSO.....146
zumandimine.....285, 295, 309
ZURZUVAE.....146
ZYCLARA..... 426
ZYCLARA PUMP.....426
ZYDELIG.....56
ZYFLO..... 366
ZYKADIA.....56
ZYLET.....231, 237
ZYMFENTRA (1 PEN)
..... 263, 335, 343, 426
ZYMFENTRA (2 PEN)
..... 263, 335, 343, 426
ZYMFENTRA (2 SYRINGE)
..... 263, 335, 343, 426
ZYNLONTA.....56
ZYNTEGLO.....133
ZYNYZ..... 56
ZYPITAMAG..... 124
ZYPREXA..... 150, 160
ZYPREXA RELPREVV... 150, 160
ZYPREXA ZYDIS.....150, 160
ZYRTEC.....16, 372
ZYRTEC ALLERGY..... 16, 372
ZYRTEC CHILDRENS
ALLERGY..... 16, 372
ZYRTEC-D ALLERGY &
SINUS..... 16, 69
ZYTIGA.....56
ZYVEXOL..... 213
ZYVOX.....35

KAISER PERMANENTE®

Kaiser Permanente Insurance Company
Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-213-3062. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios en otros idiomas sin ningún costo. Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-866-213-3062. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

免費語言服務。您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電1-866-213-3062與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

* * * * * * * * * *

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-866-213-3062. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bą́ą́hílínı̨góó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos t'áá hazaad bee bik'i' ashchı́ı̨go hach'ı̨' yídóoltah biniiyé hach'ı̨' ánál'ı̨ih łeh. Shíká i'doolwoł nínízingo nihich'ı̨' hodíílnih kojı̨' 1-866-2143-3062 éí bee nééhózin biniiyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'ı̨' hojilnih kwe'é 1-800-927-4357. TTY chojooł'ı̨go éí íáá bił azhdilchi'. Navajo

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-866-213-3062. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는1-866-213-3062번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

Mga Libreng Serbisyo kaugnay sa Wika. Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-866-213-3062. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-866-213-3062 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные переводческие услуги. Вы можете воспользоваться услугами переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-866-213-3062. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

無料の言語サービス。通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、ID カードに記載の番号、または1-866-213-3062 にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁（1-800-927-4357）にお電話ください。TTY ユーザーの方は、711 をご使用ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، با ما به شماره ای که روی کارت شناسایی شما قید شده یا شماره 1-866-213-3062 تماس حاصل نمایند. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ. ਤੁਸੀਂ ਕਿਸੇ ਦੁਭਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ' 'ਤੇ ਜਾਂ 1-866-213-3062 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ । ਵਧੇਰੀ ਮਦਦ ਲਈ CA ਡਿਪਾਰਟਮੈਂਟ ਆੱਫ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 ਤੇ ਕਾਲ ਕਰੋ । TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 ਤੇ ਕਾਲ ਕਰੋ । Punjabi

សេវាកាស្បាតតគិតថ្លៃ។ អ្នកអាចទទួលហានអ្នកបកប្រែ និងឲ្យគអោនឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយីង តាមលុខេដលែមានន្លាលីប័ណ្ណ ID របស់អ្នក ឬ 1-866-213-3062។ សំរាប់ជំនួយថមែទៀត ទូរស័ព្ទទាក់ទរសួងធានារ៉ាប់រង រដ្ឋបាលីហ្វ៊ីរនីញ៉ា តាមលខេ 1 800-927-4357។ អ្នកប្រើ TTY ហៅលខេ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-213-3062. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi. Koj muaj tau ib tug neeg txhais lus thiab hais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-866-213-3062. Yog xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

मुफ्त भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए नम्बर या 1-866-213-3062 पर हमें फोन करें। अधिक सहायता के लिए कैलिफ़ोर्निया डिपार्टमेंट ऑफ़ इन्शुरन्स को 1-800-927-4357। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-866-213-3062 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1 800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai

optumrx.com

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at **optum.com/optumrx**.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2020 Optum, Inc. All rights reserved.

WF1822264_ORX_Kaiser_SF formulary booklet_12162019

Kaiser Permanente