



## Medical Assistance List of Covered Drugs (Formulary)

### South Country Health Alliance:

**Families and Children** (*This is also known as the Prepaid Medical Assistance Program (PMAP)*)  
**MinnesotaCare**  
**Minnesota Senior Care Plus (MSC+)**  
**SingleCare (SNBC)**  
**SharedCare (SNBC)**

For members in the counties of: Brown, Dodge, Goodhue, Sibley, Steele, Wabasha, and Waseca.

### South Country Health Alliance

**6380 West Frontage Road, Medford MN 55049**

### Member Services

**1-866-567-7242, TTY users call 1-800-627-3529 or 711.**

**Hours of Operation: Monday – Friday, 8 a.m. – 4:30 p.m.**

**Effective Date: 07/20/2026**

The information included in this list of covered drugs was correct as of 01/2026. To get the most current information, visit our website at [www.mnscha.org](http://www.mnscha.org). If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medical Assistance List of Covered Drugs at any time.

DHS Accepted date 12/31/2025

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.** Members must use South Country Health Alliance network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at [www.mnscha.org](http://www.mnscha.org).

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

NO ENGLISH



1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ:- አማርኛ ተናጋሪ ከሆኑ ፣ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភាគតិចមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH



1-866-567-7242

TRS: 711

ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၤကညီၣ်ကျိၣ်အဃိ, နမၤန့ၢ် ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢကညီၣ်လၢကတိၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံၢ်မၤနီၣ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၣ်ဟူၣ်ဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢပုၤအါဂၤန့ၢ်ပၢ်အီၤသ့ လၢတအိၣ်ဒီးအဘျးအလဲ ဒီးချုးဆၢချုးကတိၤန့ၣ်လီၤ. ဝံသးစူၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၣ်တၢ်မၤစၢၤ တက့ၢ်. ကညီၣ်ကျိၣ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проводов. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

## Civil Rights Notice

**Discrimination is against the law. South Country Health Alliance (South Country)** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator  
 South Country Health Alliance  
 6380 West Frontage Road, Medford, MN 55049  
 Toll Free: 866-567-7242    TTY: 800-627-3529 or 711    Fax: 507-444-7774  
 Email: [grievances-appeals@mnscha.org](mailto:grievances-appeals@mnscha.org)

**Auxiliary Aids and Services:** **South Country** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

**Language Assistance Services:** **South Country** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601  
 Customer Response Center: 800-368-1019, TTY: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

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## **Important Information**

### **What is a list of covered drugs?**

A list of covered drugs includes the prescription drugs covered by South Country Health Alliance (South Country). The drugs on the list are selected by South Country with the help of a team of doctors and pharmacists. South Country will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a South Country network pharmacy, and other requirements related to the drug are followed.

Most drugs and certain supplies are available up to a 34-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this list of covered drugs as EDS in the notes column.

### **Does the list of covered drugs ever change?**

The South Country list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, South Country will make reasonable efforts to contact you and your prescriber to tell you about the change. South Country will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred. (Refer to “What is a Preferred Drug List?” in the section following).
- A drug is removed from the list of covered drugs due to safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

### **How are drugs listed in the list of covered drugs?**

There are two ways to find a drug:

- You can search by drug type, or
- You can search alphabetically (if you know how to spell the drug)

To search by drug type, go to the section labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for a stomach condition, you should look in the “Gastrointestinal Drugs” category. That is where you will find drugs that treat stomach conditions.

To search alphabetically, go to the section labeled “Index”. The Index is an alphabetical list of all the drugs included in the Drug List.

### **What is a Preferred Drug List?**

In Minnesota, all health plans are required to use the Minnesota Department of Human Services’ (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are “preferred” are more cost effective and drugs that are “non-preferred” are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get a prior authorization. The PDL is included as part of South County’s list of covered drugs. South



County's complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS's website <https://minnesota.primetherapeutics.com/links>.

## **What are generic or biosimilar drugs?**

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredient as the brand-name drug. It produces the same clinical effect as the brand-name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand-name or non-biosimilar version of the drug.

South Country will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs South Country in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. South Country may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota Law requires the dispensing of the brand-name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized, (e.g., JANTOVEN) and generic drugs are listed in lower case letters (e.g., amoxicillin).

## **What are over-the-counter drugs?**

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, South Country may cover it. Within the list of covered drugs, OTC drugs and products are identified as 'OTC' in the notes column.

## **What are specialty drugs?**

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the South Country Specialty Drug List, your prescriber will need to send the prescription to South Country's specialty pharmacy.

Name of Specialty Pharmacy: AcariaHealth

Phone and TTY: 1-800-511-5144 or 711

Fax: 1-877-541-1503

Hours of Operation:

Monday - Friday 8:00 AM – 9:00 PM CST

Saturday 8:00 AM – 2:00 PM CST

After hours: AcariaHealth provides an On-Call service for after hours, so patients may speak with a pharmacist 24 hours per day, 7 days per week, and 365 days per year.

- <https://acariahealth.envolvehealth.com/>

The Specialty Pharmacy will contact you to set up your account after you have authorized your prescriber to send the prescription to the Specialty pharmacy and receive authorization from South Country Health Alliance.

## What if a drug is not on the list of covered drugs?

- Not all drugs are covered. If a drug is not listed in the list of covered drugs, you can call Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711, and ask if the drug is covered. If not, it is considered a “non-formulary” drug. If you need a drug that is not included in the list of covered drugs, you can do one of these things:
- Take a copy of this formulary to your health care provider and ask them to prescribe a similar drug that is covered by South Country.
- Ask your health care provider to request a formulary exception.\*

**\*Note:** Generally, South Country will only approve your health care provider’s request for a formulary exception if the alternative drugs included on South Country’s formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

- **Prior authorization:** South Country requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from South Country before you fill your prescription. If you don’t get approval, South Country may not cover the drug.
- **Quantity limits:** For certain drugs, South Country limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to *Prescription Drugs* in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711, or by visiting our website at [www.mnscha.org](http://www.mnscha.org). Also refer to “Can I ask for an exception to the coverage restrictions?”

**Excluded Drugs:** Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs excluded from coverage by federal or state law
- Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
- Medical cannabis

## Can I ask for an exception to the coverage restrictions?

Yes. You or your health care provider can get the *Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions Form* from [www.mnscha.org](http://www.mnscha.org) or by calling Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider receives a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (for example, side effects).

## What will a prescription cost?

Medical Assistance-covered drugs no longer have copays. You do not have cost sharing for drugs covered by Medical Assistance. MinnesotaCare members may have copays. All copay information for prescriptions is listed in the Member Handbook Section 6: Cost-Sharing. If you have additional questions, call member services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711 or by visit our website at [www.mnscha.org](http://www.mnscha.org).

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## List of Covered Drugs

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To search by drug type, go to the section labeled “List of Drugs by Drug Type” starting on the next page. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for a stomach condition, you should look in the “Gastrointestinal Drugs” category. That is where you will find drugs that treat stomach conditions.

To search alphabetically, go to the section labeled “Index”. The Index is an alphabetical list of all the drugs included in the Drug List.

**Here are the meaning of the codes used in the tables in the “List of Drugs by Drug Type”:**

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Drug:</b><br><br>lowercase = Generic drugs<br>UPPERCASE = Brand name drugs<br><br><b>Tier:</b><br><br>Formulary = This drug is on the formulary<br>Non-preferred = This is non-preferred on the Minnesota preferred drug list<br>Prior authorization is required.<br>Preferred = This drug is preferred on the Minnesota preferred drug list | <b>Notes:</b><br><br>90 Day Supply = 90 day supply allowed<br>AL = Age limit applies<br>EDS = 12 month supply allowed<br>OTC = Over-the-counter<br>PA = Prior authorization required<br>QL = Quantity limit applies<br>Specialty = Specialty drug, AcariaHealth<br>ST = Step therapy required |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## List of Drugs by Drug Type

|                                                         |     |
|---------------------------------------------------------|-----|
| <b>Antidote Therapeutics</b> .....                      | 7   |
| <b>Antihistamine Drugs</b> .....                        | 8   |
| <b>Anti-Infective Agents</b> .....                      | 13  |
| <b>Antineoplastic Agents</b> .....                      | 22  |
| <b>Antitoxins, Immune Glob, Toxoids, Vaccines</b> ..... | 23  |
| <b>Autonomic Drugs</b> .....                            | 24  |
| <b>Blood Formation, Coagulation, Thrombosis</b> .....   | 33  |
| <b>Cardiovascular Drugs</b> .....                       | 38  |
| <b>Central Nervous System Agents</b> .....              | 55  |
| <b>Dental Agents</b> .....                              | 84  |
| <b>Devices</b> .....                                    | 85  |
| <b>Diagnostic Agents</b> .....                          | 91  |
| <b>Electrolytic, Caloric, And Water Balance</b> .....   | 92  |
| <b>Enzymes</b> .....                                    | 99  |
| <b>Eye, Ear, Nose And Throat (Eent) Preps</b> .....     | 99  |
| <b>Gastrointestinal Drugs</b> .....                     | 108 |
| <b>Heavy Metal Antagonists</b> .....                    | 120 |
| <b>Hormones And Synthetic Substitutes</b> .....         | 120 |
| <b>Immunomodulatory Agents (90:00)</b> .....            | 145 |
| <b>Local Anesthetics</b> .....                          | 151 |
| <b>Miscellaneous Therapeutic Agents</b> .....           | 151 |
| <b>Nonhormonal Contraceptives</b> .....                 | 163 |
| <b>Oxytocics</b> .....                                  | 165 |
| <b>Pharmaceutical Aids</b> .....                        | 165 |
| <b>Respiratory Tract Agents</b> .....                   | 165 |
| <b>Skin And Mucous Membrane Agents</b> .....            | 175 |
| <b>Smooth Muscle Relaxants</b> .....                    | 189 |
| <b>Vitamins</b> .....                                   | 189 |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                        | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------|---------------|----------------------------------|
| <b>Antidote Therapeutics</b>                                |               |                                  |
| <b>Acetaminophen Antidote</b>                               |               |                                  |
| acetylcysteine inhalation solution                          | Formulary     |                                  |
| <b>Alcohol Deterrents (91:02)</b>                           |               |                                  |
| acamprostate calcium oral tablet delayed release            | Formulary     |                                  |
| disulfiram oral tablet                                      | Formulary     |                                  |
| naltrexone hcl oral tablet                                  | Formulary     |                                  |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED             | Formulary     | QL                               |
| <b>Antidote Therapeutics</b>                                |               |                                  |
| BAQSIMI ONE PACK NASAL POWDER                               | Preferred     | QL                               |
| BAQSIMI TWO PACK NASAL POWDER                               | Preferred     | QL                               |
| CHEMET ORAL CAPSULE                                         | Formulary     |                                  |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED           | Formulary     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg    | Preferred     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg/ml | Non-Preferred | PA                               |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | Non-Preferred | PA                               |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | Non-Preferred | PA                               |
| GVOKE KIT SUBCUTANEOUS SOLUTION                             | Non-Preferred | PA                               |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| hyoscyamine sulfate er oral tablet extended release 12 hour | Formulary     |                                  |
| hyoscyamine sulfate oral tablet                             | Formulary     |                                  |
| hyoscyamine sulfate oral tablet dispersible                 | Formulary     |                                  |
| hyoscyamine sulfate sublingual tablet sublingual            | Formulary     |                                  |
| KLOXXADO NASAL LIQUID                                       | Preferred     |                                  |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml        | Preferred     |                                  |
| naloxone hcl injection solution cartridge                   | Preferred     |                                  |
| naloxone hcl injection solution prefilled syringe           | Preferred     |                                  |
| naloxone hcl nasal liquid                                   | Non-Preferred | PA                               |
| NARCAN NASAL LIQUID                                         | Preferred     |                                  |
| NULEV ORAL TABLET DISPERSIBLE                               | Formulary     |                                  |
| oscimin oral tablet                                         | Formulary     |                                  |
| oscimin sublingual tablet sublingual                        | Formulary     |                                  |
| phytonadione oral tablet                                    | Formulary     |                                  |
| REXTOVY NASAL LIQUID                                        | Preferred     |                                  |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE                  | Non-Preferred | PA                               |
| <b>Antidotes (91:04)</b>                                    |               |                                  |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml        | Preferred     |                                  |
| naloxone hcl injection solution cartridge                   | Preferred     |                                  |
| naloxone hcl injection solution prefilled syringe           | Preferred     |                                  |
| naltrexone hcl oral tablet                                  | Formulary     |                                  |
| REVELA ORAL PACKET                                          | Non-Preferred | PA; QL                           |
| REVELA ORAL TABLET                                          | Non-Preferred | PA; QL                           |
| sevelamer carbonate oral packet                             | Preferred     | 90 Day Supply                    |
| sevelamer carbonate oral tablet                             | Preferred     | 90 Day Supply                    |
| sevelamer hcl oral tablet                                   | Non-Preferred | PA                               |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION        | Formulary     |                                  |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION             | Formulary     |                                  |
| SPS ORAL SUSPENSION                                         | Formulary     |                                  |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED             | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                              | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------|---------------|----------------------------------|
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | Preferred     |                                  |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Preferred     |                                  |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE        | Non-Preferred | PA                               |
| <b>Chemotherapy Antidotes/Protectants</b>         |               |                                  |
| leucovorin calcium oral tablet                    | Formulary     | PA                               |
| <b>Antihistamine Drugs</b>                        |               |                                  |
| <b>Antihistamine Drugs</b>                        |               |                                  |
| promethazine hcl oral tablet 25 mg                | Formulary     | 90 Day Supply                    |
| <b>Ethanolamine Derivatives</b>                   |               |                                  |
| acetaminophen pm ex st oral tablet 500-25 mg      | Formulary     | OTC                              |
| aler-cap oral capsule                             | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET             | Formulary     | OTC                              |
| allergy childrens oral liquid                     | Formulary     | OTC                              |
| BANOPHEN ORAL CAPSULE 50 MG                       | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                              | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                              | Formulary     | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                      | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET            | Formulary     | OTC                              |
| clemastine fumarate oral tablet 1.34 mg           | Formulary     | OTC                              |
| clemastine fumarate oral tablet 2.68 mg           | Formulary     |                                  |
| complete allergy medicine oral capsule            | Formulary     | OTC                              |
| complete allergy relief oral tablet               | Formulary     | OTC                              |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET        | Formulary     | OTC                              |
| diphen oral tablet                                | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg            | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg            | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg             | Formulary     | OTC                              |
| geri-dryl oral liquid                             | Formulary     | OTC                              |
| geri-dryl oral tablet                             | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                     | Formulary     | OTC                              |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET          | Formulary     | OTC                              |
| night time pain medicine ex st oral tablet        | Formulary     | OTC                              |
| nighttime sleep aid oral tablet 25 mg             | Formulary     | OTC                              |
| pain relief pm extra strength oral tablet         | Formulary     | OTC                              |
| pain reliever pm ex st oral tablet                | Formulary     | OTC                              |
| pain reliever pm oral tablet 500-25 mg            | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                     | Formulary     | 90 Day Supply; OTC               |
| qc pain reliever pm ex st oral tablet             | Formulary     | OTC                              |
| ra nighttime sleep aid oral tablet                | Formulary     | OTC                              |
| sb allergy medicine oral liquid                   | Formulary     | OTC                              |
| sb allergy oral capsule                           | Formulary     | OTC                              |
| sb non-aspirin nighttime oral tablet              | Formulary     | OTC                              |
| sb sleep oral tablet                              | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                          | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet           | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg               | Formulary     | OTC                              |
| total allergy oral tablet                         | Formulary     | OTC                              |
| <b>Ethylenediamine Derivatives</b>                |               |                                  |
| ra menstrual relief oral tablet                   | Formulary     | OTC                              |
| <b>First Gen. Antihist. Derivatives, Misc.</b>    |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                         | Tier      | Coverage Requirements and Limits |
|----------------------------------------------|-----------|----------------------------------|
| cyproheptadine hcl oral syrup 2 mg/5ml       | Formulary | 90 Day Supply                    |
| cyproheptadine hcl oral tablet               | Formulary | 90 Day Supply                    |
| <b>First Generation Antihistamines</b>       |           |                                  |
| acetaminophen pm ex st oral tablet 500-25 mg | Formulary | OTC                              |
| aler-cap oral capsule                        | Formulary | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET        | Formulary | OTC                              |
| allergy childrens oral liquid                | Formulary | OTC                              |
| allergy oral tablet 4 mg                     | Formulary | OTC                              |
| allergy relief oral tablet 4 mg              | Formulary | OTC                              |
| BANOPHEN ORAL CAPSULE 50 MG                  | Preferred | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                         | Formulary | OTC                              |
| BANOPHEN ORAL TABLET                         | Formulary | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                 | Formulary | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET       | Formulary | OTC                              |
| childrens cold & allergy oral elixir         | Formulary | OTC                              |
| chlorpheniramine maleate oral tablet         | Formulary | OTC                              |
| clemastine fumarate oral tablet 1.34 mg      | Formulary | OTC                              |
| clemastine fumarate oral tablet 2.68 mg      | Formulary |                                  |
| cold/cough childrens oral liquid             | Formulary | OTC                              |
| cold/cough dm childrens oral liquid          | Formulary | OTC                              |
| complete allergy medicine oral capsule       | Formulary | OTC                              |
| complete allergy relief oral tablet          | Formulary | OTC                              |
| cvs motion sickness ii oral tablet           | Formulary | OTC                              |
| cyproheptadine hcl oral syrup 2 mg/5ml       | Formulary | 90 Day Supply                    |
| cyproheptadine hcl oral tablet               | Formulary | 90 Day Supply                    |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET   | Formulary | OTC                              |
| DIMAPHEN DM COLD/COUGH ORAL LIQUID           | Formulary | OTC                              |
| diphen oral tablet                           | Formulary | OTC                              |
| diphenhydramine hcl oral capsule 25 mg       | Formulary |                                  |
| diphenhydramine hcl oral capsule 50 mg       | Formulary | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg        | Formulary | OTC                              |
| ed chlorped jr oral syrup                    | Formulary | OTC                              |
| ENDACOF-DM ORAL LIQUID                       | Formulary | OTC                              |
| geri-dryl oral liquid                        | Formulary | OTC                              |
| geri-dryl oral tablet                        | Formulary | OTC                              |
| gnp allergy oral tablet 25 mg                | Formulary | OTC                              |
| gnp cold/cough childrens oral liquid         | Formulary | OTC                              |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET     | Formulary | OTC                              |
| hydroxyzine hcl oral syrup 10 mg/5ml         | Formulary |                                  |
| hydroxyzine hcl oral tablet                  | Formulary |                                  |
| hydroxyzine pamoate oral capsule             | Formulary |                                  |
| LOHIST-D ORAL LIQUID                         | Formulary | OTC                              |
| meclizine hcl oral tablet 12.5 mg, 25 mg     | Formulary |                                  |
| meclizine hcl oral tablet chewable           | Formulary |                                  |
| motion sickness relief oral tablet chewable  | Formulary | OTC                              |
| motion-time oral tablet chewable             | Formulary | OTC                              |
| night time pain medicine ex st oral tablet   | Formulary | OTC                              |
| nighttime sleep aid oral tablet 25 mg        | Formulary | OTC                              |
| pain relief pm extra strength oral tablet    | Formulary | OTC                              |
| pain reliever pm ex st oral tablet           | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                               | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------|---------------|----------------------------------|
| pain reliever pm oral tablet 500-25 mg             | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                      | Formulary     | 90 Day Supply; OTC               |
| promethazine hcl injection solution                | Formulary     |                                  |
| promethazine hcl oral solution 6.25 mg/5ml         | Formulary     |                                  |
| promethazine hcl oral tablet 12.5 mg, 25 mg        | Formulary     | 90 Day Supply                    |
| promethazine hcl oral tablet 50 mg                 | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | Formulary     |                                  |
| promethazine vc oral syrup                         | Formulary     |                                  |
| promethazine-dm oral syrup 6.25-15 mg/5ml          | Formulary     |                                  |
| promethazine-phenylephrine oral syrup              | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG      | Formulary     |                                  |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml    | Formulary     |                                  |
| px dibromm dm cold/cough child oral liquid         | Formulary     | OTC                              |
| qc pain reliever pm ex st oral tablet              | Formulary     | OTC                              |
| ra nighttime sleep aid oral tablet                 | Formulary     | OTC                              |
| rynex dm oral liquid                               | Formulary     | OTC                              |
| rynex pe oral elixir                               | Formulary     | OTC                              |
| rynex pse oral liquid                              | Formulary     | OTC                              |
| sb allergy medicine oral liquid                    | Formulary     | OTC                              |
| sb allergy oral capsule                            | Formulary     | OTC                              |
| sb non-aspirin nighttime oral tablet               | Formulary     | OTC                              |
| sb sleep oral tablet                               | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                           | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet            | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                | Formulary     | OTC                              |
| sm motion sickness oral tablet 25 mg               | Formulary     | OTC                              |
| SUDOGEST SINUS/ALLERGY ORAL TABLET                 | Formulary     | OTC                              |
| total allergy oral tablet                          | Formulary     | OTC                              |
| travel-ease oral tablet 25 mg                      | Formulary     | OTC                              |
| <b>Other Antihistamines</b>                        |               |                                  |
| acid controller max st oral tablet                 | Formulary     | 90 Day Supply; OTC               |
| acid reducer maximum strength oral tablet 20 mg    | Formulary     | 90 Day Supply; OTC               |
| bepotastine besilate ophthalmic solution           | Non-Preferred | PA                               |
| BEPREVE OPHTHALMIC SOLUTION                        | Preferred     | QL                               |
| cimetidine oral tablet 200 mg                      | Formulary     |                                  |
| cvs olopatadine hcl ophthalmic solution            | Preferred     | 90 Day Supply; OTC               |
| eq1 heartburn prevention oral tablet 10 mg         | Formulary     | OTC                              |
| eq1 heartburn prevention oral tablet 20 mg         | Formulary     | 90 Day Supply; OTC               |
| eye allergy itch relief ophthalmic solution 0.2 %  | Preferred     | 90 Day Supply; OTC               |
| eye allergy itch/redness rel ophthalmic solution   | Preferred     | 90 Day Supply; OTC               |
| famotidine maximum strength oral tablet            | Formulary     | 90 Day Supply; OTC               |
| famotidine oral suspension reconstituted           | Formulary     |                                  |
| famotidine oral tablet 10 mg                       | Formulary     | OTC                              |
| famotidine oral tablet 20 mg, 40 mg                | Formulary     | 90 Day Supply                    |
| gnp acid reducer max st oral tablet                | Formulary     | 90 Day Supply; OTC               |
| gnp olopatadine hcl ophthalmic solution            | Preferred     | 90 Day Supply; OTC               |
| heartburn relief max st oral tablet 20 mg          | Formulary     | 90 Day Supply; OTC               |
| heartburn relief oral tablet 10 mg                 | Formulary     | OTC                              |
| hydroxyzine hcl oral syrup 10 mg/5ml               | Formulary     |                                  |
| hydroxyzine hcl oral tablet                        | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------|---------------|----------------------------------|
| hydroxyzine pamoate oral capsule                       | Formulary     |                                  |
| ketotifen fumarate ophthalmic solution 0.035 %         | Preferred     | OTC; QL                          |
| kls acid controller max st oral tablet                 | Formulary     | 90 Day Supply; OTC               |
| kp ketotifen fumarate ophthalmic solution              | Preferred     | OTC; QL                          |
| olopatadine hcl nasal solution                         | Non-Preferred | PA                               |
| olopatadine hcl ophthalmic solution                    | Preferred     | 90 Day Supply                    |
| px acid reducer oral tablet 200 mg                     | Formulary     | OTC                              |
| qc olopatadine hcl ophthalmic solution                 | Preferred     | 90 Day Supply; OTC               |
| RYALTRIS NASAL SUSPENSION                              | Non-Preferred | PA                               |
| sm acid reducer oral tablet 10 mg                      | Formulary     | OTC                              |
| sm olopatadine hcl ophthalmic solution                 | Preferred     | 90 Day Supply; OTC               |
| ZADITOR OPHTHALMIC SOLUTION 0.035 %                    | Non-Preferred | PA; OTC; QL                      |
| <b>Phenothiazine Derivatives</b>                       |               |                                  |
| promethazine hcl injection solution                    | Formulary     |                                  |
| promethazine hcl oral solution 6.25 mg/5ml             | Formulary     |                                  |
| promethazine hcl oral tablet 12.5 mg, 25 mg            | Formulary     | 90 Day Supply                    |
| promethazine hcl oral tablet 50 mg                     | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg     | Formulary     |                                  |
| promethazine vc oral syrup                             | Formulary     |                                  |
| promethazine-dm oral syrup 6.25-15 mg/5ml              | Formulary     |                                  |
| promethazine-phenylephrine oral syrup                  | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG          | Formulary     |                                  |
| <b>Propylamine Derivatives</b>                         |               |                                  |
| allergy oral tablet 4 mg                               | Formulary     | OTC                              |
| allergy relief oral tablet 4 mg                        | Formulary     | OTC                              |
| childrens cold & allergy oral elixir                   | Formulary     | OTC                              |
| chlorpheniramine maleate oral tablet                   | Formulary     | OTC                              |
| cold/cough childrens oral liquid                       | Formulary     | OTC                              |
| cold/cough dm childrens oral liquid                    | Formulary     | OTC                              |
| DIMAPHEN DM COLD/COUGH ORAL LIQUID                     | Formulary     | OTC                              |
| ed chlorped jr oral syrup                              | Formulary     | OTC                              |
| ENDACOF-DM ORAL LIQUID                                 | Formulary     | OTC                              |
| gnp cold/cough childrens oral liquid                   | Formulary     | OTC                              |
| LOHIST-D ORAL LIQUID                                   | Formulary     | OTC                              |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml        | Formulary     |                                  |
| px dibromm dm cold/cough child oral liquid             | Formulary     | OTC                              |
| rynex dm oral liquid                                   | Formulary     | OTC                              |
| rynex pe oral elixir                                   | Formulary     | OTC                              |
| rynex pse oral liquid                                  | Formulary     | OTC                              |
| SUDOGEST SINUS/ALLERGY ORAL TABLET                     | Formulary     | OTC                              |
| <b>Second Generation Antihistamines</b>                |               |                                  |
| 12hr allergy relief oral tablet                        | Preferred     | OTC; QL                          |
| 24hr allergy relief oral tablet                        | Preferred     | OTC; QL                          |
| all day allergy childrens oral solution 5 mg/5ml       | Preferred     | 90 Day Supply; OTC; QL           |
| all day allergy d oral tablet extended release 12 hour | Preferred     | OTC; QL                          |
| all day allergy oral tablet                            | Preferred     | OTC; QL                          |
| all day allergy-d oral tablet extended release 12 hour | Preferred     | OTC; QL                          |
| allergy 24-hr oral tablet                              | Preferred     | OTC; QL                          |
| allergy childrens oral suspension                      | Preferred     | OTC; QL                          |
| allergy childrens oral syrup                           | Preferred     | OTC; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------|---------------|----------------------------------|
| allergy rel child (loratadine) oral solution                        | Preferred     | OTC                              |
| allergy relief (cetirizine) oral tablet                             | Preferred     | OTC; QL                          |
| allergy relief childrens oral solution 1 mg/ml                      | Preferred     | 90 Day Supply; OTC; QL           |
| allergy relief d oral tablet extended release 12 hour               | Preferred     | OTC; QL                          |
| allergy relief d-12 oral tablet extended release 12 hour            | Preferred     | OTC; QL                          |
| allergy relief d-24 oral tablet extended release 24 hour            | Preferred     | OTC; QL                          |
| allergy relief oral tablet 10 mg, 180 mg                            | Preferred     | OTC; QL                          |
| allergy relief oral tablet 5 mg                                     | Formulary     | 90 Day Supply; OTC               |
| allergy relief/indoor/outdoor oral tablet                           | Preferred     | OTC; QL                          |
| allergy relief/nasal decongest oral tablet extended release 24 hour | Preferred     | OTC; QL                          |
| allergy relief-d oral tablet extended release 24 hour               | Preferred     | OTC; QL                          |
| allergy/congestion relief oral tablet extended release 12 hour      | Preferred     | OTC; QL                          |
| cetirizine hcl allergy child oral solution                          | Preferred     | 90 Day Supply; OTC; QL           |
| cetirizine hcl childrens alrgy oral solution                        | Preferred     | 90 Day Supply; OTC; QL           |
| cetirizine hcl childrens oral solution 5 mg/5ml                     | Preferred     | 90 Day Supply; OTC               |
| cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml                      | Preferred     | 90 Day Supply                    |
| cetirizine hcl oral tablet                                          | Preferred     | OTC; QL                          |
| cetirizine hcl oral tablet chewable                                 | Non-Preferred | PA; OTC; QL                      |
| cetirizine-pseudoephedrine er oral tablet extended release 12 hour  | Preferred     | OTC; QL                          |
| childrens loratadine oral solution                                  | Preferred     | OTC; QL                          |
| CLARINEX ORAL TABLET                                                | Non-Preferred | PA                               |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR             | Non-Preferred | PA                               |
| cvs allergy relief childrens oral solution                          | Preferred     | 90 Day Supply; OTC; QL           |
| desloratadine oral tablet                                           | Non-Preferred | PA                               |
| desloratadine oral tablet dispersible                               | Non-Preferred | PA                               |
| epinastine hcl ophthalmic solution                                  | Non-Preferred | PA                               |
| fexofenadine hcl oral tablet 180 mg, 60 mg                          | Preferred     | OTC; QL                          |
| ft allergy relief 12 hour oral tablet                               | Preferred     | OTC; QL                          |
| ft allergy relief 24 hour oral tablet                               | Preferred     | OTC; QL                          |
| ft allergy relief oral tablet 180 mg                                | Preferred     | OTC; QL                          |
| gnp all day allergy childrens oral solution                         | Preferred     | 90 Day Supply; OTC; QL           |
| gnp all day allergy oral tablet                                     | Preferred     | OTC; QL                          |
| gnp all day allergy-d oral tablet extended release 12 hour          | Preferred     | OTC; QL                          |
| gnp allergy & congestion oral tablet extended release 24 hour       | Preferred     | OTC; QL                          |
| gnp allergy relief oral tablet 180 mg                               | Preferred     | OTC; QL                          |
| gnp allergy/congestion relief oral tablet extended release 24 hour  | Preferred     | OTC; QL                          |
| gnp fexofenadine hcl oral tablet                                    | Preferred     | OTC; QL                          |
| gnp loratadine childrens oral solution                              | Preferred     | OTC; QL                          |
| gnp loratadine oral tablet                                          | Preferred     | OTC; QL                          |
| goodsense all day allergy oral solution                             | Preferred     | 90 Day Supply; OTC; QL           |
| goodsense all day allergy oral tablet                               | Preferred     | OTC; QL                          |
| goodsense aller-ease oral tablet                                    | Preferred     | OTC; QL                          |
| hm allergy relief oral tablet 180 mg, 60 mg                         | Preferred     | OTC; QL                          |
| hm allergy relief/nasal decong oral tablet extended release 24 hour | Preferred     | OTC; QL                          |
| hm cetirizine hcl oral tablet                                       | Preferred     | OTC; QL                          |
| hm fexofenadine hcl oral tablet                                     | Preferred     | OTC; QL                          |
| hm loratadine childrens oral syrup                                  | Preferred     | OTC; QL                          |
| hm loratadine oral tablet                                           | Preferred     | OTC; QL                          |
| KLS ALLER-TEC ORAL TABLET                                           | Preferred     | OTC; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                        | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------|---------------|----------------------------------|
| levocetirizine dihydrochloride oral solution                | Preferred     | 90 Day Supply                    |
| levocetirizine dihydrochloride oral tablet                  | Preferred     | 90 Day Supply                    |
| loratadine childrens oral tablet chewable                   | Formulary     | OTC; QL                          |
| loratadine oral tablet                                      | Preferred     | OTC; QL                          |
| loratadine-d 12hr oral tablet extended release 12 hour      | Preferred     | OTC; QL                          |
| loratadine-d 24hr oral tablet extended release 24 hour      | Preferred     | OTC; QL                          |
| px allergy relief cetirizine oral tablet                    | Preferred     | OTC; QL                          |
| qc all day allergy oral tablet                              | Preferred     | OTC; QL                          |
| qc loratadine allergy relief oral tablet                    | Preferred     | OTC; QL                          |
| qc loratadine-d oral tablet extended release 24 hour        | Preferred     | OTC; QL                          |
| ra allergy relief childrens oral tablet chewable            | Preferred     | OTC; QL                          |
| sm all day allergy childrens oral solution 1 mg/ml          | Preferred     | 90 Day Supply; OTC; QL           |
| sm all day allergy oral tablet                              | Preferred     | OTC; QL                          |
| sm all day allergy-d oral tablet extended release 12 hour   | Preferred     | OTC; QL                          |
| sm allergy childrens oral syrup                             | Preferred     | OTC; QL                          |
| sm allergy relief oral tablet 60 mg                         | Preferred     | OTC; QL                          |
| sm childrens loratadine oral syrup                          | Preferred     | OTC; QL                          |
| sm fexofenadine hcl oral tablet                             | Preferred     | OTC; QL                          |
| sm loratadine d 12hr oral tablet extended release 12 hour   | Preferred     | OTC; QL                          |
| sm lorata-dine d oral tablet extended release 24 hour       | Preferred     | OTC; QL                          |
| sm loratadine oral syrup                                    | Preferred     | OTC; QL                          |
| sm loratadine oral tablet                                   | Preferred     | OTC; QL                          |
| WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG                | Preferred     | OTC; QL                          |
| WAL-ZYR ORAL TABLET                                         | Preferred     | OTC; QL                          |
| ZERVIAE OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| <b>Anti-Infective Agents</b>                                |               |                                  |
| <b>1St Generation Cephalosporin Antibiotics</b>             |               |                                  |
| cefadroxil oral capsule                                     | Preferred     |                                  |
| cefadroxil oral suspension reconstituted                    | Preferred     |                                  |
| cefadroxil oral tablet                                      | Non-Preferred | PA                               |
| cephalexin oral capsule                                     | Preferred     |                                  |
| cephalexin oral suspension reconstituted                    | Preferred     |                                  |
| cephalexin oral tablet                                      | Non-Preferred | PA                               |
| <b>2Nd Generation Cephalosporin Antibiotics</b>             |               |                                  |
| cefaclor er oral tablet extended release 12 hour            | Non-Preferred | PA                               |
| cefaclor oral capsule                                       | Preferred     |                                  |
| cefaclor oral suspension reconstituted                      | Preferred     |                                  |
| cefprozil oral suspension reconstituted                     | Preferred     |                                  |
| cefprozil oral tablet                                       | Preferred     |                                  |
| cefuroxime axetil oral tablet                               | Preferred     | QL                               |
| <b>3Rd Generation Cephalosporin Antibiotics</b>             |               |                                  |
| cefdinir oral capsule                                       | Preferred     | QL                               |
| cefdinir oral suspension reconstituted                      | Preferred     |                                  |
| cefixime oral capsule                                       | Preferred     |                                  |
| cefixime oral suspension reconstituted                      | Non-Preferred | PA                               |
| cefpodoxime proxetil oral suspension reconstituted          | Non-Preferred | PA                               |
| cefpodoxime proxetil oral tablet                            | Non-Preferred | PA                               |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML | Non-Preferred | PA                               |
| SUPRAX ORAL TABLET CHEWABLE                                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------|---------------|----------------------------------|
| <b>Adamantane Antivirals</b>                                        |               |                                  |
| amantadine hcl oral capsule                                         | Formulary     | 90 Day Supply                    |
| amantadine hcl oral solution 50 mg/5ml                              | Formulary     | 90 Day Supply                    |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| <b>Allylamine Antifungals</b>                                       |               |                                  |
| athletes foot (terbinafine) external cream                          | Formulary     | OTC                              |
| cvs jock itch external cream                                        | Formulary     | OTC                              |
| gnp terbinafine hydrochloride external cream                        | Preferred     | OTC                              |
| ra antifungal foot care external cream                              | Formulary     | OTC                              |
| terbinafine hcl external cream                                      | Preferred     | OTC                              |
| terbinafine hcl oral tablet                                         | Preferred     | QL                               |
| <b>Amebicides</b>                                                   |               |                                  |
| antiseptic skin cleanser external solution 4 %                      | Formulary     | OTC                              |
| BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION                           | Formulary     | OTC                              |
| chlorhexidine gluconate mouth/throat solution                       | Formulary     | QL                               |
| metronidazole external gel 0.75 %                                   | Formulary     |                                  |
| metronidazole external gel 1 %                                      | Formulary     | QL                               |
| metronidazole oral capsule                                          | Formulary     |                                  |
| metronidazole oral tablet 250 mg, 500 mg                            | Formulary     |                                  |
| metronidazole vaginal gel                                           | Formulary     |                                  |
| PERIOGARD MOUTH/THROAT SOLUTION                                     | Formulary     | QL                               |
| <b>Aminoglycoside Antibiotics</b>                                   |               |                                  |
| ARIKAYCE INHALATION SUSPENSION                                      | Non-Preferred | PA                               |
| BETHKIS INHALATION NEBULIZATION SOLUTION                            | Preferred     | PA; Specialty                    |
| gentamicin sulfate ophthalmic solution                              | Formulary     | QL                               |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION         | Preferred     | PA; Specialty                    |
| TOBI INHALATION NEBULIZATION SOLUTION                               | Non-Preferred | PA; Specialty                    |
| TOBI PODHALER INHALATION CAPSULE                                    | Non-Preferred | PA; Specialty                    |
| tobramycin inhalation nebulization solution 300 mg/4ml              | Non-Preferred | PA; Specialty                    |
| tobramycin inhalation nebulization solution 300 mg/5ml              | Preferred     | Specialty                        |
| tobramycin ophthalmic solution                                      | Formulary     |                                  |
| tobramycin-dexamethasone ophthalmic suspension                      | Formulary     | QL                               |
| <b>Aminopenicillin Antibiotics</b>                                  |               |                                  |
| amoxicillin oral capsule                                            | Formulary     |                                  |
| amoxicillin oral suspension reconstituted                           | Formulary     |                                  |
| amoxicillin oral tablet                                             | Formulary     |                                  |
| amoxicillin oral tablet chewable 125 mg, 250 mg                     | Formulary     |                                  |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | Non-Preferred | PA                               |
| amoxicillin-pot clavulanate oral suspension reconstituted           | Preferred     |                                  |
| amoxicillin-pot clavulanate oral tablet                             | Preferred     |                                  |
| amoxicillin-pot clavulanate oral tablet chewable                    | Non-Preferred | PA                               |
| ampicillin oral capsule 500 mg                                      | Formulary     |                                  |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED                      | Non-Preferred | PA                               |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML            | Non-Preferred | PA                               |
| <b>Anthelmintics</b>                                                |               |                                  |
| praziquantel oral tablet                                            | Formulary     |                                  |
| <b>Antifungals, Miscellaneous</b>                                   |               |                                  |
| BREXAFEMME ORAL TABLET                                              | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------|---------------|----------------------------------|
| griseofulvin microsize oral suspension                 | Non-Preferred | PA                               |
| griseofulvin microsize oral tablet                     | Non-Preferred | PA                               |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | Non-Preferred | PA                               |
| <b>Antileprosy Agents</b>                              |               |                                  |
| dapsone external gel                                   | Non-Preferred | PA                               |
| dapsone oral tablet                                    | Formulary     |                                  |
| <b>Antimalarials</b>                                   |               |                                  |
| AMZEEQ EXTERNAL FOAM                                   | Non-Preferred | PA                               |
| chloroquine phosphate oral tablet                      | Formulary     |                                  |
| DARAPRIM ORAL TABLET                                   | Formulary     | PA                               |
| doxycycline hyclate oral capsule 100 mg                | Formulary     | 90 Day Supply                    |
| doxycycline hyclate oral capsule 50 mg                 | Formulary     |                                  |
| doxycycline hyclate oral tablet 100 mg, 20 mg          | Formulary     |                                  |
| doxycycline monohydrate oral capsule 100 mg            | Formulary     | 90 Day Supply                    |
| doxycycline monohydrate oral capsule 50 mg             | Formulary     |                                  |
| doxycycline monohydrate oral suspension reconstituted  | Formulary     |                                  |
| hydroxychloroquine sulfate oral tablet 200 mg          | Formulary     | 90 Day Supply                    |
| mefloquine hcl oral tablet                             | Formulary     | 90 Day Supply                    |
| minocycline hcl oral capsule 100 mg, 50 mg             | Formulary     |                                  |
| MONDOXYNE NL ORAL CAPSULE 100 MG                       | Formulary     |                                  |
| primaquine phosphate oral tablet 26.3 (15 base) mg     | Formulary     |                                  |
| quinidine sulfate oral tablet                          | Formulary     |                                  |
| tetracycline hcl oral capsule                          | Formulary     |                                  |
| <b>Antimycobacterials, Miscellaneous</b>               |               |                                  |
| dapsone oral tablet                                    | Formulary     |                                  |
| <b>Antiprotozoals, Miscellaneous</b>                   |               |                                  |
| dapsone external gel                                   | Non-Preferred | PA                               |
| dapsone oral tablet                                    | Formulary     |                                  |
| metronidazole oral capsule                             | Formulary     |                                  |
| metronidazole oral tablet 250 mg, 500 mg               | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral suspension          | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral tablet              | Formulary     |                                  |
| <b>Antituberculosis Agents</b>                         |               |                                  |
| CIPRO ORAL SUSPENSION RECONSTITUTED                    | Non-Preferred | PA                               |
| CIPRO ORAL TABLET 250 MG, 500 MG                       | Non-Preferred | PA; QL                           |
| ciprofloxacin hcl oral tablet 100 mg                   | Preferred     |                                  |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg   | Preferred     | QL                               |
| clarithromycin er oral tablet extended release 24 hour | Non-Preferred | PA                               |
| clarithromycin oral suspension reconstituted           | Non-Preferred | PA                               |
| clarithromycin oral tablet                             | Preferred     | QL                               |
| ethambutol hcl oral tablet                             | Formulary     |                                  |
| isoniazid oral syrup                                   | Formulary     |                                  |
| isoniazid oral tablet                                  | Formulary     |                                  |
| levofloxacin oral solution                             | Preferred     |                                  |
| levofloxacin oral tablet                               | Preferred     | QL                               |
| moxifloxacin hcl oral tablet                           | Non-Preferred | PA                               |
| pyrazinamide oral tablet                               | Formulary     |                                  |
| rifabutin oral capsule                                 | Formulary     |                                  |
| rifampin oral capsule                                  | Formulary     |                                  |
| <b>Antivirals, Miscellaneous</b>                       |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK                   | Preferred     | QL; AL                           |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK         | Preferred     | QL; AL                           |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK                   | Preferred     | QL; AL                           |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG       | Non-Preferred | PA                               |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG       | Non-Preferred | PA                               |
| <b>Azole Antifungals</b>                                      |               |                                  |
| CRESEMBA ORAL CAPSULE 186 MG                                  | Non-Preferred | PA                               |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED                        | Non-Preferred | PA                               |
| DIFLUCAN ORAL TABLET                                          | Non-Preferred | PA                               |
| fluconazole oral suspension reconstituted                     | Preferred     |                                  |
| fluconazole oral tablet                                       | Preferred     |                                  |
| itraconazole oral capsule                                     | Non-Preferred | PA                               |
| ketoconazole external cream                                   | Preferred     |                                  |
| ketoconazole external foam                                    | Non-Preferred | PA                               |
| ketoconazole external shampoo 2 %                             | Preferred     |                                  |
| ketoconazole oral tablet                                      | Non-Preferred | PA                               |
| NOXAFIL ORAL SUSPENSION                                       | Non-Preferred | PA                               |
| NOXAFIL ORAL TABLET DELAYED RELEASE                           | Non-Preferred | PA                               |
| posaconazole oral tablet delayed release                      | Non-Preferred | PA                               |
| SPORANOX ORAL CAPSULE                                         | Non-Preferred | PA                               |
| SPORANOX ORAL SOLUTION                                        | Non-Preferred | PA                               |
| tolsura oral capsule                                          | Non-Preferred | PA                               |
| VFEND ORAL SUSPENSION RECONSTITUTED                           | Non-Preferred | PA                               |
| VFEND ORAL TABLET                                             | Non-Preferred | PA                               |
| VIVJOA ORAL CAPSULE THERAPY PACK                              | Non-Preferred | PA                               |
| voriconazole oral suspension reconstituted                    | Non-Preferred | PA                               |
| voriconazole oral tablet                                      | Preferred     |                                  |
| <b>Bacitracin Antibiotics</b>                                 |               |                                  |
| bacitracin external ointment                                  | Formulary     | OTC                              |
| bacitracin ophthalmic ointment                                | Non-Preferred | PA                               |
| bacitracin zinc external ointment                             | Formulary     | OTC                              |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm  | Formulary     |                                  |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment             | Formulary     | QL                               |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM                | Formulary     | OTC                              |
| cvs antibiotic external ointment                              | Formulary     | OTC                              |
| cvs poly bacitracin external ointment                         | Formulary     | OTC                              |
| double antibiotic external ointment                           | Formulary     | OTC                              |
| eql first aid antibiotic external ointment                    | Formulary     | OTC                              |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                            | Formulary     | QL                               |
| NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000             | Formulary     | OTC                              |
| POLYCIN OPHTHALMIC OINTMENT                                   | Formulary     |                                  |
| ra antibiotic/pain relief external ointment                   | Formulary     | OTC                              |
| sm antibiotic external ointment                               | Formulary     | OTC                              |
| triple antibiotic external ointment 3.5-400-5000 , 5-400-5000 | Formulary     | OTC                              |
| triple antibiotic pain relief external ointment               | Formulary     | OTC                              |
| triple antibiotic plus external ointment                      | Formulary     | OTC                              |
| wal-sporin external ointment                                  | Formulary     | OTC                              |
| <b>Coronavirus (Covid-19)</b>                                 |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK               | Preferred     | QL; AL                           |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK     | Preferred     | QL; AL                           |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK               | Preferred     | QL; AL                           |
| <b>Endonuclease Inhibitors</b>                            |               |                                  |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG   | Non-Preferred | PA                               |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG   | Non-Preferred | PA                               |
| <b>Erythromycin Antibiotics</b>                           |               |                                  |
| E.E.S. 400 ORAL TABLET                                    | Non-Preferred | PA                               |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED             | Non-Preferred | PA                               |
| ery external pad                                          | Formulary     |                                  |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED                  | Non-Preferred | PA                               |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED                  | Non-Preferred | PA                               |
| ERY-TAB ORAL TABLET DELAYED RELEASE                       | Non-Preferred | PA                               |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG                    | Non-Preferred | PA                               |
| erythromycin base oral capsule delayed release particles  | Non-Preferred | PA                               |
| erythromycin base oral tablet                             | Preferred     |                                  |
| erythromycin base oral tablet delayed release             | Preferred     |                                  |
| erythromycin ethylsuccinate oral suspension reconstituted | Non-Preferred | PA                               |
| erythromycin ethylsuccinate oral tablet                   | Non-Preferred | PA                               |
| erythromycin external gel                                 | Preferred     |                                  |
| erythromycin external solution                            | Preferred     |                                  |
| erythromycin oral tablet delayed release                  | Non-Preferred | PA                               |
| <b>Glycopeptide Antibiotics</b>                           |               |                                  |
| FIRVANQ ORAL SOLUTION RECONSTITUTED                       | Formulary     |                                  |
| <b>Hcv Polymerase Inhibitor Antivirals</b>                |               |                                  |
| EPCLUSA ORAL PACKET                                       | Non-Preferred | PA; Specialty                    |
| EPCLUSA ORAL TABLET                                       | Non-Preferred | PA; Specialty                    |
| HARVONI ORAL PACKET                                       | Non-Preferred | PA; Specialty                    |
| HARVONI ORAL TABLET                                       | Non-Preferred | PA; Specialty                    |
| ledipasvir-sofosbuvir oral tablet                         | Non-Preferred | PA; Specialty                    |
| sofosbuvir-velpatasvir oral tablet                        | Non-Preferred | PA; Specialty                    |
| SOVALDI ORAL PACKET                                       | Non-Preferred | PA; Specialty                    |
| SOVALDI ORAL TABLET                                       | Non-Preferred | PA; Specialty                    |
| VOSEVI ORAL TABLET                                        | Non-Preferred | PA; Specialty                    |
| <b>Hcv Protease Inhibitor Antivirals</b>                  |               |                                  |
| MAVYRET ORAL PACKET                                       | Preferred     | Specialty; QL                    |
| MAVYRET ORAL TABLET                                       | Preferred     | Specialty; QL                    |
| VOSEVI ORAL TABLET                                        | Non-Preferred | PA; Specialty                    |
| ZEPATIER ORAL TABLET                                      | Non-Preferred | PA; Specialty                    |
| <b>Hcv Replication Complex Inhibitors</b>                 |               |                                  |
| EPCLUSA ORAL PACKET                                       | Non-Preferred | PA; Specialty                    |
| EPCLUSA ORAL TABLET                                       | Non-Preferred | PA; Specialty                    |
| HARVONI ORAL PACKET                                       | Non-Preferred | PA; Specialty                    |
| HARVONI ORAL TABLET                                       | Non-Preferred | PA; Specialty                    |
| ledipasvir-sofosbuvir oral tablet                         | Non-Preferred | PA; Specialty                    |
| MAVYRET ORAL PACKET                                       | Preferred     | Specialty; QL                    |
| MAVYRET ORAL TABLET                                       | Preferred     | Specialty; QL                    |
| sofosbuvir-velpatasvir oral tablet                        | Non-Preferred | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| VOSEVI ORAL TABLET                                        | Non-Preferred | PA; Specialty                    |
| ZEPATIER ORAL TABLET                                      | Non-Preferred | PA; Specialty                    |
| <b>Hiv Entry And Fusion Inhibitors</b>                    |               |                                  |
| maraviroc oral tablet                                     | Formulary     |                                  |
| SELZENTRY ORAL SOLUTION                                   | Formulary     |                                  |
| <b>Hiv Integrase Inhibitor Antiretrovirals</b>            |               |                                  |
| BIKTARVY ORAL TABLET                                      | Formulary     | QL                               |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE        | Formulary     | QL                               |
| DOVATO ORAL TABLET                                        | Formulary     | QL                               |
| GENVOYA ORAL TABLET                                       | Formulary     | QL                               |
| ISENTRESS HD ORAL TABLET                                  | Formulary     |                                  |
| ISENTRESS ORAL PACKET                                     | Formulary     | QL                               |
| ISENTRESS ORAL TABLET                                     | Formulary     |                                  |
| ISENTRESS ORAL TABLET CHEWABLE                            | Formulary     | QL                               |
| JULUCA ORAL TABLET                                        | Formulary     | QL                               |
| TIVICAY ORAL TABLET 50 MG                                 | Formulary     | QL                               |
| TRIUMEQ ORAL TABLET                                       | Formulary     |                                  |
| <b>Hiv Nucleoside Rev. Transcrip. Inhib.</b>              |               |                                  |
| BIKTARVY ORAL TABLET                                      | Formulary     | QL                               |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE        | Formulary     | QL                               |
| COMPLERA ORAL TABLET                                      | Formulary     |                                  |
| EDURANT ORAL TABLET                                       | Formulary     |                                  |
| efavirenz oral capsule                                    | Formulary     |                                  |
| efavirenz oral tablet                                     | Formulary     |                                  |
| JULUCA ORAL TABLET                                        | Formulary     | QL                               |
| methocarbamol oral tablet 500 mg                          | Formulary     |                                  |
| nevirapine er oral tablet extended release 24 hour 400 mg | Formulary     | QL                               |
| nevirapine oral suspension                                | Formulary     | QL                               |
| nevirapine oral tablet                                    | Formulary     | 90 Day Supply; QL                |
| ODEFSEY ORAL TABLET                                       | Formulary     |                                  |
| <b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>           |               |                                  |
| abacavir sulfate oral solution                            | Formulary     | QL                               |
| abacavir sulfate oral tablet                              | Formulary     | QL                               |
| abacavir sulfate-lamivudine oral tablet                   | Formulary     | QL                               |
| BIKTARVY ORAL TABLET                                      | Formulary     | QL                               |
| COMPLERA ORAL TABLET                                      | Formulary     |                                  |
| DESCOVY ORAL TABLET 120-15 MG                             | Formulary     | QL                               |
| DESCOVY ORAL TABLET 200-25 MG                             | Formulary     |                                  |
| DOVATO ORAL TABLET                                        | Formulary     | QL                               |
| emtricitabine oral capsule                                | Formulary     |                                  |
| emtricitabine-tenofovir df oral tablet                    | Formulary     | QL                               |
| EMTRIVA ORAL SOLUTION                                     | Formulary     |                                  |
| EPIVIR ORAL SOLUTION                                      | Preferred     | QL                               |
| EPIVIR ORAL TABLET                                        | Preferred     | QL                               |
| GENVOYA ORAL TABLET                                       | Formulary     | QL                               |
| lamivudine oral solution 10 mg/ml                         | Formulary     | QL                               |
| lamivudine oral tablet 100 mg                             | Preferred     | PA                               |
| lamivudine oral tablet 150 mg, 300 mg                     | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| ODEFSEY ORAL TABLET                                                   | Formulary     |                                  |
| SYMTUZA ORAL TABLET                                                   | Formulary     | QL                               |
| tenofovir disoproxil fumarate oral tablet                             | Formulary     |                                  |
| TRIUMEQ ORAL TABLET                                                   | Formulary     |                                  |
| zidovudine oral capsule                                               | Formulary     | QL                               |
| zidovudine oral syrup                                                 | Formulary     |                                  |
| zidovudine oral tablet                                                | Formulary     |                                  |
| <b>Hiv Protease Inhibitor Antiretrovirals</b>                         |               |                                  |
| atazanavir sulfate oral capsule                                       | Formulary     |                                  |
| darunavir oral tablet                                                 | Formulary     |                                  |
| lopinavir-ritonavir oral solution                                     | Formulary     | QL                               |
| lopinavir-ritonavir oral tablet                                       | Formulary     |                                  |
| NORVIR ORAL PACKET                                                    | Formulary     |                                  |
| PREZCOBIX ORAL TABLET 800-150 MG                                      | Formulary     |                                  |
| PREZISTA ORAL TABLET 150 MG, 75 MG                                    | Formulary     |                                  |
| ritonavir oral tablet                                                 | Formulary     |                                  |
| SYMTUZA ORAL TABLET                                                   | Formulary     | QL                               |
| <b>Interferon Antivirals</b>                                          |               |                                  |
| PEGASYS SUBCUTANEOUS SOLUTION                                         | Preferred     | Specialty; QL                    |
| <b>Lincomycin Antibiotics</b>                                         |               |                                  |
| ACANYA EXTERNAL GEL                                                   | Non-Preferred | PA                               |
| CLEOCIN-T EXTERNAL LOTION                                             | Non-Preferred | PA                               |
| clindamycin hcl oral capsule 150 mg, 300 mg                           | Formulary     |                                  |
| clindamycin palmitate hcl oral solution reconstituted                 | Formulary     |                                  |
| clindamycin phos (once-daily) gel 1 % external                        | Non-Preferred | PA; QL                           |
| clindamycin phos (twice-daily) gel 1 % external                       | Preferred     | QL                               |
| clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %     | Non-Preferred | PA                               |
| clindamycin phos-benzoyl perox external gel 1.2-5 %                   | Preferred     |                                  |
| clindamycin phos-benzoyl perox external gel 1-5 %                     | Preferred     | QL                               |
| clindamycin phosphate external foam                                   | Non-Preferred | PA                               |
| clindamycin phosphate external lotion                                 | Preferred     | QL                               |
| clindamycin phosphate external solution                               | Preferred     |                                  |
| clindamycin phosphate external swab                                   | Preferred     |                                  |
| clindamycin-tretinoin external gel                                    | Non-Preferred | PA; AL                           |
| NEUAC EXTERNAL GEL                                                    | Non-Preferred | PA                               |
| ONEXTON EXTERNAL GEL                                                  | Non-Preferred | PA                               |
| ZIANA EXTERNAL GEL                                                    | Non-Preferred | PA; AL                           |
| <b>Monobactam Antibiotics</b>                                         |               |                                  |
| CAYSTON INHALATION SOLUTION RECONSTITUTED                             | Non-Preferred | PA; Specialty                    |
| <b>Monoclonal Antibodies (08:18)</b>                                  |               |                                  |
| ILARIS SUBCUTANEOUS SOLUTION                                          | Non-Preferred | PA                               |
| <b>Natural Penicillin Antibiotics</b>                                 |               |                                  |
| penicillin v potassium oral solution reconstituted                    | Formulary     |                                  |
| penicillin v potassium oral tablet                                    | Formulary     |                                  |
| <b>Neuraminidase Inhibitor Antivirals</b>                             |               |                                  |
| oseltamivir phosphate oral capsule                                    | Preferred     |                                  |
| oseltamivir phosphate oral suspension reconstituted                   | Preferred     |                                  |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Preferred     |                                  |
| TAMIFLU ORAL CAPSULE                                                  | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------|---------------|----------------------------------|
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML          | Non-Preferred | PA                               |
| <b>Nitroimidazole Derivatives, Misc</b>                |               |                                  |
| metronidazole external gel 0.75 %                      | Formulary     |                                  |
| metronidazole external gel 1 %                         | Formulary     | QL                               |
| metronidazole oral capsule                             | Formulary     |                                  |
| metronidazole oral tablet 250 mg, 500 mg               | Formulary     |                                  |
| metronidazole vaginal gel                              | Formulary     |                                  |
| <b>Nucleoside And Nucleotide Antivirals</b>            |               |                                  |
| acyclovir external cream                               | Non-Preferred | PA                               |
| acyclovir external ointment                            | Preferred     |                                  |
| acyclovir oral capsule                                 | Preferred     | 90 Day Supply                    |
| acyclovir oral suspension 200 mg/5ml                   | Preferred     |                                  |
| acyclovir oral tablet                                  | Preferred     | 90 Day Supply                    |
| adefovir dipivoxil oral tablet                         | Non-Preferred | PA                               |
| BARACLUDE ORAL SOLUTION                                | Preferred     | PA                               |
| BARACLUDE ORAL TABLET                                  | Non-Preferred | PA                               |
| COMPLERA ORAL TABLET                                   | Formulary     |                                  |
| DESCOVY ORAL TABLET 120-15 MG                          | Formulary     | QL                               |
| DESCOVY ORAL TABLET 200-25 MG                          | Formulary     |                                  |
| emtricitabine-tenofovir df oral tablet                 | Formulary     | QL                               |
| entecavir oral tablet                                  | Preferred     | PA                               |
| famciclovir oral tablet                                | Non-Preferred | PA                               |
| LAGEVRIO ORAL CAPSULE                                  | Formulary     | QL; AL                           |
| ODEFSEY ORAL TABLET                                    | Formulary     |                                  |
| ribavirin oral capsule                                 | Preferred     | Specialty; QL                    |
| ribavirin oral tablet 200 mg                           | Preferred     | Specialty; QL                    |
| SITAVIG BUCCAL TABLET                                  | Non-Preferred | PA                               |
| valacyclovir hcl oral tablet                           | Preferred     | 90 Day Supply                    |
| VALTREX ORAL TABLET                                    | Non-Preferred | PA                               |
| VEMLIDY ORAL TABLET                                    | Non-Preferred | PA                               |
| XERESE EXTERNAL CREAM                                  | Non-Preferred | PA                               |
| ZOVIRAX EXTERNAL CREAM                                 | Non-Preferred | PA                               |
| ZOVIRAX EXTERNAL OINTMENT                              | Non-Preferred | PA                               |
| <b>Other Macrolide Antibiotics</b>                     |               |                                  |
| azithromycin oral packet                               | Preferred     | QL                               |
| azithromycin oral suspension reconstituted             | Preferred     |                                  |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg        | Preferred     | QL                               |
| clarithromycin er oral tablet extended release 24 hour | Non-Preferred | PA                               |
| clarithromycin oral suspension reconstituted           | Non-Preferred | PA                               |
| clarithromycin oral tablet                             | Preferred     | QL                               |
| ZITHROMAX ORAL PACKET                                  | Non-Preferred | PA; QL                           |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED                | Non-Preferred | PA                               |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                   | Non-Preferred | PA; QL                           |
| ZITHROMAX TRI-PAK ORAL TABLET                          | Non-Preferred | PA; QL                           |
| ZITHROMAX Z-PAK ORAL TABLET                            | Non-Preferred | PA; QL                           |
| <b>Other Macrolides (8:12.12.92)</b>                   |               |                                  |
| azithromycin oral packet                               | Preferred     | QL                               |
| azithromycin oral suspension reconstituted             | Preferred     |                                  |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg        | Preferred     | QL                               |
| clarithromycin er oral tablet extended release 24 hour | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                        | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------|---------------|----------------------------------|
| clarithromycin oral suspension reconstituted                | Non-Preferred | PA                               |
| clarithromycin oral tablet                                  | Preferred     | QL                               |
| ZITHROMAX ORAL PACKET                                       | Non-Preferred | PA; QL                           |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED                     | Non-Preferred | PA                               |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                        | Non-Preferred | PA; QL                           |
| ZITHROMAX TRI-PAK ORAL TABLET                               | Non-Preferred | PA; QL                           |
| ZITHROMAX Z-PAK ORAL TABLET                                 | Non-Preferred | PA; QL                           |
| <b>Oxazolidinone Antibiotics</b>                            |               |                                  |
| linezolid oral tablet                                       | Formulary     | QL                               |
| <b>Penicillinase-Resistant Penicillins</b>                  |               |                                  |
| dicloxacillin sodium oral capsule                           | Formulary     |                                  |
| <b>Polyene Antifungals</b>                                  |               |                                  |
| NYAMYC EXTERNAL POWDER                                      | Preferred     |                                  |
| nystatin external cream                                     | Preferred     |                                  |
| nystatin external ointment                                  | Preferred     |                                  |
| nystatin external powder                                    | Preferred     |                                  |
| nystatin mouth/throat suspension 100000 unit/ml             | Preferred     |                                  |
| nystatin oral tablet                                        | Non-Preferred | PA                               |
| nystatin-triamcinolone external cream                       | Preferred     |                                  |
| nystatin-triamcinolone external ointment                    | Non-Preferred | PA                               |
| <b>Polymyxin Antibiotics</b>                                |               |                                  |
| polymyxin b-trimethoprim ophthalmic solution                | Formulary     |                                  |
| <b>Pyrimidine Antifungals</b>                               |               |                                  |
| ANCOBON ORAL CAPSULE                                        | Non-Preferred | PA                               |
| flucytosine oral capsule                                    | Non-Preferred | PA                               |
| <b>Quinolone Antibiotics</b>                                |               |                                  |
| BAXDELA ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| CIPRO ORAL SUSPENSION RECONSTITUTED                         | Non-Preferred | PA                               |
| CIPRO ORAL TABLET 250 MG, 500 MG                            | Non-Preferred | PA; QL                           |
| ciprofloxacin hcl oral tablet 100 mg                        | Preferred     |                                  |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg        | Preferred     | QL                               |
| levofloxacin oral solution                                  | Preferred     |                                  |
| levofloxacin oral tablet                                    | Preferred     | QL                               |
| moxifloxacin hcl (2x day) ophthalmic solution               | Non-Preferred | PA                               |
| moxifloxacin hcl ophthalmic solution                        | Preferred     | QL                               |
| moxifloxacin hcl oral tablet                                | Non-Preferred | PA                               |
| OCUFLOX OPHTHALMIC SOLUTION                                 | Non-Preferred | PA; QL                           |
| ofloxacin ophthalmic solution                               | Preferred     | 90 Day Supply; QL                |
| ofloxacin oral tablet 300 mg, 400 mg                        | Non-Preferred | PA                               |
| ofloxacin otic solution                                     | Preferred     | 90 Day Supply                    |
| VIGAMOX OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| <b>Rifamycin Antibiotics</b>                                |               |                                  |
| rifabutin oral capsule                                      | Formulary     |                                  |
| rifampin oral capsule                                       | Formulary     |                                  |
| <b>Sulfonamides</b>                                         |               |                                  |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE              | Non-Preferred | PA                               |
| AZULFIDINE ORAL TABLET                                      | Non-Preferred | PA                               |
| sulfadiazine oral tablet                                    | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral tablet                   | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| sulfasalazine oral tablet                                             | Preferred     | 90 Day Supply                    |
| sulfasalazine oral tablet delayed release                             | Preferred     | 90 Day Supply                    |
| <b>Tetracycline Antibiotics</b>                                       |               |                                  |
| AMZEEQ EXTERNAL FOAM                                                  | Non-Preferred | PA                               |
| doxycycline hyclate oral capsule 100 mg                               | Formulary     | 90 Day Supply                    |
| doxycycline hyclate oral capsule 50 mg                                | Formulary     |                                  |
| doxycycline hyclate oral tablet 100 mg, 20 mg                         | Formulary     |                                  |
| doxycycline monohydrate oral capsule 100 mg                           | Formulary     | 90 Day Supply                    |
| doxycycline monohydrate oral capsule 50 mg                            | Formulary     |                                  |
| doxycycline monohydrate oral suspension reconstituted                 | Formulary     |                                  |
| minocycline hcl oral capsule 100 mg, 50 mg                            | Formulary     |                                  |
| MONDOXYNE NL ORAL CAPSULE 100 MG                                      | Formulary     |                                  |
| tetracycline hcl oral capsule                                         | Formulary     |                                  |
| <b>Urinary Anti-Infectives</b>                                        |               |                                  |
| nitrofurantoin macrocrystal oral capsule                              | Formulary     |                                  |
| nitrofurantoin oral suspension 25 mg/5ml                              | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral suspension                         | Formulary     |                                  |
| sulfamethoxazole-trimethoprim oral tablet                             | Formulary     |                                  |
| trimethoprim oral tablet                                              | Formulary     |                                  |
| <b>Antineoplastic Agents</b>                                          |               |                                  |
| <b>Antineoplastic Agents</b>                                          |               |                                  |
| ALTRENO EXTERNAL LOTION                                               | Non-Preferred | PA                               |
| ATRALIN EXTERNAL GEL                                                  | Non-Preferred | PA; AL                           |
| AVITA EXTERNAL CREAM                                                  | Non-Preferred | PA; AL                           |
| bicalutamide oral tablet                                              | Formulary     |                                  |
| cyclophosphamide oral capsule                                         | Formulary     |                                  |
| DROXIA ORAL CAPSULE                                                   | Preferred     | QL                               |
| EMCYT ORAL CAPSULE                                                    | Formulary     | PA                               |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg | Non-Preferred | PA                               |
| FARESTON ORAL TABLET                                                  | Formulary     | PA                               |
| fluorouracil external cream 5 %                                       | Formulary     | QL                               |
| hydroxyurea oral capsule                                              | Formulary     | 90 Day Supply                    |
| letrozole oral tablet                                                 | Formulary     | PA; 90 Day Supply; QL            |
| LEUKERAN ORAL TABLET                                                  | Formulary     | PA                               |
| lomustine oral capsule                                                | Formulary     |                                  |
| LYSODREN ORAL TABLET                                                  | Formulary     | PA                               |
| MATULANE ORAL CAPSULE                                                 | Formulary     | PA                               |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                          | Non-Preferred | PA                               |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml               | Preferred     | QL                               |
| megestrol acetate oral suspension 625 mg/5ml                          | Non-Preferred | PA                               |
| megestrol acetate oral tablet                                         | Preferred     | 90 Day Supply                    |
| melphalan oral tablet                                                 | Formulary     | PA                               |
| mercaptopurine oral tablet                                            | Formulary     |                                  |
| methotrexate sodium oral tablet                                       | Formulary     |                                  |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                           | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------|---------------|----------------------------------|
| MYLERAN ORAL TABLET                                            | Formulary     | PA                               |
| OPZELURA EXTERNAL CREAM                                        | Non-Preferred | PA                               |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                       | Preferred     | Specialty; QL                    |
| RETIN-A MICRO EXTERNAL GEL                                     | Non-Preferred | PA; AL                           |
| RETIN-A MICRO PUMP EXTERNAL GEL                                | Non-Preferred | PA; AL                           |
| SIKLOS ORAL TABLET                                             | Non-Preferred | PA                               |
| TABLOID ORAL TABLET                                            | Formulary     | Specialty                        |
| tamoxifen citrate oral tablet                                  | Formulary     | 90 Day Supply                    |
| toremifene citrate oral tablet                                 | Formulary     | PA                               |
| tretinoin external cream                                       | Preferred     | AL                               |
| tretinoin external gel 0.01 %, 0.025 %                         | Preferred     | AL                               |
| tretinoin external gel 0.05 %                                  | Non-Preferred | PA; AL                           |
| tretinoin microsphere external gel 0.04 %, 0.1 %               | Non-Preferred | PA; AL                           |
| tretinoin microsphere external gel 0.08 %                      | Non-Preferred | PA                               |
| tretinoin microsphere pump external gel 0.04 %, 0.1 %          | Non-Preferred | PA; AL                           |
| tretinoin microsphere pump external gel 0.08 %                 | Non-Preferred | PA                               |
| XROMI ORAL SOLUTION                                            | Non-Preferred | PA                               |
| ZORTRESS ORAL TABLET                                           | Non-Preferred | PA                               |
| <b>Antitoxins, Immune Glob, Toxoids, Vaccines</b>              |               |                                  |
| <b>Toxoids</b>                                                 |               |                                  |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE              | Formulary     | AL                               |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5        | Formulary     | AL                               |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE            | Formulary     | AL                               |
| TDVAX INTRAMUSCULAR SUSPENSION                                 | Formulary     | AL                               |
| TENIVAC INTRAMUSCULAR SUSPENSION                               | Formulary     | AL                               |
| <b>Vaccines</b>                                                |               |                                  |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED                   | Formulary     | QL; AL                           |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                    | Formulary     | QL; AL                           |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE              | Formulary     | AL                               |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED                  | Formulary     | QL; AL                           |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE             | Formulary     | QL; AL                           |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5        | Formulary     | AL                               |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE            | Formulary     | AL                               |
| CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE             | Formulary     | QL; AL                           |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE           | Formulary     | AL                               |
| ENGRIX-B INJECTION SUSPENSION 20 MCG/ML                        | Formulary     | QL; AL                           |
| ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML      | Formulary     | QL; AL                           |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION                            | Formulary     | QL; AL                           |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE          | Formulary     | QL; AL                           |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML | Formulary     | AL                               |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE            | Formulary     | QL; AL                           |
| HIBERIX INJECTION SOLUTION RECONSTITUTED                       | Formulary     | QL; AL                           |
| IPOL INJECTION SUSPENSION                                      | Formulary     | QL; AL                           |
| JYNNEOS SUBCUTANEOUS SUSPENSION                                | Formulary     | QL; AL                           |
| MENQUADFI INTRAMUSCULAR SOLUTION                               | Formulary     | QL; AL                           |
| MENVEO INTRAMUSCULAR SOLUTION                                  | Formulary     | QL; AL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                     | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|---------------|----------------------------------|
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED                              | Formulary     | QL; AL                           |
| M-M-R II INJECTION SOLUTION RECONSTITUTED                                | Formulary     | AL                               |
| MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                     | Formulary     | AL                               |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                       | Formulary     | QL; AL                           |
| novavax covid-19 vaccine intramuscular suspension prefilled syringe      | Formulary     | AL                               |
| nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe    | Formulary     | AL                               |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED                          | Formulary     | QL; AL                           |
| penmenvy intramuscular suspension reconstituted                          | Formulary     | QL; AL                           |
| PNEUMOVAX 23 INJECTION SOLUTION                                          | Formulary     | QL; AL                           |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE                        | Formulary     | QL; AL                           |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION                                      | Formulary     | QL; AL                           |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                    | Formulary     | QL; AL                           |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED                            | Formulary     | QL; AL                           |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML                  | Formulary     | QL; AL                           |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML           | Formulary     | QL; AL                           |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                      | Formulary     | AL                               |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML             | Formulary     | AL                               |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                      | Formulary     | AL                               |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                      | Formulary     | QL; AL                           |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                       | Formulary     | QL; AL                           |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML              | Formulary     | AL                               |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED                               | Formulary     | QL; AL                           |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                   | Formulary     | QL; AL                           |
| <b>Autonomic Drugs</b>                                                   |               |                                  |
| <b>Alpha- And Beta-Adrenergic Agonists</b>                               |               |                                  |
| 12 hour decongestant oral tablet extended release 12 hour                | Formulary     | OTC                              |
| 12 hour nasal decongestant oral tablet extended release 12 hour          | Formulary     | OTC                              |
| ADRENALIN NASAL SOLUTION                                                 | Formulary     |                                  |
| all day allergy d oral tablet extended release 12 hour                   | Preferred     | OTC; QL                          |
| all day allergy-d oral tablet extended release 12 hour                   | Preferred     | OTC; QL                          |
| allergy relief d oral tablet extended release 12 hour                    | Preferred     | OTC; QL                          |
| allergy relief d-12 oral tablet extended release 12 hour                 | Preferred     | OTC; QL                          |
| allergy relief d-24 oral tablet extended release 24 hour                 | Preferred     | OTC; QL                          |
| allergy relief/nasal decongest oral tablet extended release 24 hour      | Preferred     | OTC; QL                          |
| allergy relief-d oral tablet extended release 24 hour                    | Preferred     | OTC; QL                          |
| allergy/congestion relief oral tablet extended release 12 hour           | Preferred     | OTC; QL                          |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR                                  | Non-Preferred | PA; QL                           |
| cetirizine-pseudoephedrine er oral tablet extended release 12 hour       | Preferred     | OTC; QL                          |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR                  | Non-Preferred | PA                               |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml              | Non-Preferred | PA; QL                           |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                          | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|---------------|----------------------------------|
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR                                 | Preferred     | QL                               |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR                              | Preferred     | QL                               |
| gnp all day allergy-d oral tablet extended release 12 hour                    | Preferred     | OTC; QL                          |
| gnp allergy & congestion oral tablet extended release 24 hour                 | Preferred     | OTC; QL                          |
| gnp allergy/congestion relief oral tablet extended release 24 hour            | Preferred     | OTC; QL                          |
| gnp nasal decongestant oral tablet                                            | Formulary     | OTC                              |
| hm allergy relief/nasal decong oral tablet extended release 24 hour           | Preferred     | OTC; QL                          |
| LOHIST-D ORAL LIQUID                                                          | Formulary     | OTC                              |
| loratadine-d 12hr oral tablet extended release 12 hour                        | Preferred     | OTC; QL                          |
| loratadine-d 24hr oral tablet extended release 24 hour                        | Preferred     | OTC; QL                          |
| mucus relief d oral tablet extended release 12 hour 60-600 mg                 | Formulary     | OTC                              |
| NEFFY NASAL SOLUTION                                                          | Non-Preferred | PA; QL                           |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml                               | Formulary     |                                  |
| pseudoephedrine hcl er oral tablet extended release 12 hour                   | Formulary     | OTC                              |
| pseudoephedrine hcl oral tablet                                               | Formulary     | OTC                              |
| pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg | Formulary     | OTC                              |
| qc loratadine-d oral tablet extended release 24 hour                          | Preferred     | OTC; QL                          |
| ra mucus relief d max strength oral tablet extended release 12 hour           | Formulary     | OTC; QL                          |
| ra suphedrine oral tablet 30 mg                                               | Formulary     | OTC                              |
| ra suphedrine oral tablet extended release 12 hour                            | Formulary     | OTC                              |
| rynex pse oral liquid                                                         | Formulary     | OTC                              |
| sm all day allergy-d oral tablet extended release 12 hour                     | Preferred     | OTC; QL                          |
| sm loratadine d 12hr oral tablet extended release 12 hour                     | Preferred     | OTC; QL                          |
| sm lorata-dine d oral tablet extended release 24 hour                         | Preferred     | OTC; QL                          |
| sm nasal decongestant oral tablet extended release 12 hour                    | Formulary     | OTC                              |
| SUDAFED CHILDRENS ORAL LIQUID                                                 | Formulary     | OTC                              |
| sudogest 12 hour oral tablet extended release 12 hour                         | Formulary     | OTC                              |
| SUDOGEST ORAL TABLET 60 MG                                                    | Formulary     | OTC                              |
| SUDOGEST SINUS/ALLERGY ORAL TABLET                                            | Formulary     | OTC                              |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR                         | Formulary     | OTC                              |
| WAL-PHED D ORAL TABLET                                                        | Formulary     | OTC                              |
| WAL-PHED ORAL TABLET                                                          | Formulary     | OTC                              |
| <b>Alpha-Adrenergic Agonists (12:12)</b>                                      |               |                                  |
| 4-WAY FAST ACTING NASAL SOLUTION                                              | Formulary     | OTC                              |
| childrens cold & allergy oral elixir                                          | Formulary     | OTC                              |
| clonidine hcl er oral tablet extended release 12 hour                         | Preferred     | 90 Day Supply                    |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg                              | Formulary     | 90 Day Supply                    |
| clonidine transdermal patch weekly                                            | Formulary     |                                  |
| cold/cough childrens oral liquid                                              | Formulary     | OTC                              |
| cold/cough dm childrens oral liquid                                           | Formulary     | OTC                              |
| cvs sinus pe decongestant oral tablet                                         | Formulary     | OTC                              |
| DIMAPHEN DM COLD/COUGH ORAL LIQUID                                            | Formulary     | OTC                              |
| ed bron gp oral liquid                                                        | Formulary     | OTC; QL                          |
| ENDACOF-DM ORAL LIQUID                                                        | Formulary     | OTC                              |
| ephine nose drops nasal solution                                              | Formulary     | OTC                              |
| gnp cold/cough childrens oral liquid                                          | Formulary     | OTC                              |
| hemorrhoidal cooling external gel                                             | Formulary     | OTC                              |
| methyldopa oral tablet                                                        | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| nasal four nasal solution                                    | Formulary     | OTC                              |
| non-pseudo sinus decongestant oral tablet                    | Formulary     | OTC                              |
| ONYDA XR ORAL SUSPENSION EXTENDED RELEASE                    | Non-Preferred | PA                               |
| promethazine vc oral syrup                                   | Formulary     |                                  |
| promethazine-phenylephrine oral syrup                        | Formulary     |                                  |
| px dibromm dm cold/cough child oral liquid                   | Formulary     | OTC                              |
| px hemorrhoidal rectal suppository                           | Formulary     | OTC                              |
| ra hemorrhoidal rectal ointment                              | Formulary     | OTC                              |
| ra hemorrhoidal rectal suppository                           | Formulary     | OTC                              |
| ra nose drops extra strength nasal solution                  | Formulary     | OTC                              |
| rynex dm oral liquid                                         | Formulary     | OTC                              |
| rynex pe oral elixir                                         | Formulary     | OTC                              |
| sb hemorrhoid rectal ointment                                | Formulary     | OTC                              |
| sinus relief extra strength nasal solution                   | Formulary     | OTC                              |
| WAL-FOUR NASAL SOLUTION                                      | Formulary     | OTC                              |
| WAL-PHED PE ORAL TABLET                                      | Formulary     | OTC                              |
| <b>Antimuscarinics/Antispasmodics</b>                        |               |                                  |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED     | Preferred     | QL                               |
| ATROVENT HFA INHALATION AEROSOL SOLUTION                     | Preferred     |                                  |
| BEVESPI AEROSPHERE INHALATION AEROSOL                        | Non-Preferred | PA                               |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT      | Non-Preferred | PA                               |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION               | Preferred     | QL                               |
| dicyclomine hcl oral capsule                                 | Formulary     | 90 Day Supply                    |
| dicyclomine hcl oral tablet 20 mg                            | Formulary     | 90 Day Supply                    |
| diphenoxylate-atropine oral liquid                           | Formulary     |                                  |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg              | Formulary     |                                  |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED  | Non-Preferred | PA                               |
| glycopyrrolate oral tablet 1 mg                              | Formulary     | 90 Day Supply; QL                |
| glycopyrrolate oral tablet 2 mg                              | Formulary     | 90 Day Supply                    |
| hydrocodone bit-homatrop mbr oral solution                   | Formulary     | AL                               |
| hydrocodone bit-homatrop mbr oral tablet                     | Formulary     | AL                               |
| hydromet oral solution                                       | Formulary     | AL                               |
| hyoscyamine sulfate er oral tablet extended release 12 hour  | Formulary     |                                  |
| hyoscyamine sulfate oral tablet                              | Formulary     |                                  |
| hyoscyamine sulfate oral tablet dispersible                  | Formulary     |                                  |
| hyoscyamine sulfate sublingual tablet sublingual             | Formulary     |                                  |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED   | Non-Preferred | PA                               |
| ipratropium bromide inhalation solution                      | Preferred     | 90 Day Supply                    |
| ipratropium bromide nasal solution                           | Preferred     | 90 Day Supply; QL                |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml | Preferred     | 90 Day Supply                    |
| NULEV ORAL TABLET DISPERSIBLE                                | Formulary     |                                  |
| oscimin oral tablet                                          | Formulary     |                                  |
| oscimin sublingual tablet sublingual                         | Formulary     |                                  |
| scopolamine transdermal patch 72 hour                        | Non-Preferred | PA                               |
| SPIRIVA HANDIHALER INHALATION CAPSULE                        | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                    | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|---------------|----------------------------------|
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT  | Preferred     | QL                               |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT            | Preferred     | QL                               |
| tiotropium bromide inhalation capsule                                   | Non-Preferred | PA                               |
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR                                | Preferred     |                                  |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED              | Non-Preferred | PA                               |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | Non-Preferred | PA; QL                           |
| umeclidinium-vilanterol inhalation aerosol powder breath activated      | Non-Preferred | PA; QL                           |
| YUPELRI INHALATION NEBULIZATION SOLUTION                                | Non-Preferred | PA                               |
| YUPELRI INHALATION SOLUTION                                             | Non-Preferred | PA                               |
| <b>Antiparkinsonian Agents</b>                                          |               |                                  |
| aler-cap oral capsule                                                   | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET                                   | Formulary     | OTC                              |
| allergy childrens oral liquid                                           | Formulary     | OTC                              |
| BANOPHEN ORAL CAPSULE 50 MG                                             | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                                                    | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                                                    | Formulary     | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                                            | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET                                  | Formulary     | OTC                              |
| benztropine mesylate oral tablet                                        | Formulary     | 90 Day Supply                    |
| complete allergy medicine oral capsule                                  | Formulary     | OTC                              |
| complete allergy relief oral tablet                                     | Formulary     | OTC                              |
| diphen oral tablet                                                      | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg                                  | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg                                  | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg                                   | Formulary     | OTC                              |
| geri-dryl oral liquid                                                   | Formulary     | OTC                              |
| geri-dryl oral tablet                                                   | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                                           | Formulary     | OTC                              |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR                           | Non-Preferred | PA                               |
| nighttime sleep aid oral tablet 25 mg                                   | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                                           | Formulary     | 90 Day Supply; OTC               |
| ra nighttime sleep aid oral tablet                                      | Formulary     | OTC                              |
| sb allergy medicine oral liquid                                         | Formulary     | OTC                              |
| sb allergy oral capsule                                                 | Formulary     | OTC                              |
| sb sleep oral tablet                                                    | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                                                | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet                                 | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                                     | Formulary     | OTC                              |
| total allergy oral tablet                                               | Formulary     | OTC                              |
| trihexyphenidyl hcl oral solution                                       | Formulary     | 90 Day Supply                    |
| trihexyphenidyl hcl oral tablet                                         | Formulary     | 90 Day Supply                    |
| <b>Autonomic Drugs, Miscellaneous</b>                                   |               |                                  |
| apo-varenicline oral tablet                                             | Formulary     | AL                               |
| CHANTIX ORAL TABLET 1 MG                                                | Formulary     | AL                               |
| cvs nicotine mouth/throat gum                                           | Formulary     | OTC                              |
| cvs nicotine mouth/throat lozenge                                       | Formulary     | OTC                              |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier      | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| cvs nicotine polacrilex mouth/throat gum                     | Formulary | OTC                              |
| cvs nicotine polacrilex mouth/throat lozenge                 | Formulary | OTC                              |
| cvs nicotine transdermal patch 24 hour                       | Formulary | OTC                              |
| eq nicotine mouth/throat gum 4 mg                            | Formulary | OTC                              |
| eq nicotine mouth/throat lozenge                             | Formulary | OTC                              |
| eq nicotine polacrilex mouth/throat gum                      | Formulary | OTC                              |
| eq nicotine polacrilex mouth/throat lozenge                  | Formulary | OTC                              |
| eq nicotine step 3 transdermal patch 24 hour                 | Formulary | OTC                              |
| eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | Formulary | OTC                              |
| ft nicotine mouth/throat gum                                 | Formulary | OTC                              |
| gnp nicotine mini mouth/throat lozenge                       | Formulary | OTC                              |
| gnp nicotine mouth/throat gum                                | Formulary | OTC                              |
| gnp nicotine polacrilex mouth/throat gum                     | Formulary | OTC                              |
| gnp nicotine polacrilex mouth/throat lozenge                 | Formulary | OTC                              |
| gnp nicotine transdermal patch 24 hour                       | Formulary | OTC                              |
| goodsense nicotine mouth/throat gum                          | Formulary | OTC                              |
| goodsense nicotine mouth/throat lozenge                      | Formulary | OTC                              |
| HABITROL TRANSDERMAL PATCH 24 HOUR                           | Formulary | OTC                              |
| hm nicotine polacrilex mouth/throat gum                      | Formulary | OTC                              |
| hm nicotine polacrilex mouth/throat lozenge 2 mg             | Formulary | OTC                              |
| hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr  | Formulary | OTC                              |
| KLS QUIT2 MOUTH/THROAT GUM                                   | Formulary | OTC                              |
| KLS QUIT2 MOUTH/THROAT LOZENGE                               | Formulary | OTC                              |
| KLS QUIT4 MOUTH/THROAT GUM                                   | Formulary | OTC                              |
| KLS QUIT4 MOUTH/THROAT LOZENGE                               | Formulary | OTC                              |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR                        | Formulary | OTC                              |
| NICORELIEF MOUTH/THROAT GUM 2 MG                             | Formulary | OTC                              |
| NICORETTE MINI MOUTH/THROAT LOZENGE                          | Formulary | OTC                              |
| NICORETTE MOUTH/THROAT GUM                                   | Formulary | OTC                              |
| NICORETTE MOUTH/THROAT LOZENGE                               | Formulary | OTC                              |
| NICORETTE STARTER KIT MOUTH/THROAT GUM                       | Formulary | OTC                              |
| nicotine mini mouth/throat lozenge                           | Formulary | OTC                              |
| nicotine polacrilex mini mouth/throat lozenge                | Formulary | OTC                              |
| nicotine polacrilex mouth/throat gum                         | Formulary | OTC                              |
| nicotine polacrilex mouth/throat lozenge                     | Formulary | OTC                              |
| nicotine step 1 transdermal patch 24 hour                    | Formulary | OTC                              |
| nicotine step 2 transdermal patch 24 hour                    | Formulary | OTC                              |
| nicotine step 3 transdermal patch 24 hour                    | Formulary | OTC                              |
| nicotine transdermal kit                                     | Formulary | OTC                              |
| nicotine transdermal patch 24 hour                           | Formulary | OTC                              |
| NICOTROL INHALATION INHALER                                  | Formulary |                                  |
| NICOTROL NS NASAL SOLUTION                                   | Formulary |                                  |
| px stop smoking aid mouth/throat gum                         | Formulary | OTC                              |
| px stop smoking aid mouth/throat lozenge                     | Formulary | OTC                              |
| qc nicotine transdermal system transdermal patch 24 hour     | Formulary | OTC                              |
| ra mini nicotine mouth/throat lozenge                        | Formulary | OTC                              |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg                  | Formulary | OTC                              |
| ra nicotine mouth/throat gum                                 | Formulary | OTC                              |
| ra nicotine polacrilex mouth/throat lozenge                  | Formulary | OTC                              |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr | Formulary | OTC                              |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| sm nicotine mouth/throat gum                                  | Formulary     | OTC                              |
| sm nicotine mouth/throat lozenge                              | Formulary     | OTC                              |
| sm nicotine polacrilex mouth/throat gum                       | Formulary     | OTC                              |
| sm nicotine polacrilex mouth/throat lozenge                   | Formulary     | OTC                              |
| sm nicotine transdermal patch 24 hour                         | Formulary     | OTC                              |
| THRIVE MOUTH/THROAT GUM 2 MG                                  | Formulary     | OTC                              |
| varenicline tartrate (starter) oral tablet therapy pack       | Formulary     | AL                               |
| varenicline tartrate oral tablet 0.5 mg, 1 mg                 | Formulary     | AL                               |
| varenicline tartrate(continue) oral tablet                    | Formulary     | AL                               |
| <b>Centrally Acting Skeletal Muscle Relaxant</b>              |               |                                  |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg                   | Formulary     | QL                               |
| cyclobenzaprine hcl oral tablet 7.5 mg                        | Formulary     |                                  |
| methocarbamol oral tablet 500 mg, 750 mg                      | Formulary     |                                  |
| tizanidine hcl oral tablet                                    | Formulary     |                                  |
| <b>Gaba-Derivative Skeletal Muscle Relaxant</b>               |               |                                  |
| baclofen oral tablet 10 mg, 20 mg                             | Formulary     | 90 Day Supply; QL                |
| <b>Indirect-Acting Skeletal Muscle Relaxant</b>               |               |                                  |
| orphenadrine citrate er oral tablet extended release 12 hour  | Formulary     |                                  |
| <b>Non-Sel. Beta-Adrenergic Blocking Agents</b>               |               |                                  |
| BETAPACE AF ORAL TABLET                                       | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                    | Non-Preferred | PA                               |
| BETIMOL OPHTHALMIC SOLUTION                                   | Non-Preferred | PA                               |
| BYSTOLIC ORAL TABLET                                          | Non-Preferred | PA                               |
| carvedilol oral tablet                                        | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | Non-Preferred | PA                               |
| COREG ORAL TABLET                                             | Non-Preferred | PA                               |
| HEMANGEOL ORAL SOLUTION                                       | Non-Preferred | PA                               |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA                               |
| ISTALOL OPHTHALMIC SOLUTION                                   | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                              | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                      | Preferred     | 90 Day Supply                    |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                       | Preferred     | 90 Day Supply                    |
| nebivolol hcl oral tablet                                     | Preferred     |                                  |
| pindolol oral tablet                                          | Non-Preferred | PA                               |
| propranolol hcl er oral capsule extended release 24 hour      | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                       | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                       | Preferred     |                                  |
| propranolol hcl oral tablet                                   | Preferred     | 90 Day Supply                    |
| sotalol hcl (af) oral tablet                                  | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                       | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                        | Non-Preferred | PA                               |
| timolol maleate (once-daily) ophthalmic solution              | Non-Preferred | PA                               |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION                   | Non-Preferred | PA                               |
| timolol maleate ophthalmic gel forming solution               | Preferred     |                                  |
| timolol maleate ophthalmic solution                           | Preferred     | 90 Day Supply                    |
| timolol maleate oral tablet                                   | Non-Preferred | PA                               |
| timolol maleate pf ophthalmic solution                        | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                    | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION                                                                     | Non-Preferred | PA                               |
| <b>Non-Selective Alpha-1-Adrenergic Blocking Agents</b>                                                 |               |                                  |
| CARDURA ORAL TABLET                                                                                     | Non-Preferred | PA                               |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                                         | Non-Preferred | PA                               |
| doxazosin mesylate oral tablet                                                                          | Preferred     | 90 Day Supply                    |
| prazosin hcl oral capsule                                                                               | Formulary     | 90 Day Supply                    |
| terazosin hcl oral capsule                                                                              | Preferred     | 90 Day Supply                    |
| TEZRULY ORAL SOLUTION                                                                                   | Non-Preferred | PA                               |
| <b>Parasympathomimetic (Cholinergic Agents)</b>                                                         |               |                                  |
| ADLARTY TRANSDERMAL PATCH WEEKLY                                                                        | Non-Preferred | PA                               |
| ARICEPT ORAL TABLET 10 MG, 5 MG                                                                         | Non-Preferred | PA; QL; AL                       |
| ARICEPT ORAL TABLET 23 MG                                                                               | Non-Preferred | PA                               |
| bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg                                                     | Formulary     | 90 Day Supply                    |
| bethanechol chloride oral tablet 50 mg                                                                  | Formulary     |                                  |
| donepezil hcl oral tablet 10 mg, 5 mg                                                                   | Preferred     | 90 Day Supply; QL; AL            |
| donepezil hcl oral tablet 23 mg                                                                         | Non-Preferred | PA                               |
| donepezil hcl oral tablet dispersible                                                                   | Preferred     | AL                               |
| EXELON TRANSDERMAL PATCH 24 HOUR                                                                        | Preferred     |                                  |
| galantamine hydrobromide er oral capsule extended release 24 hour                                       | Non-Preferred | PA                               |
| galantamine hydrobromide oral solution                                                                  | Non-Preferred | PA                               |
| galantamine hydrobromide oral tablet                                                                    | Non-Preferred | PA                               |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK                                                           | Non-Preferred | PA                               |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %                                               | Non-Preferred | PA                               |
| pilocarpine hcl oral tablet 5 mg                                                                        | Formulary     | 90 Day Supply; QL                |
| pyridostigmine bromide er oral tablet extended release                                                  | Formulary     |                                  |
| pyridostigmine bromide oral tablet 60 mg                                                                | Formulary     |                                  |
| rivastigmine tartrate oral capsule                                                                      | Non-Preferred | PA; QL; AL                       |
| rivastigmine transdermal patch 24 hour                                                                  | Non-Preferred | PA                               |
| VUITY OPTHALMIC SOLUTION                                                                                | Non-Preferred | PA                               |
| <b>Selective Alpha-1-Adrenergic Block Agent</b>                                                         |               |                                  |
| alfuzosin hcl er oral tablet extended release 24 hour                                                   | Preferred     | 90 Day Supply; QL                |
| carvedilol oral tablet                                                                                  | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour                                           | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| COREG ORAL TABLET                                                                                       | Non-Preferred | PA                               |
| dutasteride-tamsulosin hcl oral capsule                                                                 | Non-Preferred | PA                               |
| FLOMAX ORAL CAPSULE                                                                                     | Non-Preferred | PA                               |
| JALYN ORAL CAPSULE                                                                                      | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                                                                        | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                                                                | Preferred     | 90 Day Supply                    |
| RAPAFLO ORAL CAPSULE                                                                                    | Non-Preferred | PA                               |
| silodosin oral capsule                                                                                  | Non-Preferred | PA                               |
| tamsulosin hcl oral capsule                                                                             | Preferred     | 90 Day Supply                    |
| <b>Selective Beta-2-Adrenergic Agonists</b>                                                             |               |                                  |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Preferred     | QL                               |
| ADVAIR HFA INHALATION AEROSOL                                                                           | Preferred     | QL                               |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                 | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                  | Non-Preferred | PA                               |
| AIRSUPRA INHALATION AEROSOL                                                                                                                                         | Non-Preferred | PA                               |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act                                                                                             | Preferred     | QL                               |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%                                                                                              | Preferred     | 90 Day Supply; QL                |
| albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml                                                                                     | Preferred     | QL                               |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml                                                                                         | Preferred     |                                  |
| albuterol sulfate oral syrup 2 mg/5ml                                                                                                                               | Preferred     |                                  |
| albuterol sulfate oral tablet                                                                                                                                       | Non-Preferred | PA                               |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                            | Preferred     | QL                               |
| arformoterol tartrate inhalation nebulization solution                                                                                                              | Non-Preferred | PA                               |
| BEVESPI AEROSPHERE INHALATION AEROSOL                                                                                                                               | Non-Preferred | PA                               |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH                                              | Non-Preferred | PA                               |
| BREYNA INHALATION AEROSOL                                                                                                                                           | Non-Preferred | PA                               |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                                                                                             | Non-Preferred | PA                               |
| BROVANA INHALATION NEBULIZATION SOLUTION                                                                                                                            | Non-Preferred | PA                               |
| budesonide-formoterol fumarate inhalation aerosol                                                                                                                   | Non-Preferred | PA                               |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION                                                                                                                      | Preferred     | QL                               |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                         | Non-Preferred | PA                               |
| DULERA INHALATION AEROSOL                                                                                                                                           | Preferred     | QL                               |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act                                                            | Non-Preferred | PA                               |
| fluticasone-salmeterol inhalation aerosol                                                                                                                           | Non-Preferred | PA                               |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose | Non-Preferred | PA; QL                           |
| fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act                                                     | Non-Preferred | PA                               |
| formoterol fumarate inhalation nebulization solution                                                                                                                | Non-Preferred | PA                               |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml                                                                                                        | Preferred     | 90 Day Supply                    |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml                                                              | Non-Preferred | PA                               |
| levalbuterol tartrate inhalation aerosol                                                                                                                            | Non-Preferred | PA                               |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION                                                                                                                        | Non-Preferred | PA                               |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                         | Non-Preferred | PA                               |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                        | Non-Preferred | PA                               |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                                                                               | Preferred     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT         | Preferred     | QL                               |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION                       | Non-Preferred | PA                               |
| SYMBICORT INHALATION AEROSOL                                         | Preferred     | QL                               |
| terbutaline sulfate oral tablet                                      | Formulary     |                                  |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED           | Non-Preferred | PA                               |
| umeclidinium-vilanterol inhalation aerosol powder breath activated   | Non-Preferred | PA; QL                           |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION                             | Preferred     | QL                               |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED              | Non-Preferred | PA; QL                           |
| XOPENEX HFA INHALATION AEROSOL                                       | Preferred     |                                  |
| <b>Selective Beta-Adrenergic Blocking Agent</b>                      |               |                                  |
| acebutolol hcl oral capsule                                          | Non-Preferred | PA                               |
| atenolol oral tablet                                                 | Preferred     | 90 Day Supply                    |
| betaxolol hcl ophthalmic solution                                    | Non-Preferred | PA                               |
| betaxolol hcl oral tablet                                            | Non-Preferred | PA                               |
| BETOPTIC-S OPHTHALMIC SUSPENSION                                     | Non-Preferred | PA                               |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                          | Preferred     | 90 Day Supply                    |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE                  | Non-Preferred | PA                               |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                  | Non-Preferred | PA                               |
| metoprolol succinate er oral tablet extended release 24 hour         | Preferred     | 90 Day Supply                    |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Preferred     | 90 Day Supply                    |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                              | Preferred     | 90 Day Supply                    |
| TENORMIN ORAL TABLET                                                 | Non-Preferred | PA                               |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| <b>Skeletal Muscle Relaxants, Miscellaneous</b>                      |               |                                  |
| orphenadrine citrate er oral tablet extended release 12 hour         | Formulary     |                                  |
| <b>Smoking Cessation Agents</b>                                      |               |                                  |
| apo-varenicline oral tablet                                          | Formulary     | AL                               |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour  | Formulary     | 90 Day Supply                    |
| CHANTIX ORAL TABLET 1 MG                                             | Formulary     | AL                               |
| cvs nicotine mouth/throat gum                                        | Formulary     | OTC                              |
| cvs nicotine mouth/throat lozenge                                    | Formulary     | OTC                              |
| cvs nicotine polacrilex mouth/throat gum                             | Formulary     | OTC                              |
| cvs nicotine polacrilex mouth/throat lozenge                         | Formulary     | OTC                              |
| cvs nicotine transdermal patch 24 hour                               | Formulary     | OTC                              |
| eq nicotine mouth/throat gum 4 mg                                    | Formulary     | OTC                              |
| eq nicotine mouth/throat lozenge                                     | Formulary     | OTC                              |
| eq nicotine polacrilex mouth/throat gum                              | Formulary     | OTC                              |
| eq nicotine polacrilex mouth/throat lozenge                          | Formulary     | OTC                              |
| eq nicotine step 3 transdermal patch 24 hour                         | Formulary     | OTC                              |
| eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr         | Formulary     | OTC                              |
| ft nicotine mouth/throat gum                                         | Formulary     | OTC                              |
| gnp nicotine mini mouth/throat lozenge                               | Formulary     | OTC                              |
| gnp nicotine mouth/throat gum                                        | Formulary     | OTC                              |
| gnp nicotine polacrilex mouth/throat gum                             | Formulary     | OTC                              |
| gnp nicotine polacrilex mouth/throat lozenge                         | Formulary     | OTC                              |
| gnp nicotine transdermal patch 24 hour                               | Formulary     | OTC                              |
| goodsense nicotine mouth/throat gum                                  | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                              | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| goodsense nicotine mouth/throat lozenge                                                           | Formulary     | OTC                              |
| HABITROL TRANSDERMAL PATCH 24 HOUR                                                                | Formulary     | OTC                              |
| hm nicotine polacrilex mouth/throat gum                                                           | Formulary     | OTC                              |
| hm nicotine polacrilex mouth/throat lozenge 2 mg                                                  | Formulary     | OTC                              |
| hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr                                       | Formulary     | OTC                              |
| KLS QUIT2 MOUTH/THROAT GUM                                                                        | Formulary     | OTC                              |
| KLS QUIT2 MOUTH/THROAT LOZENGE                                                                    | Formulary     | OTC                              |
| KLS QUIT4 MOUTH/THROAT GUM                                                                        | Formulary     | OTC                              |
| KLS QUIT4 MOUTH/THROAT LOZENGE                                                                    | Formulary     | OTC                              |
| naltrexone hcl oral tablet                                                                        | Formulary     |                                  |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR                                                             | Formulary     | OTC                              |
| NICORELIEF MOUTH/THROAT GUM 2 MG                                                                  | Formulary     | OTC                              |
| NICORETTE MINI MOUTH/THROAT LOZENGE                                                               | Formulary     | OTC                              |
| NICORETTE MOUTH/THROAT GUM                                                                        | Formulary     | OTC                              |
| NICORETTE MOUTH/THROAT LOZENGE                                                                    | Formulary     | OTC                              |
| NICORETTE STARTER KIT MOUTH/THROAT GUM                                                            | Formulary     | OTC                              |
| nicotine mini mouth/throat lozenge                                                                | Formulary     | OTC                              |
| nicotine polacrilex mini mouth/throat lozenge                                                     | Formulary     | OTC                              |
| nicotine polacrilex mouth/throat gum                                                              | Formulary     | OTC                              |
| nicotine polacrilex mouth/throat lozenge                                                          | Formulary     | OTC                              |
| nicotine step 1 transdermal patch 24 hour                                                         | Formulary     | OTC                              |
| nicotine step 2 transdermal patch 24 hour                                                         | Formulary     | OTC                              |
| nicotine step 3 transdermal patch 24 hour                                                         | Formulary     | OTC                              |
| nicotine transdermal kit                                                                          | Formulary     | OTC                              |
| nicotine transdermal patch 24 hour                                                                | Formulary     | OTC                              |
| NICOTROL INHALATION INHALER                                                                       | Formulary     |                                  |
| NICOTROL NS NASAL SOLUTION                                                                        | Formulary     |                                  |
| px stop smoking aid mouth/throat gum                                                              | Formulary     | OTC                              |
| px stop smoking aid mouth/throat lozenge                                                          | Formulary     | OTC                              |
| qc nicotine transdermal system transdermal patch 24 hour                                          | Formulary     | OTC                              |
| ra mini nicotine mouth/throat lozenge                                                             | Formulary     | OTC                              |
| ra nicotine gum mouth/throat gum 2 mg, 4 mg                                                       | Formulary     | OTC                              |
| ra nicotine mouth/throat gum                                                                      | Formulary     | OTC                              |
| ra nicotine polacrilex mouth/throat lozenge                                                       | Formulary     | OTC                              |
| ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr                                      | Formulary     | OTC                              |
| sm nicotine mouth/throat gum                                                                      | Formulary     | OTC                              |
| sm nicotine mouth/throat lozenge                                                                  | Formulary     | OTC                              |
| sm nicotine polacrilex mouth/throat gum                                                           | Formulary     | OTC                              |
| sm nicotine polacrilex mouth/throat lozenge                                                       | Formulary     | OTC                              |
| sm nicotine transdermal patch 24 hour                                                             | Formulary     | OTC                              |
| THRIVE MOUTH/THROAT GUM 2 MG                                                                      | Formulary     | OTC                              |
| TYRVAYA NASAL SOLUTION                                                                            | Non-Preferred | PA                               |
| varenicline tartrate (starter) oral tablet therapy pack                                           | Formulary     | AL                               |
| varenicline tartrate oral tablet 0.5 mg, 1 mg                                                     | Formulary     | AL                               |
| varenicline tartrate(continue) oral tablet                                                        | Formulary     | AL                               |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                                                   | Formulary     | QL                               |
| <b>Blood Formation, Coagulation, Thrombosis</b>                                                   |               |                                  |
| <b>Antianemia Drugs</b>                                                                           |               |                                  |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | Preferred     | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                              | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                                                       | Preferred     | PA; Specialty                    |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML                  | Preferred     | PA; Specialty                    |
| PROCRT INJECTION SOLUTION                                                                                         | Non-Preferred | PA; Specialty                    |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                      | Non-Preferred | PA                               |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Preferred     | PA; Specialty                    |
| <b>Anticoagulants, Miscellaneous</b>                                                                              |               |                                  |
| ARIXTRA SUBCUTANEOUS SOLUTION                                                                                     | Non-Preferred | PA                               |
| fondaparinux sodium subcutaneous solution                                                                         | Non-Preferred | PA                               |
| <b>Blood Form., Coag, Thrombosis Agents Misc.</b>                                                                 |               |                                  |
| ADAKVEO INTRAVENOUS SOLUTION                                                                                      | Preferred     | PA                               |
| <b>Coumarin Derivatives</b>                                                                                       |               |                                  |
| JANTOVEN ORAL TABLET                                                                                              | Preferred     | 90 Day Supply                    |
| warfarin sodium oral tablet                                                                                       | Preferred     | 90 Day Supply                    |
| warfarin sodium powder                                                                                            | Preferred     |                                  |
| <b>Direct Factor Xa Inhibitors</b>                                                                                |               |                                  |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK                                                              | Preferred     | QL                               |
| ELIQUIS ORAL TABLET                                                                                               | Preferred     | 90 Day Supply; QL                |
| SAVAYSA ORAL TABLET                                                                                               | Non-Preferred | PA                               |
| XARELTO ORAL SUSPENSION RECONSTITUTED                                                                             | Non-Preferred | PA                               |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG                                                                           | Preferred     | 90 Day Supply; QL                |
| XARELTO ORAL TABLET 2.5 MG                                                                                        | Preferred     | QL                               |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK                                                                     | Preferred     | QL                               |
| <b>Direct Thrombin Inhibitors</b>                                                                                 |               |                                  |
| dabigatran etexilate mesylate oral capsule                                                                        | Non-Preferred | PA; QL                           |
| PRADAXA ORAL CAPSULE                                                                                              | Preferred     | QL                               |
| PRADAXA ORAL PACKET                                                                                               | Non-Preferred | PA                               |
| <b>Hematopoietic Agents</b>                                                                                       |               |                                  |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                 | Preferred     | PA; Specialty                    |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                                                       | Preferred     | PA; Specialty                    |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML                  | Preferred     | PA; Specialty                    |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE                                                                      | Non-Preferred | PA                               |
| NIVESTYM INJECTION SOLUTION                                                                                       | Formulary     | PA                               |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE                                                                     | Formulary     | PA                               |
| PROCRT INJECTION SOLUTION                                                                                         | Non-Preferred | PA; Specialty                    |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                      | Non-Preferred | PA                               |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | Non-Preferred | PA; Specialty                    |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE                                                                       | Non-Preferred | PA; Specialty                    |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                 | Formulary     | PA; Specialty                    |
| <b>Hemorrhologic Agents</b>                                                                                       |               |                                  |
| pentoxifylline er oral tablet extended release                                                                    | Formulary     | 90 Day Supply                    |
| <b>Hemostatics</b>                                                                                                |               |                                  |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                         | Preferred     | PA; Specialty                    |
| adynovate intravenous solution reconstituted                                                                      | Preferred     | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                               | Tier      | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AFSTYLA INTRAVENOUS KIT                                                                                            | Preferred | PA; Specialty                    |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED                                                                    | Preferred | PA; Specialty                    |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| aminocaproic acid oral solution                                                                                    | Formulary |                                  |
| aminocaproic acid oral tablet                                                                                      | Formulary |                                  |
| BENEFIX INTRAVENOUS KIT                                                                                            | Preferred | PA; Specialty                    |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| CORIFACT INTRAVENOUS KIT                                                                                           | Preferred | PA; Specialty                    |
| desmopressin ace spray refrig nasal solution                                                                       | Formulary | QL                               |
| desmopressin acetate oral tablet 0.1 mg                                                                            | Preferred | 90 Day Supply; QL; AL            |
| desmopressin acetate oral tablet 0.2 mg                                                                            | Formulary | 90 Day Supply; QL; AL            |
| desmopressin acetate spray nasal solution                                                                          | Formulary | QL                               |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA                               |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT                                            | Preferred | PA; Specialty                    |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML                                      | Formulary | PA; Specialty                    |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT                              | Preferred | PA; Specialty                    |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT                            | Preferred | PA; Specialty                    |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED                                                                         | Preferred | PA; Specialty                    |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT                                  | Preferred | PA; Specialty                    |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT                                                                  | Preferred | PA                               |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                           | Preferred | PA; Specialty                    |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT                                                   | Preferred | PA; Specialty                    |
| KOGENATE FS INTRAVENOUS KIT                                                                                        | Preferred | PA; Specialty                    |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED                                                                       | Preferred | PA; Specialty                    |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED                                                                    | Preferred | PA; Specialty                    |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT                    | Preferred | PA; Specialty                    |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | Preferred | PA; Specialty                    |
| obizur intravenous solution reconstituted                                                                          | Preferred | PA                               |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED                                                                      | Preferred | PA; Specialty                    |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT                                          | Preferred | PA; Specialty                    |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                     | Preferred | PA; Specialty                    |
| rixubis intravenous solution reconstituted                                                                         | Preferred | PA; Specialty                    |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG                                                            | Preferred |                                  |
| TRETEN INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Preferred | PA; Specialty                    |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Preferred | PA; Specialty                    |
| WILATE INTRAVENOUS KIT                                                                                             | Preferred | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                             | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                                  | Preferred     | PA; Specialty                    |
| XYNTHA SOLOFUSE INTRAVENOUS KIT                                                                                  | Preferred     | PA; Specialty                    |
| <b>Heparins</b>                                                                                                  |               |                                  |
| enoxaparin sodium injection solution 300 mg/3ml                                                                  | Preferred     |                                  |
| enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml, 40 mg/0.4ml, 60 mg/0.6ml            | Preferred     | QL                               |
| enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 30 mg/0.3ml, 80 mg/0.8ml                    | Preferred     |                                  |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML                                                                   | Non-Preferred | PA                               |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | Non-Preferred | PA                               |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML             | Preferred     |                                  |
| LOVENOX INJECTION SOLUTION                                                                                       | Non-Preferred | PA                               |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 150 MG/ML, 40 MG/0.4ML, 60 MG/0.6ML                      | Non-Preferred | PA; QL                           |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 30 MG/0.3ML, 80 MG/0.8ML                              | Non-Preferred | PA                               |
| <b>Indirect Factor Xa Inhibitors</b>                                                                             |               |                                  |
| ARIXTRA SUBCUTANEOUS SOLUTION                                                                                    | Non-Preferred | PA                               |
| fondaparinux sodium subcutaneous solution                                                                        | Non-Preferred | PA                               |
| <b>Iron Preparations</b>                                                                                         |               |                                  |
| BPROTECTED PEDIA IRON ORAL SOLUTION                                                                              | Formulary     | OTC                              |
| classic prenatal oral tablet                                                                                     | Formulary     | OTC                              |
| cvs childrens complete oral tablet chewable 18 mg                                                                | Formulary     | OTC                              |
| cvs iron oral tablet 240 (27 fe) mg                                                                              | Formulary     | OTC                              |
| cvs womens prenatal+dha oral                                                                                     | Formulary     | OTC                              |
| EZFE 200 ORAL CAPSULE                                                                                            | Formulary     | OTC                              |
| fe c tab plus oral tablet                                                                                        | Formulary     | OTC                              |
| FEOSOL ORAL TABLET 200 (65 FE) MG, 325 (65 FE) MG                                                                | Formulary     | OTC                              |
| FERATE ORAL TABLET 240 (27 FE) MG                                                                                | Formulary     | OTC                              |
| FEROSUL ORAL TABLET                                                                                              | Formulary     | OTC                              |
| FERREX 150 ORAL CAPSULE                                                                                          | Formulary     | OTC; QL                          |
| ferric x-150 oral capsule                                                                                        | Formulary     | OTC; QL                          |
| FERROCITE ORAL TABLET                                                                                            | Formulary     | OTC; QL                          |
| ferrous fumarate oral tablet 324 (106 fe) mg                                                                     | Formulary     | OTC; QL                          |
| ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg                                                     | Formulary     | OTC                              |
| ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml                                               | Formulary     | OTC                              |
| ferrous sulfate oral tablet 325 (65 fe) mg                                                                       | Formulary     | OTC                              |
| ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg                                       | Formulary     | OTC                              |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG                                                         | Formulary     | OTC                              |
| gnp childrens chewables/iron oral tablet chewable                                                                | Formulary     | OTC                              |
| gnp iron oral tablet 200 (65 fe) mg                                                                              | Formulary     | OTC                              |
| gnp iron oral tablet extended release                                                                            | Formulary     | OTC                              |
| HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE                                                                     | Formulary     | OTC                              |
| iron 100 plus oral tablet                                                                                        | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------|-----------|----------------------------------|
| iron oral tablet 240 (27 fe) mg                                  | Formulary | OTC                              |
| iron supplement childrens oral solution                          | Formulary | OTC                              |
| kpn prenatal oral tablet                                         | Formulary | OTC                              |
| m-natal plus oral tablet                                         | Formulary | 90 Day Supply                    |
| multi prenatal oral tablet                                       | Formulary | OTC                              |
| MULTIGEN FOLIC ORAL TABLET                                       | Formulary |                                  |
| MULTIGEN ORAL TABLET                                             | Formulary |                                  |
| MULTIGEN PLUS ORAL TABLET                                        | Formulary |                                  |
| multi-vitamin/fluoride/iron oral solution                        | Formulary |                                  |
| NIVA-PLUS ORAL TABLET                                            | Formulary | 90 Day Supply                    |
| one daily multivitamin/iron oral tablet                          | Formulary | OTC                              |
| POLY-IRON 150 ORAL CAPSULE                                       | Formulary | OTC; QL                          |
| polysaccharide iron complex oral capsule                         | Formulary | OTC; QL                          |
| polysaccharide-iron complex oral capsule                         | Formulary | OTC; QL                          |
| PRENATABS RX ORAL TABLET                                         | Formulary | 90 Day Supply; OTC               |
| prenatal (w/iron & fa) oral tablet                               | Formulary | OTC                              |
| prenatal complete oral tablet                                    | Formulary | OTC                              |
| prenatal formula a-free oral tablet                              | Formulary | OTC                              |
| prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg    | Formulary | OTC                              |
| PRENATAL MULTIVITAMIN + DHA ORAL                                 | Formulary | OTC                              |
| prenatal one daily oral tablet                                   | Formulary | OTC                              |
| prenatal oral tablet 27-0.8 mg                                   | Formulary |                                  |
| prenatal oral tablet 27-1 mg                                     | Formulary | 90 Day Supply                    |
| prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg                      | Formulary | OTC                              |
| prenatal plus oral tablet                                        | Formulary | 90 Day Supply                    |
| prenatal vitamins oral tablet 28-0.8 mg                          | Formulary | OTC                              |
| prenatal/iron oral tablet                                        | Formulary | OTC                              |
| slow iron oral tablet extended release                           | Formulary | OTC                              |
| slow release iron oral tablet extended release 45 mg             | Formulary | OTC                              |
| sm animal shapes complete oral tablet chewable 18 mg             | Formulary | OTC                              |
| sm iron slow release oral tablet extended release 160 (50 fe) mg | Formulary | OTC                              |
| sm one daily prenatal oral                                       | Formulary | OTC                              |
| stress formula/iron oral tablet                                  | Formulary | OTC                              |
| TAB-A-VITE/IRON ORAL TABLET                                      | Formulary | OTC                              |
| trinatal rx 1 oral tablet                                        | Formulary | 90 Day Supply                    |
| VINATE ONE ORAL TABLET                                           | Formulary |                                  |
| westab plus oral tablet                                          | Formulary | 90 Day Supply                    |
| <b>Liver And Stomach Preparations</b>                            |           |                                  |
| B-12 DOTS ORAL TABLET DISPERSIBLE                                | Formulary | OTC                              |
| b-12 tr oral tablet extended release 1000 mcg                    | Formulary | OTC                              |
| cyanocobalamin injection solution 1000 mcg/ml                    | Formulary | QL                               |
| MULTIGEN ORAL TABLET                                             | Formulary |                                  |
| vitamin b12 oral tablet 100 mcg                                  | Formulary | OTC                              |
| vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg     | Formulary | OTC                              |
| <b>Platelet-Aggregation Inhibitors</b>                           |           |                                  |
| aspirin 81 oral tablet delayed release                           | Formulary | OTC                              |
| aspirin childrens oral tablet chewable                           | Formulary | OTC                              |
| aspirin ec low dose oral tablet delayed release                  | Formulary | OTC                              |
| aspirin low dose oral tablet chewable                            | Formulary | OTC                              |
| aspirin oral tablet 325 mg                                       | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| aspirin rectal suppository 300 mg                             | Formulary     | OTC                              |
| aspirin-dipyridamole er oral capsule extended release 12 hour | Non-Preferred | PA                               |
| BAYER ASPIRIN ORAL TABLET                                     | Formulary     | OTC                              |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE                    | Formulary     | OTC                              |
| BRILINTA ORAL TABLET                                          | Non-Preferred | PA                               |
| BUFFERIN ORAL TABLET                                          | Formulary     | OTC                              |
| childrens aspirin oral tablet chewable                        | Formulary     | OTC                              |
| cilostazol oral tablet                                        | Formulary     | 90 Day Supply                    |
| clopidogrel bisulfate oral tablet 300 mg                      | Preferred     | QL                               |
| clopidogrel bisulfate oral tablet 75 mg                       | Preferred     | 90 Day Supply; QL                |
| dipyridamole oral tablet                                      | Preferred     |                                  |
| ECPIRIN ORAL TABLET DELAYED RELEASE                           | Formulary     | OTC                              |
| EFFIENT ORAL TABLET                                           | Non-Preferred | PA                               |
| gnp aspirin oral tablet 325 mg                                | Formulary     | OTC                              |
| MEDI-FIRST ASPIRIN ORAL TABLET                                | Formulary     | OTC                              |
| MEDIQUE ASPIRIN ORAL TABLET                                   | Formulary     | OTC                              |
| PLAVIX ORAL TABLET 75 MG                                      | Non-Preferred | PA; QL                           |
| prasugrel hcl oral tablet                                     | Preferred     | 90 Day Supply                    |
| qc aspirin low dose oral tablet delayed release               | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE                       | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE                | Formulary     | OTC                              |
| ticagrelor oral tablet                                        | Preferred     |                                  |
| tri-buffered aspirin oral tablet 325 mg                       | Formulary     | OTC                              |
| YOSPRALA ORAL TABLET DELAYED RELEASE                          | Non-Preferred | PA                               |
| <b>Thrombolytic Agents</b>                                    |               |                                  |
| aspirin 81 oral tablet delayed release                        | Formulary     | OTC                              |
| aspirin childrens oral tablet chewable                        | Formulary     | OTC                              |
| aspirin ec low dose oral tablet delayed release               | Formulary     | OTC                              |
| aspirin low dose oral tablet chewable                         | Formulary     | OTC                              |
| aspirin oral tablet 325 mg                                    | Formulary     | OTC                              |
| aspirin rectal suppository 300 mg                             | Formulary     | OTC                              |
| BAYER ASPIRIN ORAL TABLET                                     | Formulary     | OTC                              |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE                    | Formulary     | OTC                              |
| BUFFERIN ORAL TABLET                                          | Formulary     | OTC                              |
| childrens aspirin oral tablet chewable                        | Formulary     | OTC                              |
| ECPIRIN ORAL TABLET DELAYED RELEASE                           | Formulary     | OTC                              |
| gnp aspirin oral tablet 325 mg                                | Formulary     | OTC                              |
| MEDI-FIRST ASPIRIN ORAL TABLET                                | Formulary     | OTC                              |
| MEDIQUE ASPIRIN ORAL TABLET                                   | Formulary     | OTC                              |
| qc aspirin low dose oral tablet delayed release               | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE                       | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE                | Formulary     | OTC                              |
| tri-buffered aspirin oral tablet 325 mg                       | Formulary     | OTC                              |
| <b>Cardiovascular Drugs</b>                                   |               |                                  |
| <b>AcI Inhibitors</b>                                         |               |                                  |
| NEXLETOL ORAL TABLET                                          | Non-Preferred | PA                               |
| NEXLIZET ORAL TABLET                                          | Non-Preferred | PA                               |
| <b>Alpha-Adrenergic Blocking Agents (24:16)</b>               |               |                                  |
| CARDURA ORAL TABLET                                           | Non-Preferred | PA                               |
| doxazosin mesylate oral tablet                                | Preferred     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| nadolol oral tablet 20 mg, 40 mg, 80 mg                       | Preferred     | 90 Day Supply                    |
| prazosin hcl oral capsule                                     | Formulary     | 90 Day Supply                    |
| terazosin hcl oral capsule                                    | Preferred     | 90 Day Supply                    |
| TEZRULY ORAL SOLUTION                                         | Non-Preferred | PA                               |
| <b>Alpha-Adrenergic Blocking Agt.(Hypoten)</b>                |               |                                  |
| CARDURA ORAL TABLET                                           | Non-Preferred | PA                               |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR               | Non-Preferred | PA                               |
| carvedilol oral tablet                                        | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | Non-Preferred | PA                               |
| COREG ORAL TABLET                                             | Non-Preferred | PA                               |
| doxazosin mesylate oral tablet                                | Preferred     | 90 Day Supply                    |
| labetalol hcl oral tablet 100 mg                              | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                      | Preferred     | 90 Day Supply                    |
| prazosin hcl oral capsule                                     | Formulary     | 90 Day Supply                    |
| terazosin hcl oral capsule                                    | Preferred     | 90 Day Supply                    |
| <b>Angiotensin II Recep Antagonist/Neprols</b>                |               |                                  |
| ENTRESTO ORAL CAPSULE SPRINKLE                                | Non-Preferred | PA; QL                           |
| ENTRESTO ORAL TABLET                                          | Non-Preferred | PA; QL                           |
| sacubitril-valsartan oral tablet                              | Preferred     | QL                               |
| <b>Angiotensin II Receptor Antagon.(Hypotn)</b>               |               |                                  |
| ATACAND ORAL TABLET                                           | Non-Preferred | PA                               |
| AVAPRO ORAL TABLET                                            | Non-Preferred | PA                               |
| BENICAR ORAL TABLET                                           | Non-Preferred | PA                               |
| candesartan cilexetil oral tablet                             | Non-Preferred | PA                               |
| COZAAR ORAL TABLET                                            | Non-Preferred | PA; QL                           |
| DIOVAN ORAL TABLET                                            | Non-Preferred | PA                               |
| EDARBI ORAL TABLET                                            | Non-Preferred | PA                               |
| irbesartan oral tablet                                        | Preferred     | 90 Day Supply                    |
| losartan potassium oral tablet                                | Preferred     | 90 Day Supply; QL                |
| MICARDIS ORAL TABLET                                          | Non-Preferred | PA                               |
| olmesartan medoxomil oral tablet                              | Preferred     | 90 Day Supply                    |
| telmisartan oral tablet                                       | Non-Preferred | PA                               |
| valsartan oral tablet                                         | Preferred     | 90 Day Supply                    |
| <b>Angiotensin II Receptor Antagonists</b>                    |               |                                  |
| amlodipine besylate-valsartan oral tablet                     | Preferred     | 90 Day Supply                    |
| amlodipine-olmesartan oral tablet                             | Non-Preferred | PA                               |
| amlodipine-valsartan-hctz oral tablet                         | Preferred     |                                  |
| ATACAND HCT ORAL TABLET                                       | Non-Preferred | PA                               |
| ATACAND ORAL TABLET                                           | Non-Preferred | PA                               |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG                  | Non-Preferred | PA                               |
| AVAPRO ORAL TABLET                                            | Non-Preferred | PA                               |
| AZOR ORAL TABLET                                              | Non-Preferred | PA                               |
| BENICAR HCT ORAL TABLET                                       | Non-Preferred | PA                               |
| BENICAR ORAL TABLET                                           | Non-Preferred | PA                               |
| candesartan cilexetil oral tablet                             | Non-Preferred | PA                               |
| candesartan cilexetil-hctz oral tablet                        | Non-Preferred | PA                               |
| COZAAR ORAL TABLET                                            | Non-Preferred | PA; QL                           |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG                | Non-Preferred | PA                               |
| DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG      | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                        | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|---------------|----------------------------------|
| DIOVAN ORAL TABLET                                                          | Non-Preferred | PA                               |
| EDARBI ORAL TABLET                                                          | Non-Preferred | PA                               |
| EDARBYCLOR ORAL TABLET                                                      | Non-Preferred | PA                               |
| ENTRESTO ORAL CAPSULE SPRINKLE                                              | Non-Preferred | PA; QL                           |
| ENTRESTO ORAL TABLET                                                        | Non-Preferred | PA; QL                           |
| EXFORGE HCT ORAL TABLET                                                     | Non-Preferred | PA                               |
| EXFORGE ORAL TABLET                                                         | Non-Preferred | PA                               |
| HYZAAR ORAL TABLET 100-12.5 MG                                              | Non-Preferred | PA                               |
| HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG                                    | Non-Preferred | PA; QL                           |
| irbesartan oral tablet                                                      | Preferred     | 90 Day Supply                    |
| irbesartan-hydrochlorothiazide oral tablet                                  | Preferred     | 90 Day Supply                    |
| losartan potassium oral tablet                                              | Preferred     | 90 Day Supply; QL                |
| losartan potassium-hctz oral tablet 100-12.5 mg                             | Preferred     | 90 Day Supply                    |
| losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg                   | Preferred     | 90 Day Supply; QL                |
| MICARDIS HCT ORAL TABLET                                                    | Non-Preferred | PA                               |
| MICARDIS ORAL TABLET                                                        | Non-Preferred | PA                               |
| olmesartan medoxomil oral tablet                                            | Preferred     | 90 Day Supply                    |
| olmesartan medoxomil-hctz oral tablet                                       | Preferred     | 90 Day Supply                    |
| olmesartan-amlodipine-hctz oral tablet                                      | Non-Preferred | PA                               |
| sacubitril-valsartan oral tablet                                            | Preferred     | QL                               |
| telmisartan oral tablet                                                     | Non-Preferred | PA                               |
| telmisartan-amlodipine oral tablet                                          | Non-Preferred | PA                               |
| telmisartan-hctz oral tablet                                                | Non-Preferred | PA                               |
| TRIBENZOR ORAL TABLET                                                       | Non-Preferred | PA                               |
| valsartan oral tablet                                                       | Preferred     | 90 Day Supply                    |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg           | Preferred     | 90 Day Supply                    |
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | Preferred     | 90 Day Supply; QL                |
| <b>Angiotensin-Convert.Enzyme Inhib(Hypotn)</b>                             |               |                                  |
| ALTACE ORAL CAPSULE                                                         | Non-Preferred | PA                               |
| benazepril hcl oral tablet                                                  | Preferred     | 90 Day Supply; QL                |
| captopril oral tablet                                                       | Preferred     | 90 Day Supply                    |
| enalapril maleate oral solution                                             | Non-Preferred | PA                               |
| enalapril maleate oral tablet                                               | Preferred     | 90 Day Supply; QL                |
| EPANED ORAL SOLUTION                                                        | Non-Preferred | PA                               |
| fosinopril sodium oral tablet                                               | Preferred     | 90 Day Supply; QL                |
| lisinopril oral tablet                                                      | Preferred     | 90 Day Supply; QL                |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                                    | Non-Preferred | PA; QL                           |
| moexipril hcl oral tablet                                                   | Preferred     |                                  |
| perindopril erbumine oral tablet                                            | Preferred     |                                  |
| quinapril hcl oral tablet 10 mg, 5 mg                                       | Non-Preferred | PA                               |
| quinapril hcl oral tablet 20 mg, 40 mg                                      | Non-Preferred | PA; 90 Day Supply                |
| ramipril oral capsule                                                       | Preferred     | 90 Day Supply                    |
| trandolapril oral tablet                                                    | Preferred     |                                  |
| VASOTEC ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| ZESTRIL ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| <b>Angiotensin-Converting Enzyme Inhibitors</b>                             |               |                                  |
| ALTACE ORAL CAPSULE                                                         | Non-Preferred | PA                               |
| amlodipine besy-benazepril hcl oral capsule                                 | Preferred     | 90 Day Supply                    |
| benazepril hcl oral tablet                                                  | Preferred     | 90 Day Supply; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                        | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------|---------------|----------------------------------|
| benazepril-hydrochlorothiazide oral tablet                  | Preferred     | 90 Day Supply; QL                |
| captopril oral tablet                                       | Preferred     | 90 Day Supply                    |
| captopril-hydrochlorothiazide oral tablet                   | Preferred     | 90 Day Supply                    |
| enalapril maleate oral solution                             | Non-Preferred | PA                               |
| enalapril maleate oral tablet                               | Preferred     | 90 Day Supply; QL                |
| enalapril-hydrochlorothiazide oral tablet                   | Preferred     | 90 Day Supply                    |
| EPANED ORAL SOLUTION                                        | Non-Preferred | PA                               |
| fosinopril sodium oral tablet                               | Preferred     | 90 Day Supply; QL                |
| fosinopril sodium-hctz oral tablet 10-12.5 mg               | Preferred     | 90 Day Supply                    |
| fosinopril sodium-hctz oral tablet 20-12.5 mg               | Formulary     | 90 Day Supply                    |
| lisinopril oral tablet                                      | Preferred     | 90 Day Supply; QL                |
| lisinopril-hydrochlorothiazide oral tablet                  | Preferred     | 90 Day Supply; QL                |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG   | Non-Preferred | PA; QL                           |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                    | Non-Preferred | PA; QL                           |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG    | Non-Preferred | PA                               |
| moexipril hcl oral tablet                                   | Preferred     |                                  |
| perindopril erbumine oral tablet                            | Preferred     |                                  |
| QBRELIS ORAL SOLUTION                                       | Non-Preferred | PA                               |
| quinapril hcl oral tablet 10 mg, 5 mg                       | Non-Preferred | PA                               |
| quinapril hcl oral tablet 20 mg, 40 mg                      | Non-Preferred | PA; 90 Day Supply                |
| quinapril-hydrochlorothiazide oral tablet                   | Preferred     |                                  |
| ramipril oral capsule                                       | Preferred     | 90 Day Supply                    |
| trandolapril oral tablet                                    | Preferred     |                                  |
| trandolapril-verapamil hcl er oral tablet extended release  | Non-Preferred | PA                               |
| VASERETIC ORAL TABLET                                       | Non-Preferred | PA                               |
| VASOTEC ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| ZESTORETIC ORAL TABLET                                      | Non-Preferred | PA; QL                           |
| ZESTRIL ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| <b>Angptl3 Inhibitors (24:06)</b>                           |               |                                  |
| EVKEEZA INTRAVENOUS SOLUTION                                | Non-Preferred | PA                               |
| <b>Antiarrhythmics, Miscellaneous</b>                       |               |                                  |
| DIGOX ORAL TABLET                                           | Formulary     | QL                               |
| digoxin oral tablet 125 mcg, 250 mcg                        | Formulary     | 90 Day Supply; QL                |
| <b>Antilipemic Agents, Miscellaneous</b>                    |               |                                  |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE                     | Formulary     | OTC                              |
| EVKEEZA INTRAVENOUS SOLUTION                                | Non-Preferred | PA                               |
| icosapent ethyl oral capsule                                | Non-Preferred | PA                               |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | Non-Preferred | PA                               |
| NEXLETOL ORAL TABLET                                        | Non-Preferred | PA                               |
| NEXLIZET ORAL TABLET                                        | Non-Preferred | PA                               |
| niacin (antihyperlipidemic) oral tablet                     | Preferred     |                                  |
| niacin er (antihyperlipidemic) oral tablet extended release | Preferred     |                                  |
| niacin er oral tablet extended release 250 mg               | Formulary     | OTC                              |
| niacin er oral tablet extended release 500 mg               | Formulary     | 90 Day Supply; OTC               |
| omega-3-acid ethyl esters oral capsule                      | Preferred     | 90 Day Supply; QL                |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML   | Non-Preferred | PA                               |
| <b>Beta-Adrenergic Blocking Agents (24:20)</b>              |               |                                  |
| acebutolol hcl oral capsule                                 | Non-Preferred | PA                               |
| atenolol oral tablet                                        | Preferred     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| atenolol-chlorthalidone oral tablet                                  | Non-Preferred | PA                               |
| BETAPACE AF ORAL TABLET                                              | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                           | Non-Preferred | PA                               |
| betaxolol hcl oral tablet                                            | Non-Preferred | PA                               |
| BETIMOL OPHTHALMIC SOLUTION                                          | Non-Preferred | PA                               |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                          | Preferred     | 90 Day Supply                    |
| bisoprolol-hydrochlorothiazide oral tablet                           | Preferred     | 90 Day Supply; QL                |
| BYSTOLIC ORAL TABLET                                                 | Non-Preferred | PA                               |
| CARDURA ORAL TABLET                                                  | Non-Preferred | PA                               |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                      | Non-Preferred | PA                               |
| carvedilol oral tablet                                               | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour        | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| COREG ORAL TABLET                                                    | Non-Preferred | PA                               |
| doxazosin mesylate oral tablet                                       | Preferred     | 90 Day Supply                    |
| HEMANGEOL ORAL SOLUTION                                              | Non-Preferred | PA                               |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                    | Non-Preferred | PA                               |
| ISTALOL OPHTHALMIC SOLUTION                                          | Non-Preferred | PA                               |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE                  | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                                     | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                             | Preferred     | 90 Day Supply                    |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                  | Non-Preferred | PA                               |
| metoprolol succinate er oral tablet extended release 24 hour         | Preferred     | 90 Day Supply                    |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Preferred     | 90 Day Supply                    |
| metoprolol-hydrochlorothiazide oral tablet                           | Non-Preferred | PA                               |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                              | Preferred     | 90 Day Supply                    |
| nebivolol hcl oral tablet                                            | Preferred     |                                  |
| pindolol oral tablet                                                 | Non-Preferred | PA                               |
| prazosin hcl oral capsule                                            | Formulary     | 90 Day Supply                    |
| propranolol hcl er oral capsule extended release 24 hour             | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                              | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                              | Preferred     |                                  |
| propranolol hcl oral tablet                                          | Preferred     | 90 Day Supply                    |
| sotalol hcl (af) oral tablet                                         | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                              | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                               | Non-Preferred | PA                               |
| TENORETIC 100 ORAL TABLET                                            | Non-Preferred | PA                               |
| TENORETIC 50 ORAL TABLET                                             | Non-Preferred | PA                               |
| TENORMIN ORAL TABLET                                                 | Non-Preferred | PA                               |
| terazosin hcl oral capsule                                           | Preferred     | 90 Day Supply                    |
| timolol maleate (once-daily) ophthalmic solution                     | Non-Preferred | PA                               |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION                          | Non-Preferred | PA                               |
| timolol maleate ophthalmic gel forming solution                      | Preferred     |                                  |
| timolol maleate ophthalmic solution                                  | Preferred     | 90 Day Supply                    |
| timolol maleate oral tablet                                          | Non-Preferred | PA                               |
| timolol maleate pf ophthalmic solution                               | Non-Preferred | PA                               |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| <b>Bile Acid Sequestrants</b>                                                                             |               |                                  |
| cholestyramine light oral packet                                                                          | Preferred     | 90 Day Supply                    |
| cholestyramine light oral powder                                                                          | Preferred     | 90 Day Supply; QL                |
| cholestyramine oral packet                                                                                | Preferred     | 90 Day Supply                    |
| cholestyramine oral powder                                                                                | Preferred     | 90 Day Supply; QL                |
| colesevelam hcl oral packet                                                                               | Non-Preferred | PA                               |
| colesevelam hcl oral tablet                                                                               | Non-Preferred | PA                               |
| COLESTID ORAL TABLET                                                                                      | Non-Preferred | PA                               |
| colestipol hcl oral granules                                                                              | Preferred     |                                  |
| colestipol hcl oral packet                                                                                | Preferred     |                                  |
| colestipol hcl oral tablet                                                                                | Preferred     |                                  |
| QUESTRAN LIGHT ORAL POWDER                                                                                | Non-Preferred | PA; QL                           |
| QUESTRAN ORAL PACKET                                                                                      | Non-Preferred | PA                               |
| QUESTRAN ORAL POWDER                                                                                      | Non-Preferred | PA; QL                           |
| WELCHOL ORAL PACKET                                                                                       | Non-Preferred | PA                               |
| WELCHOL ORAL TABLET                                                                                       | Non-Preferred | PA                               |
| <b>Bradykinin Receptors Antagonists</b>                                                                   |               |                                  |
| icatibant acetate subcutaneous solution prefilled syringe                                                 | Preferred     | PA                               |
| <b>Calcium-Channel Block.Agt,Misc(Hypoten)</b>                                                            |               |                                  |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                  | Non-Preferred | PA; QL                           |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG                                          | Non-Preferred | PA                               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| CARDIZEM ORAL TABLET 120 MG                                                                               | Non-Preferred | PA; QL                           |
| CARDIZEM ORAL TABLET 30 MG, 60 MG                                                                         | Non-Preferred | PA                               |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                    | Preferred     | 90 Day Supply                    |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                                    | Formulary     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg               | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg                                       | Preferred     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg                                       | Preferred     | QL                               |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg                | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg                        | Formulary     | 90 Day Supply                    |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg                                      | Preferred     | QL                               |
| diltiazem hcl er oral capsule extended release 12 hour 90 mg                                              | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er oral tablet extended release 24 hour                                                     | Non-Preferred | PA                               |
| diltiazem hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg                                                             | Preferred     | 90 Day Supply                    |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                            | Non-Preferred | PA                               |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG                       | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                        | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------|---------------|----------------------------------|
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                         | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg       | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg               | Preferred     | 90 Day Supply                    |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                        | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 120 mg                                                            | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 40 mg, 80 mg                                                      | Preferred     | 90 Day Supply                    |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                            | Non-Preferred | PA                               |
| <b>Calcium-Channel Blocking Agents</b>                                                      |               |                                  |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                    | Non-Preferred | PA; QL                           |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG                            | Non-Preferred | PA                               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                            | Non-Preferred | PA                               |
| CARDIZEM ORAL TABLET 120 MG                                                                 | Non-Preferred | PA; QL                           |
| CARDIZEM ORAL TABLET 30 MG, 60 MG                                                           | Non-Preferred | PA                               |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                      | Preferred     | 90 Day Supply                    |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                      | Formulary     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg                         | Preferred     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg                         | Preferred     | QL                               |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg  | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg          | Formulary     | 90 Day Supply                    |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg                        | Preferred     | QL                               |
| diltiazem hcl er oral capsule extended release 12 hour 90 mg                                | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg               | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er oral tablet extended release 24 hour                                       | Non-Preferred | PA                               |
| diltiazem hcl oral tablet 120 mg                                                            | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg                                               | Preferred     | 90 Day Supply                    |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                              | Non-Preferred | PA                               |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG         | Non-Preferred | PA; QL                           |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                         | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg       | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg               | Preferred     | 90 Day Supply                    |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                        | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 120 mg                                                            | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 40 mg, 80 mg                                                      | Preferred     | 90 Day Supply                    |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                            | Non-Preferred | PA                               |
| <b>Calcium-Channel Blocking Agents, Misc.</b>                                               |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                  | Non-Preferred | PA; QL                           |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG                                          | Non-Preferred | PA                               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| CARDIZEM ORAL TABLET 120 MG                                                                               | Non-Preferred | PA; QL                           |
| CARDIZEM ORAL TABLET 30 MG, 60 MG                                                                         | Non-Preferred | PA                               |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                    | Preferred     | 90 Day Supply                    |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                                    | Formulary     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg               | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg                                       | Preferred     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg                                       | Preferred     | QL                               |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg                | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg                        | Formulary     | 90 Day Supply                    |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg                                      | Preferred     | QL                               |
| diltiazem hcl er oral capsule extended release 12 hour 90 mg                                              | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er oral tablet extended release 24 hour                                                     | Non-Preferred | PA                               |
| diltiazem hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg                                                             | Preferred     | 90 Day Supply                    |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                            | Non-Preferred | PA                               |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG                       | Non-Preferred | PA; QL                           |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                                       | Non-Preferred | PA                               |
| trandolapril-verapamil hcl er oral tablet extended release                                                | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg                     | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply                    |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                                      | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 40 mg, 80 mg                                                                    | Preferred     | 90 Day Supply                    |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| <b>Carbonic Anhydrase Inhibitors (24:36)</b>                                                              |               |                                  |
| acetazolamide er oral capsule extended release 12 hour                                                    | Formulary     | QL                               |
| acetazolamide oral tablet                                                                                 | Formulary     |                                  |
| <b>Carbonic Anhydrase Inhibitors(Hypoten)</b>                                                             |               |                                  |
| acetazolamide er oral capsule extended release 12 hour                                                    | Formulary     | QL                               |
| acetazolamide oral tablet                                                                                 | Formulary     |                                  |
| <b>Cardiac Drugs, Miscellaneous</b>                                                                       |               |                                  |
| CORLANOR ORAL SOLUTION                                                                                    | Formulary     | PA                               |
| ivabradine hcl oral tablet                                                                                | Formulary     | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| <b>Cardiotonic Agents</b>                                            |               |                                  |
| CORLANOR ORAL SOLUTION                                               | Formulary     | PA                               |
| DIGOX ORAL TABLET                                                    | Formulary     | QL                               |
| digoxin oral tablet 125 mcg, 250 mcg                                 | Formulary     | 90 Day Supply; QL                |
| ivabradine hcl oral tablet                                           | Formulary     | PA                               |
| <b>Central Alpha-Agonists</b>                                        |               |                                  |
| acebutolol hcl oral capsule                                          | Non-Preferred | PA                               |
| atenolol oral tablet                                                 | Preferred     | 90 Day Supply                    |
| atenolol-chlorthalidone oral tablet                                  | Non-Preferred | PA                               |
| BETAPACE AF ORAL TABLET                                              | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                           | Non-Preferred | PA                               |
| betaxolol hcl oral tablet                                            | Non-Preferred | PA                               |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                          | Preferred     | 90 Day Supply                    |
| bisoprolol-hydrochlorothiazide oral tablet                           | Preferred     | 90 Day Supply; QL                |
| BYSTOLIC ORAL TABLET                                                 | Non-Preferred | PA                               |
| carvedilol oral tablet                                               | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour        | Preferred     |                                  |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg                     | Formulary     | 90 Day Supply                    |
| clonidine transdermal patch weekly                                   | Formulary     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| COREG ORAL TABLET                                                    | Non-Preferred | PA                               |
| guanfacine hcl oral tablet                                           | Formulary     | 90 Day Supply; QL                |
| HEMANGEOL ORAL SOLUTION                                              | Non-Preferred | PA                               |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                    | Non-Preferred | PA                               |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE                  | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                                     | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                             | Preferred     | 90 Day Supply                    |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                  | Non-Preferred | PA                               |
| methyldopa oral tablet                                               | Formulary     | 90 Day Supply                    |
| metoprolol succinate er oral tablet extended release 24 hour         | Preferred     | 90 Day Supply                    |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Preferred     | 90 Day Supply                    |
| metoprolol-hydrochlorothiazide oral tablet                           | Non-Preferred | PA                               |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                              | Preferred     | 90 Day Supply                    |
| nebivolol hcl oral tablet                                            | Preferred     |                                  |
| pindolol oral tablet                                                 | Non-Preferred | PA                               |
| propranolol hcl er oral capsule extended release 24 hour             | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                              | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                              | Preferred     |                                  |
| propranolol hcl oral tablet                                          | Preferred     | 90 Day Supply                    |
| sotalol hcl (af) oral tablet                                         | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                              | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                               | Non-Preferred | PA                               |
| TENORETIC 100 ORAL TABLET                                            | Non-Preferred | PA                               |
| TENORETIC 50 ORAL TABLET                                             | Non-Preferred | PA                               |
| TENORMIN ORAL TABLET                                                 | Non-Preferred | PA                               |
| timolol maleate oral tablet                                          | Non-Preferred | PA                               |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| <b>Cgmp Synthesis Agent</b>                                          |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| VERQUVO ORAL TABLET                                           | Formulary     | PA                               |
| <b>Cholesterol Absorption Inhibitors</b>                      |               |                                  |
| ezetimibe oral tablet                                         | Preferred     | 90 Day Supply                    |
| ezetimibe-simvastatin oral tablet                             | Non-Preferred | PA                               |
| NEXLIZET ORAL TABLET                                          | Non-Preferred | PA                               |
| VYTORIN ORAL TABLET                                           | Non-Preferred | PA                               |
| ZETIA ORAL TABLET                                             | Non-Preferred | PA                               |
| <b>Class Ia Antiarrhythmics</b>                               |               |                                  |
| disopyramide phosphate oral capsule                           | Formulary     |                                  |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR              | Formulary     |                                  |
| quinidine sulfate oral tablet                                 | Formulary     |                                  |
| <b>Class Ib Antiarrhythmics</b>                               |               |                                  |
| DILANTIN INFATABS ORAL TABLET CHEWABLE                        | Non-Preferred | PA; QL                           |
| DILANTIN ORAL CAPSULE                                         | Preferred     | QL                               |
| DILANTIN ORAL SUSPENSION                                      | Non-Preferred | PA                               |
| mexiletine hcl oral capsule                                   | Formulary     | 90 Day Supply                    |
| PHENYTEK ORAL CAPSULE                                         | Preferred     |                                  |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE                       | Preferred     | QL                               |
| phenytoin oral suspension                                     | Preferred     | 90 Day Supply                    |
| phenytoin oral tablet chewable                                | Preferred     | 90 Day Supply; QL                |
| phenytoin sodium extended oral capsule 100 mg                 | Preferred     | 90 Day Supply; QL                |
| phenytoin sodium extended oral capsule 200 mg, 300 mg         | Preferred     |                                  |
| <b>Class Ic Antiarrhythmics</b>                               |               |                                  |
| flecainide acetate oral tablet                                | Formulary     | 90 Day Supply                    |
| propafenone hcl oral tablet 150 mg, 225 mg                    | Formulary     | 90 Day Supply                    |
| propafenone hcl oral tablet 300 mg                            | Formulary     |                                  |
| <b>Class II Antiarrhythmics</b>                               |               |                                  |
| acebutolol hcl oral capsule                                   | Non-Preferred | PA                               |
| atenolol oral tablet                                          | Preferred     | 90 Day Supply                    |
| BETAPACE AF ORAL TABLET                                       | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                    | Non-Preferred | PA                               |
| betaxolol hcl ophthalmic solution                             | Non-Preferred | PA                               |
| betaxolol hcl oral tablet                                     | Non-Preferred | PA                               |
| BETIMOL OPHTHALMIC SOLUTION                                   | Non-Preferred | PA                               |
| BETOPTIC-S OPHTHALMIC SUSPENSION                              | Non-Preferred | PA                               |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                   | Preferred     | 90 Day Supply                    |
| BYSTOLIC ORAL TABLET                                          | Non-Preferred | PA                               |
| carvedilol oral tablet                                        | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | Non-Preferred | PA                               |
| COREG ORAL TABLET                                             | Non-Preferred | PA                               |
| HEMANGEOL ORAL SOLUTION                                       | Non-Preferred | PA                               |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA                               |
| ISTALOL OPHTHALMIC SOLUTION                                   | Non-Preferred | PA                               |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE           | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                              | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                      | Preferred     | 90 Day Supply                    |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                           | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                        | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------|---------------|----------------------------------|
| metoprolol succinate er oral tablet extended release 24 hour                                | Preferred     | 90 Day Supply                    |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg                        | Preferred     | 90 Day Supply                    |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                                                     | Preferred     | 90 Day Supply                    |
| nebivolol hcl oral tablet                                                                   | Preferred     |                                  |
| pindolol oral tablet                                                                        | Non-Preferred | PA                               |
| propranolol hcl er oral capsule extended release 24 hour                                    | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                                                     | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                                                     | Preferred     |                                  |
| propranolol hcl oral tablet                                                                 | Preferred     | 90 Day Supply                    |
| sotalol hcl (af) oral tablet                                                                | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                                                     | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                                                      | Non-Preferred | PA                               |
| TENORMIN ORAL TABLET                                                                        | Non-Preferred | PA                               |
| timolol maleate (once-daily) ophthalmic solution                                            | Non-Preferred | PA                               |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION                                                 | Non-Preferred | PA                               |
| timolol maleate ophthalmic gel forming solution                                             | Preferred     |                                  |
| timolol maleate ophthalmic solution                                                         | Preferred     | 90 Day Supply                    |
| timolol maleate oral tablet                                                                 | Non-Preferred | PA                               |
| timolol maleate pf ophthalmic solution                                                      | Non-Preferred | PA                               |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION                                                        | Non-Preferred | PA                               |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                              | Non-Preferred | PA                               |
| <b>Class Iii Antiarrhythmics</b>                                                            |               |                                  |
| amiodarone hcl oral tablet 200 mg                                                           | Formulary     | 90 Day Supply                    |
| BETAPACE AF ORAL TABLET                                                                     | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                                                  | Non-Preferred | PA                               |
| PACERONE ORAL TABLET 200 MG                                                                 | Formulary     |                                  |
| sotalol hcl (af) oral tablet                                                                | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                                                     | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                                                      | Non-Preferred | PA                               |
| <b>Class Iv Antiarrhythmics</b>                                                             |               |                                  |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                    | Non-Preferred | PA; QL                           |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG                            | Non-Preferred | PA                               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                            | Non-Preferred | PA                               |
| CARDIZEM ORAL TABLET 120 MG                                                                 | Non-Preferred | PA; QL                           |
| CARDIZEM ORAL TABLET 30 MG, 60 MG                                                           | Non-Preferred | PA                               |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                      | Preferred     | 90 Day Supply                    |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                      | Formulary     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg                         | Preferred     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg                         | Preferred     | QL                               |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg  | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg          | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg                                      | Preferred     | QL                               |
| diltiazem hcl er oral capsule extended release 12 hour 90 mg                                              | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er oral tablet extended release 24 hour                                                     | Non-Preferred | PA                               |
| diltiazem hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg                                                             | Preferred     | 90 Day Supply                    |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                            | Non-Preferred | PA                               |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG                       | Non-Preferred | PA; QL                           |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                                       | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg                     | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply                    |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                                      | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 40 mg, 80 mg                                                                    | Preferred     | 90 Day Supply                    |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| <b>Dihydropyridines</b>                                                                                   |               |                                  |
| amlodipine besy-benazepril hcl oral capsule                                                               | Preferred     | 90 Day Supply                    |
| amlodipine besylate oral tablet                                                                           | Preferred     | 90 Day Supply; QL                |
| amlodipine besylate-valsartan oral tablet                                                                 | Preferred     | 90 Day Supply                    |
| amlodipine-atorvastatin oral tablet                                                                       | Non-Preferred | PA                               |
| amlodipine-olmesartan oral tablet                                                                         | Non-Preferred | PA                               |
| amlodipine-valsartan-hctz oral tablet                                                                     | Preferred     |                                  |
| AZOR ORAL TABLET                                                                                          | Non-Preferred | PA                               |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG             | Non-Preferred | PA                               |
| EXFORGE HCT ORAL TABLET                                                                                   | Non-Preferred | PA                               |
| EXFORGE ORAL TABLET                                                                                       | Non-Preferred | PA                               |
| felodipine er oral tablet extended release 24 hour                                                        | Preferred     | 90 Day Supply                    |
| isradipine oral capsule                                                                                   | Non-Preferred | PA                               |
| KATERZIA ORAL SUSPENSION                                                                                  | Non-Preferred | PA                               |
| levamlodipine maleate oral tablet                                                                         | Non-Preferred | PA                               |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG                                                  | Non-Preferred | PA                               |
| nicardipine hcl oral capsule                                                                              | Non-Preferred | PA                               |
| nifedipine er oral tablet extended release 24 hour 30 mg                                                  | Preferred     | 90 Day Supply                    |
| nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg                                           | Preferred     | 90 Day Supply; QL                |
| nifedipine er osmotic release oral tablet extended release 24 hour                                        | Preferred     | 90 Day Supply; QL                |
| nifedipine oral capsule                                                                                   | Preferred     | 90 Day Supply                    |
| nimodipine oral capsule                                                                                   | Non-Preferred | PA                               |
| nisoldipine er oral tablet extended release 24 hour                                                       | Non-Preferred | PA                               |
| NORLIQVA ORAL SOLUTION                                                                                    | Non-Preferred | PA                               |
| NORVASC ORAL TABLET                                                                                       | Non-Preferred | PA; QL                           |
| olmesartan-amlodipine-hctz oral tablet                                                                    | Non-Preferred | PA                               |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                                         | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG      | Non-Preferred | PA                               |
| telmisartan-amlodipine oral tablet                                   | Non-Preferred | PA                               |
| TRIBENZOR ORAL TABLET                                                | Non-Preferred | PA                               |
| <b>Dihydropyridines (Antihypertensive)</b>                           |               |                                  |
| amlodipine besylate oral tablet                                      | Preferred     | 90 Day Supply; QL                |
| felodipine er oral tablet extended release 24 hour                   | Preferred     | 90 Day Supply                    |
| isradipine oral capsule                                              | Non-Preferred | PA                               |
| KATERZIA ORAL SUSPENSION                                             | Non-Preferred | PA                               |
| levamlodipine maleate oral tablet                                    | Non-Preferred | PA                               |
| nicardipine hcl oral capsule                                         | Non-Preferred | PA                               |
| nifedipine er oral tablet extended release 24 hour 30 mg             | Preferred     | 90 Day Supply                    |
| nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg      | Preferred     | 90 Day Supply; QL                |
| nifedipine er osmotic release oral tablet extended release 24 hour   | Preferred     | 90 Day Supply; QL                |
| nifedipine oral capsule                                              | Preferred     | 90 Day Supply                    |
| nimodipine oral capsule                                              | Non-Preferred | PA                               |
| nisoldipine er oral tablet extended release 24 hour                  | Non-Preferred | PA                               |
| NORLIQVA ORAL SOLUTION                                               | Non-Preferred | PA                               |
| NORVASC ORAL TABLET                                                  | Non-Preferred | PA; QL                           |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                    | Non-Preferred | PA; QL                           |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG      | Non-Preferred | PA                               |
| <b>Direct Vasodilators</b>                                           |               |                                  |
| clonidine hcl er oral tablet extended release 12 hour                | Preferred     | 90 Day Supply                    |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg                     | Formulary     | 90 Day Supply                    |
| clonidine transdermal patch weekly                                   | Formulary     |                                  |
| guanfacine hcl oral tablet                                           | Formulary     | 90 Day Supply; QL                |
| hydralazine hcl oral tablet                                          | Formulary     | 90 Day Supply                    |
| methyldopa oral tablet                                               | Formulary     | 90 Day Supply                    |
| minoxidil oral tablet                                                | Formulary     | 90 Day Supply                    |
| <b>Diuretics, Miscellaneous (Hypotensive)</b>                        |               |                                  |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Formulary     |                                  |
| theophylline er oral tablet extended release 12 hour 300 mg          | Formulary     |                                  |
| theophylline er oral tablet extended release 24 hour                 | Formulary     |                                  |
| <b>Factor Xiiia Inhibitors</b>                                       |               |                                  |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                         | Non-Preferred | PA                               |
| <b>Fibric Acid Derivatives</b>                                       |               |                                  |
| ANTARA ORAL CAPSULE 90 MG                                            | Non-Preferred | PA                               |
| fenofibrate micronized oral capsule 130 mg, 43 mg                    | Non-Preferred | PA                               |
| fenofibrate micronized oral capsule 134 mg, 67 mg                    | Preferred     | 90 Day Supply                    |
| fenofibrate micronized oral capsule 200 mg                           | Formulary     | 90 Day Supply                    |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg                       | Preferred     | 90 Day Supply                    |
| fenofibrate oral capsule 150 mg, 50 mg                               | Non-Preferred | PA                               |
| fenofibrate oral tablet 120 mg, 40 mg                                | Non-Preferred | PA                               |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg                 | Preferred     | 90 Day Supply                    |
| fenofibric acid oral capsule delayed release                         | Non-Preferred | PA                               |
| fenofibric acid oral tablet                                          | Non-Preferred | PA                               |
| FENOGLIDE ORAL TABLET                                                | Non-Preferred | PA                               |
| FIBRICOR ORAL TABLET                                                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                          | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------|---------------|----------------------------------|
| gemfibrozil oral tablet                                                                       | Preferred     | 90 Day Supply; QL                |
| LIPOFEN ORAL CAPSULE                                                                          | Non-Preferred | PA                               |
| LOPID ORAL TABLET                                                                             | Non-Preferred | PA; QL                           |
| TRICOR ORAL TABLET                                                                            | Non-Preferred | PA                               |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE                                                         | Non-Preferred | PA                               |
| <b>Hmg-Coa Reductase Inhibitors</b>                                                           |               |                                  |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR                                                 | Non-Preferred | PA                               |
| amlodipine-atorvastatin oral tablet                                                           | Non-Preferred | PA                               |
| ATORVALIQ ORAL SUSPENSION                                                                     | Non-Preferred | PA                               |
| atorvastatin calcium oral tablet                                                              | Preferred     | 90 Day Supply; QL                |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | Non-Preferred | PA                               |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE                                                        | Non-Preferred | PA                               |
| ezetimibe-simvastatin oral tablet                                                             | Non-Preferred | PA                               |
| flolipid oral suspension                                                                      | Non-Preferred | PA                               |
| fluvastatin sodium er oral tablet extended release 24 hour                                    | Non-Preferred | PA                               |
| fluvastatin sodium oral capsule                                                               | Non-Preferred | PA                               |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                                | Non-Preferred | PA                               |
| LIPITOR ORAL TABLET                                                                           | Non-Preferred | PA; QL                           |
| LIVALO ORAL TABLET                                                                            | Non-Preferred | PA                               |
| lovastatin oral tablet                                                                        | Preferred     | 90 Day Supply; QL                |
| pitavastatin calcium oral tablet                                                              | Non-Preferred | PA                               |
| pravastatin sodium oral tablet                                                                | Preferred     | 90 Day Supply; QL                |
| rosuvastatin calcium oral tablet                                                              | Preferred     | 90 Day Supply                    |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg                                             | Preferred     | 90 Day Supply; QL                |
| simvastatin oral tablet 80 mg                                                                 | Preferred     | 90 Day Supply                    |
| VYTORIN ORAL TABLET                                                                           | Non-Preferred | PA                               |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG                                                         | Non-Preferred | PA; QL                           |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG                                                              | Non-Preferred | PA                               |
| <b>Kallikrein Inhibitors (24:48:08)</b>                                                       |               |                                  |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                  | Non-Preferred | PA                               |
| EKTERLY ORAL TABLET                                                                           | Non-Preferred | PA                               |
| KALBITOR SUBCUTANEOUS SOLUTION                                                                | Non-Preferred | PA                               |
| ORLADEYO ORAL CAPSULE                                                                         | Non-Preferred | PA                               |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                                                | Non-Preferred | PA                               |
| <b>Loop Diuretics (24:36)</b>                                                                 |               |                                  |
| bumetanide oral tablet                                                                        | Formulary     | 90 Day Supply                    |
| furosemide oral solution 10 mg/ml                                                             | Formulary     | 90 Day Supply                    |
| furosemide oral solution 8 mg/ml                                                              | Formulary     |                                  |
| furosemide oral tablet                                                                        | Formulary     | 90 Day Supply                    |
| torsemide oral tablet                                                                         | Formulary     | 90 Day Supply                    |
| <b>Loop Diuretics (Hypotensive Agents)</b>                                                    |               |                                  |
| bumetanide oral tablet                                                                        | Formulary     | 90 Day Supply                    |
| furosemide oral solution 10 mg/ml                                                             | Formulary     | 90 Day Supply                    |
| furosemide oral solution 8 mg/ml                                                              | Formulary     |                                  |
| furosemide oral tablet                                                                        | Formulary     | 90 Day Supply                    |
| torsemide oral tablet                                                                         | Formulary     | 90 Day Supply                    |
| <b>Mineralocorticoid (Aldosterone) Antagnts</b>                                               |               |                                  |
| eplerenone oral tablet                                                                        | Formulary     |                                  |
| spironolactone oral tablet                                                                    | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| spironolactone-hctz oral tablet                                      | Formulary     | 90 Day Supply                    |
| <b>Mineralocorticoid(Aldoster.)Antag(Hypot)</b>                      |               |                                  |
| eplerenone oral tablet                                               | Formulary     |                                  |
| spironolactone oral tablet                                           | Formulary     | 90 Day Supply                    |
| <b>Nitrates And Nitrites</b>                                         |               |                                  |
| acebutolol hcl oral capsule                                          | Non-Preferred | PA                               |
| atenolol oral tablet                                                 | Preferred     | 90 Day Supply                    |
| BETAPACE AF ORAL TABLET                                              | Non-Preferred | PA                               |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG                           | Non-Preferred | PA                               |
| betaxolol hcl oral tablet                                            | Non-Preferred | PA                               |
| bisoprolol fumarate oral tablet 10 mg, 5 mg                          | Preferred     | 90 Day Supply                    |
| carvedilol oral tablet                                               | Preferred     | 90 Day Supply                    |
| carvedilol phosphate er oral capsule extended release 24 hour        | Preferred     |                                  |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| COREG ORAL TABLET                                                    | Non-Preferred | PA                               |
| HEMANGEOL ORAL SOLUTION                                              | Non-Preferred | PA                               |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                    | Non-Preferred | PA                               |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg                 | Formulary     | 90 Day Supply                    |
| isosorbide dinitrate oral tablet 40 mg, 5 mg                         | Formulary     |                                  |
| isosorbide mononitrate er oral tablet extended release 24 hour       | Formulary     | 90 Day Supply                    |
| isosorbide mononitrate oral tablet                                   | Formulary     |                                  |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE                  | Non-Preferred | PA                               |
| labetalol hcl oral tablet 100 mg                                     | Preferred     | 90 Day Supply; QL                |
| labetalol hcl oral tablet 200 mg, 300 mg                             | Preferred     | 90 Day Supply                    |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                  | Non-Preferred | PA                               |
| metoprolol succinate er oral tablet extended release 24 hour         | Preferred     | 90 Day Supply                    |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Preferred     | 90 Day Supply                    |
| nadolol oral tablet 20 mg, 40 mg, 80 mg                              | Preferred     | 90 Day Supply                    |
| nitroglycerin sublingual tablet sublingual                           | Formulary     |                                  |
| nitroglycerin transdermal patch 24 hour                              | Formulary     |                                  |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE                             | Formulary     |                                  |
| pindolol oral tablet                                                 | Non-Preferred | PA                               |
| propranolol hcl er oral capsule extended release 24 hour             | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                              | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                              | Preferred     |                                  |
| propranolol hcl oral tablet                                          | Preferred     | 90 Day Supply                    |
| sotalol hcl (af) oral tablet                                         | Preferred     | 90 Day Supply                    |
| sotalol hcl oral tablet                                              | Preferred     | 90 Day Supply                    |
| SOTYLIZE ORAL SOLUTION                                               | Non-Preferred | PA                               |
| TENORMIN ORAL TABLET                                                 | Non-Preferred | PA                               |
| timolol maleate oral tablet                                          | Non-Preferred | PA                               |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| <b>Omega-3-Mediated Antilipemics</b>                                 |               |                                  |
| icosapent ethyl oral capsule                                         | Non-Preferred | PA                               |
| omega-3-acid ethyl esters oral capsule                               | Preferred     | 90 Day Supply; QL                |
| <b>Osmotic Diuretics (24:36)</b>                                     |               |                                  |
| urea external cream 40 %                                             | Formulary     |                                  |
| <b>Pcsk9 Inhibitors</b>                                              |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | Non-Preferred | PA                               |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML        | Non-Preferred | PA                               |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML         | Non-Preferred | PA; QL                           |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE     | Non-Preferred | PA; QL                           |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA; QL                           |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR         | Non-Preferred | PA; QL                           |
| <b>Phosphodiesterase Type 5 Inhibitors</b>                    |               |                                  |
| ADCIRCA ORAL TABLET                                           | Non-Preferred | PA                               |
| aspirin-dipyridamole er oral capsule extended release 12 hour | Non-Preferred | PA                               |
| cilostazol oral tablet                                        | Formulary     | 90 Day Supply                    |
| dipyridamole oral tablet                                      | Preferred     |                                  |
| ENTADFI ORAL CAPSULE                                          | Non-Preferred | PA                               |
| REVATIO ORAL SUSPENSION RECONSTITUTED                         | Non-Preferred | PA                               |
| REVATIO ORAL TABLET                                           | Non-Preferred | PA                               |
| sildenafil citrate oral suspension reconstituted              | Preferred     | PA                               |
| sildenafil citrate oral tablet 20 mg                          | Preferred     | PA                               |
| tadalafil (pah) oral tablet                                   | Non-Preferred | PA                               |
| TADLIQ ORAL SUSPENSION                                        | Non-Preferred | PA                               |
| <b>Potassium-Sparing Diuretics (24:36)</b>                    |               |                                  |
| amiloride hcl oral tablet                                     | Formulary     | 90 Day Supply                    |
| DYRENIUM ORAL CAPSULE                                         | Formulary     |                                  |
| eplerenone oral tablet                                        | Formulary     |                                  |
| spironolactone oral tablet                                    | Formulary     | 90 Day Supply                    |
| spironolactone-hctz oral tablet                               | Formulary     | 90 Day Supply                    |
| triamterene oral capsule                                      | Formulary     |                                  |
| <b>Potassium-Sparing Diuretics (Hypoten)</b>                  |               |                                  |
| amiloride hcl oral tablet                                     | Formulary     | 90 Day Supply                    |
| DYRENIUM ORAL CAPSULE                                         | Formulary     |                                  |
| eplerenone oral tablet                                        | Formulary     |                                  |
| spironolactone oral tablet                                    | Formulary     | 90 Day Supply                    |
| triamterene oral capsule                                      | Formulary     |                                  |
| <b>Renin Inhibitors</b>                                       |               |                                  |
| aliskiren fumarate oral tablet                                | Non-Preferred | PA                               |
| TEKTRINA ORAL TABLET                                          | Non-Preferred | PA                               |
| <b>Renin-Angioten.-Aldost. Sys. Inhib, Misc</b>               |               |                                  |
| ENTRESTO ORAL CAPSULE SPRINKLE                                | Non-Preferred | PA; QL                           |
| ENTRESTO ORAL TABLET                                          | Non-Preferred | PA; QL                           |
| sacubitril-valsartan oral tablet                              | Preferred     | QL                               |
| <b>Sodium-Gluc (Sglt) Cotransporter Inhib</b>                 |               |                                  |
| INPEFA ORAL TABLET                                            | Non-Preferred | PA                               |
| <b>Steroidal Mineralocorticoid Receptor Ant</b>               |               |                                  |
| eplerenone oral tablet                                        | Formulary     |                                  |
| spironolactone oral tablet                                    | Formulary     | 90 Day Supply                    |
| spironolactone-hctz oral tablet                               | Formulary     | 90 Day Supply                    |
| <b>Thiazide Diuretics (24:36)</b>                             |               |                                  |
| hydrochlorothiazide oral capsule                              | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| hydrochlorothiazide oral tablet                                                                           | Formulary     | 90 Day Supply                    |
| <b>Thiazide Diuretics(Hypotensive Agents)</b>                                                             |               |                                  |
| hydrochlorothiazide oral capsule                                                                          | Formulary     | 90 Day Supply                    |
| hydrochlorothiazide oral tablet                                                                           | Formulary     | 90 Day Supply                    |
| <b>Thiazide-Like Diuretics (24:36)</b>                                                                    |               |                                  |
| chlorthalidone oral tablet 25 mg, 50 mg                                                                   | Formulary     | 90 Day Supply                    |
| indapamide oral tablet                                                                                    | Formulary     | 90 Day Supply                    |
| metolazone oral tablet                                                                                    | Formulary     | 90 Day Supply                    |
| <b>Thiazide-Like Diuretics(Hypotensive Agt)</b>                                                           |               |                                  |
| chlorthalidone oral tablet 25 mg, 50 mg                                                                   | Formulary     | 90 Day Supply                    |
| indapamide oral tablet                                                                                    | Formulary     | 90 Day Supply                    |
| metolazone oral tablet                                                                                    | Formulary     | 90 Day Supply                    |
| <b>Vasodilating Agents, Miscellaneous</b>                                                                 |               |                                  |
| ambrisentan oral tablet                                                                                   | Preferred     | PA                               |
| amlodipine besylate oral tablet                                                                           | Preferred     | 90 Day Supply; QL                |
| bosentan oral tablet                                                                                      | Non-Preferred | PA                               |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                  | Non-Preferred | PA; QL                           |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG                                          | Non-Preferred | PA                               |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                                          | Non-Preferred | PA                               |
| CARDIZEM ORAL TABLET 120 MG                                                                               | Non-Preferred | PA; QL                           |
| CARDIZEM ORAL TABLET 30 MG, 60 MG                                                                         | Non-Preferred | PA                               |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG                                    | Preferred     | 90 Day Supply                    |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                                    | Formulary     | 90 Day Supply                    |
| CORLANOR ORAL SOLUTION                                                                                    | Formulary     | PA                               |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg               | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg                                       | Preferred     | 90 Day Supply                    |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg                                       | Preferred     | QL                               |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg                | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg                        | Formulary     | 90 Day Supply                    |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg                                      | Preferred     | QL                               |
| diltiazem hcl er oral capsule extended release 12 hour 90 mg                                              | Preferred     |                                  |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg                             | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl er oral tablet extended release 24 hour                                                     | Non-Preferred | PA                               |
| diltiazem hcl oral tablet 120 mg                                                                          | Preferred     | 90 Day Supply; QL                |
| diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg                                                             | Preferred     | 90 Day Supply                    |
| dipyridamole oral tablet                                                                                  | Preferred     |                                  |
| ivabradine hcl oral tablet                                                                                | Formulary     | PA                               |
| KATERZIA ORAL SUSPENSION                                                                                  | Non-Preferred | PA                               |
| LETAIRIS ORAL TABLET                                                                                      | Non-Preferred | PA                               |
| levamlodipine maleate oral tablet                                                                         | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                  | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|---------------|----------------------------------|
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                                        | Non-Preferred | PA                               |
| nicardipine hcl oral capsule                                                          | Non-Preferred | PA                               |
| nifedipine er oral tablet extended release 24 hour 30 mg                              | Preferred     | 90 Day Supply                    |
| nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg                       | Preferred     | 90 Day Supply; QL                |
| nifedipine er osmotic release oral tablet extended release 24 hour                    | Preferred     | 90 Day Supply; QL                |
| nifedipine oral capsule                                                               | Preferred     | 90 Day Supply                    |
| nimodipine oral capsule                                                               | Non-Preferred | PA                               |
| NORLIQVA ORAL SOLUTION                                                                | Non-Preferred | PA                               |
| NORVASC ORAL TABLET                                                                   | Non-Preferred | PA; QL                           |
| OPSUMIT ORAL TABLET                                                                   | Non-Preferred | PA; QL                           |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK                           | Non-Preferred | PA                               |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK                           | Non-Preferred | PA                               |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK                           | Non-Preferred | PA                               |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                                | Non-Preferred | PA                               |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                     | Non-Preferred | PA; QL                           |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG   | Non-Preferred | PA; QL                           |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG                                   | Non-Preferred | PA                               |
| TRACLEER ORAL TABLET                                                                  | Preferred     | PA                               |
| TRACLEER ORAL TABLET SOLUBLE                                                          | Non-Preferred | PA                               |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG           | Non-Preferred | PA; QL                           |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG                   | Non-Preferred | PA                               |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG                           | Non-Preferred | PA; QL                           |
| TYVASO INHALATION SOLUTION                                                            | Non-Preferred | PA                               |
| TYVASO REFILL KIT INHALATION SOLUTION                                                 | Non-Preferred | PA                               |
| TYVASO STARTER KIT INHALATION SOLUTION                                                | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg | Non-Preferred | PA                               |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg         | Preferred     | 90 Day Supply                    |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                  | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 120 mg                                                      | Preferred     | 90 Day Supply; QL                |
| verapamil hcl oral tablet 40 mg, 80 mg                                                | Preferred     | 90 Day Supply                    |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                      | Non-Preferred | PA                               |
| VERQUVO ORAL TABLET                                                                   | Formulary     | PA                               |
| YUTREPIA INHALATION CAPSULE                                                           | Non-Preferred | PA                               |
| <b>Central Nervous System Agents</b>                                                  |               |                                  |
| <b>Adamantanes (Cns)</b>                                                              |               |                                  |
| amantadine hcl oral capsule                                                           | Formulary     | 90 Day Supply                    |
| amantadine hcl oral solution 50 mg/5ml                                                | Formulary     | 90 Day Supply                    |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                         | Non-Preferred | PA                               |
| <b>Adenosine A2a Receptor Antagonists</b>                                             |               |                                  |
| NOURIANZ ORAL TABLET                                                                  | Non-Preferred | PA                               |
| <b>Amphetamines</b>                                                                   |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA; QL                           |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE               | Non-Preferred | PA                               |
| amphetamine er oral tablet extended release dispersible               | Non-Preferred | PA                               |
| amphetamine sulfate oral tablet                                       | Non-Preferred | PA                               |
| amphetamine-dextroamphet er oral capsule extended release 24 hour     | Preferred     | QL                               |
| amphetamine-dextroamphetamine oral tablet                             | Preferred     | QL                               |
| amphet-dextroamphet 3-bead er oral capsule extended release 24 hour   | Non-Preferred | PA                               |
| dextroamphetamine sulfate er oral capsule extended release 24 hour    | Preferred     | QL                               |
| dextroamphetamine sulfate oral solution                               | Non-Preferred | PA                               |
| dextroamphetamine sulfate oral tablet 10 mg, 5 mg                     | Preferred     | QL                               |
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg             | Non-Preferred | PA                               |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE                          | Non-Preferred | PA                               |
| EVEKEO ODT ORAL TABLET DISPERSIBLE                                    | Non-Preferred | PA                               |
| EVEKEO ORAL TABLET                                                    | Non-Preferred | PA                               |
| lisdexamfetamine dimesylate oral capsule                              | Preferred     | QL                               |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR                         | Non-Preferred | PA                               |
| PROCENTRA ORAL SOLUTION                                               | Non-Preferred | PA                               |
| VYVANSE ORAL CAPSULE                                                  | Preferred     | QL                               |
| VYVANSE ORAL TABLET CHEWABLE                                          | Non-Preferred | PA                               |
| XELSTRYM TRANSDERMAL PATCH                                            | Non-Preferred | PA; QL                           |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                       | Non-Preferred | PA; QL                           |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG               | Non-Preferred | PA                               |
| <b>Amyotrophic Lateral Sclerosis(ALS) Agent</b>                       |               |                                  |
| riluzole oral tablet                                                  | Formulary     |                                  |
| <b>Analgesics And Antipyretics, Misc.</b>                             |               |                                  |
| 8 hr arthritis pain relief oral tablet extended release               | Formulary     | OTC                              |
| acetaminophen childrens oral suspension 160 mg/5ml                    | Formulary     | OTC                              |
| acetaminophen er oral tablet extended release                         | Formulary     | OTC                              |
| acetaminophen extra strength oral tablet                              | Formulary     | OTC                              |
| acetaminophen infants oral suspension                                 | Formulary     | OTC                              |
| acetaminophen junior strength oral tablet dispersible                 | Formulary     | OTC                              |
| acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml | Formulary     | OTC                              |
| acetaminophen oral tablet chewable 80 mg                              | Formulary     | OTC                              |
| acetaminophen pm ex st oral tablet 500-25 mg                          | Formulary     | OTC                              |
| acetaminophen rectal suppository 120 mg, 650 mg                       | Formulary     | OTC                              |
| acetaminophen-codeine oral solution                                   | Formulary     |                                  |
| acetaminophen-codeine oral tablet                                     | Formulary     | QL                               |
| added strength headache relief oral tablet                            | Formulary     | OTC                              |
| arthritis pain relief oral tablet extended release                    | Formulary     | OTC                              |
| arthritis pain reliever oral tablet extended release                  | Formulary     | OTC                              |
| betatemp childrens oral suspension                                    | Formulary     | OTC                              |
| butalbital-acetaminophen oral tablet 50-325 mg                        | Formulary     |                                  |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                 | Formulary     | QL; AL                           |
| butalbital-apap-caffeine oral tablet 50-325-40 mg                     | Formulary     |                                  |
| childrens acetaminophen oral suspension 160 mg/5ml                    | Formulary     | OTC                              |
| childrens apap oral tablet chewable                                   | Formulary     | OTC                              |
| childrens non-aspirin oral tablet chewable                            | Formulary     | OTC                              |
| childrens silapap oral liquid                                         | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| cvs 8hr muscle aches & pain oral tablet extended release              | Formulary     | OTC                              |
| cvs acetaminophen ex st oral liquid                                   | Formulary     | OTC                              |
| cvs headache relief oral tablet                                       | Formulary     | OTC                              |
| cvs infants pain relief drops oral suspension 160 mg/5ml              | Formulary     | OTC                              |
| cvs pain relief childrens oral tablet chewable                        | Formulary     | OTC                              |
| ed-apap oral liquid                                                   | Formulary     | OTC                              |
| eq acetaminophen oral tablet 500 mg                                   | Formulary     | OTC                              |
| eq pain & fever childrens oral tablet chewable                        | Formulary     | OTC                              |
| extraprin oral tablet                                                 | Formulary     | OTC                              |
| FEVERALL INFANTS RECTAL SUPPOSITORY                                   | Formulary     | OTC                              |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg                        | Preferred     | QL                               |
| gabapentin oral solution                                              | Preferred     | QL                               |
| gabapentin oral tablet 600 mg, 800 mg                                 | Preferred     | QL                               |
| gnp infants pain/fever oral suspension                                | Formulary     | OTC                              |
| GRALISE ORAL TABLET 300 MG, 600 MG                                    | Non-Preferred | PA                               |
| headache relief oral tablet                                           | Formulary     | OTC                              |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET                              | Formulary     | OTC                              |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET                              | Formulary     | OTC                              |
| HORIZANT ORAL TABLET EXTENDED RELEASE                                 | Non-Preferred | PA                               |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml               | Formulary     |                                  |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Formulary     | QL                               |
| ILARIS SUBCUTANEOUS SOLUTION                                          | Non-Preferred | PA                               |
| liquid acetaminophen oral liquid                                      | Formulary     | OTC                              |
| liquid pain relief oral liquid                                        | Formulary     | OTC                              |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID                                 | Formulary     | OTC                              |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR                        | Non-Preferred | PA                               |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID                             | Formulary     | OTC                              |
| mapap arthritis pain oral tablet extended release                     | Formulary     | OTC                              |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG                           | Formulary     | OTC                              |
| mapap oral capsule                                                    | Formulary     | OTC                              |
| mapap oral tablet 325 mg                                              | Formulary     | OTC                              |
| migraine relief oral tablet                                           | Formulary     | OTC                              |
| NEURONTIN ORAL CAPSULE 100 MG                                         | Non-Preferred | PA                               |
| NEURONTIN ORAL CAPSULE 300 MG, 400 MG                                 | Non-Preferred | PA; QL                           |
| NEURONTIN ORAL SOLUTION                                               | Non-Preferred | PA                               |
| NEURONTIN ORAL TABLET                                                 | Non-Preferred | PA                               |
| night time pain medicine ex st oral tablet                            | Formulary     | OTC                              |
| non-aspirin extra strength oral tablet                                | Formulary     | OTC                              |
| non-aspirin oral tablet 325 mg                                        | Formulary     | OTC                              |
| oxycodone-acetaminophen oral tablet 5-325 mg                          | Formulary     | QL                               |
| pain & fever childrens oral suspension                                | Formulary     | OTC                              |
| pain & fever infants oral suspension                                  | Formulary     | OTC                              |
| pain relief childrens oral suspension                                 | Formulary     | OTC                              |
| pain relief extra strength oral tablet 500 mg                         | Formulary     | OTC                              |
| pain relief pm extra strength oral tablet                             | Formulary     | OTC                              |
| pain reliever extra strength oral tablet                              | Formulary     | OTC                              |
| pain reliever oral tablet 325 mg                                      | Formulary     | OTC                              |
| pain reliever plus oral tablet                                        | Formulary     | OTC                              |
| pain reliever pm ex st oral tablet                                    | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| pain reliever pm oral tablet 500-25 mg                       | Formulary     | OTC                              |
| pain reliever/fever reducer rectal suppository               | Formulary     | OTC                              |
| pain-off oral tablet                                         | Formulary     | OTC                              |
| PAMPRIN MAX ORAL TABLET                                      | Formulary     | OTC                              |
| PEDIACARE CHILDREN ORAL SUSPENSION                           | Formulary     | OTC                              |
| PHARBETOL EXTRA STRENGTH ORAL TABLET                         | Formulary     | OTC                              |
| pregabalin er oral tablet extended release 24 hour           | Non-Preferred | PA                               |
| qc non-aspirin extra strength oral tablet                    | Formulary     | OTC                              |
| qc pain reliever pm ex st oral tablet                        | Formulary     | OTC                              |
| ra acetaminophen childrens oral tablet chewable              | Formulary     | OTC                              |
| ra acetaminophen ex st oral tablet                           | Formulary     | OTC                              |
| ra acetaminophen oral tablet                                 | Formulary     | OTC                              |
| ra fever reducer/pain reliever oral suspension               | Formulary     | OTC                              |
| ra menstrual relief oral tablet                              | Formulary     | OTC                              |
| sb non-aspirin extra strength oral tablet                    | Formulary     | OTC                              |
| sb non-aspirin nighttime oral tablet                         | Formulary     | OTC                              |
| sb non-aspirin oral tablet chewable 80 mg                    | Formulary     | OTC                              |
| sb pain relief x-str oral tablet                             | Formulary     | OTC                              |
| TENCON ORAL TABLET 50-325 MG                                 | Formulary     |                                  |
| <b>Anorexigenic Agents, Miscellaneous</b>                    |               |                                  |
| liraglutide subcutaneous solution pen-injector               | Non-Preferred | PA; QL                           |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR                   | Preferred     | PA; QL                           |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR                   | Preferred     | QL                               |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | Preferred     | PA; QL                           |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Non-Preferred | PA                               |
| <b>Anticholinergic Agents (Cns)</b>                          |               |                                  |
| aler-cap oral capsule                                        | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET                        | Formulary     | OTC                              |
| allergy childrens oral liquid                                | Formulary     | OTC                              |
| BANOPHEN ORAL CAPSULE 50 MG                                  | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                                         | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                                         | Formulary     | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                                 | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET                       | Formulary     | OTC                              |
| benztropine mesylate oral tablet                             | Formulary     | 90 Day Supply                    |
| complete allergy medicine oral capsule                       | Formulary     | OTC                              |
| complete allergy relief oral tablet                          | Formulary     | OTC                              |
| diphen oral tablet                                           | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg                       | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg                       | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg                        | Formulary     | OTC                              |
| geri-dryl oral liquid                                        | Formulary     | OTC                              |
| geri-dryl oral tablet                                        | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                                | Formulary     | OTC                              |
| nighttime sleep aid oral tablet 25 mg                        | Formulary     | OTC                              |
| orphenadrine citrate er oral tablet extended release 12 hour | Formulary     |                                  |
| pharbedryl oral capsule 50 mg                                | Formulary     | 90 Day Supply; OTC               |
| ra nighttime sleep aid oral tablet                           | Formulary     | OTC                              |
| sb allergy medicine oral liquid                              | Formulary     | OTC                              |
| sb allergy oral capsule                                      | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| sb sleep oral tablet                                         | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                                     | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet                      | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                          | Formulary     | OTC                              |
| total allergy oral tablet                                    | Formulary     | OTC                              |
| trihexyphenidyl hcl oral solution                            | Formulary     | 90 Day Supply                    |
| trihexyphenidyl hcl oral tablet                              | Formulary     | 90 Day Supply                    |
| <b>Anticonvulsants, Miscellaneous</b>                        |               |                                  |
| acetazolamide er oral capsule extended release 12 hour       | Formulary     | QL                               |
| acetazolamide oral tablet                                    | Formulary     |                                  |
| APTOM ORAL TABLET                                            | Non-Preferred | PA                               |
| BANZEL ORAL SUSPENSION                                       | Non-Preferred | PA                               |
| BANZEL ORAL TABLET                                           | Non-Preferred | PA                               |
| BRIVIACT ORAL SOLUTION                                       | Non-Preferred | PA                               |
| BRIVIACT ORAL TABLET                                         | Non-Preferred | PA                               |
| carbamazepine er oral capsule extended release 12 hour       | Non-Preferred | PA                               |
| carbamazepine er oral tablet extended release 12 hour        | Preferred     | 90 Day Supply                    |
| carbamazepine oral suspension 100 mg/5ml                     | Preferred     | 90 Day Supply                    |
| carbamazepine oral tablet                                    | Preferred     | 90 Day Supply; QL                |
| carbamazepine oral tablet chewable 100 mg                    | Preferred     | 90 Day Supply                    |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR              | Preferred     |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA; QL                           |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG                  | Non-Preferred | PA                               |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG          | Non-Preferred | PA; QL                           |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE     | Non-Preferred | PA                               |
| DIACOMIT ORAL CAPSULE                                        | Non-Preferred | PA                               |
| DIACOMIT ORAL PACKET                                         | Non-Preferred | PA                               |
| divalproex sodium er oral tablet extended release 24 hour    | Preferred     | 90 Day Supply; QL                |
| divalproex sodium oral capsule delayed release sprinkle      | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 125 mg         | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 250 mg, 500 mg | Preferred     | 90 Day Supply; QL                |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| EPIDIOLEX ORAL SOLUTION                                      | Non-Preferred | PA                               |
| EPRONTIA ORAL SOLUTION                                       | Non-Preferred | PA                               |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR                | Non-Preferred | PA                               |
| eslicarbazepine acetate oral tablet                          | Non-Preferred | PA                               |
| felbamate oral suspension                                    | Preferred     |                                  |
| felbamate oral tablet                                        | Preferred     | 90 Day Supply                    |
| FELBATOL ORAL TABLET                                         | Non-Preferred | PA                               |
| FINTEPLA ORAL SOLUTION                                       | Non-Preferred | PA                               |
| FYCOMPA ORAL SUSPENSION                                      | Non-Preferred | PA                               |
| FYCOMPA ORAL TABLET                                          | Non-Preferred | PA                               |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg               | Preferred     | QL                               |
| gabapentin oral solution                                     | Preferred     | QL                               |
| gabapentin oral tablet 600 mg, 800 mg                        | Preferred     | QL                               |
| GRALISE ORAL TABLET 300 MG, 600 MG                           | Non-Preferred | PA                               |
| HORIZANT ORAL TABLET EXTENDED RELEASE                        | Non-Preferred | PA                               |
| KEPPRA INTRAVENOUS SOLUTION                                  | Non-Preferred | PA                               |
| KEPPRA ORAL SOLUTION                                         | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| KEPPRA ORAL TABLET 1000 MG                                | Non-Preferred | PA; QL                           |
| KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG                 | Non-Preferred | PA                               |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR            | Non-Preferred | PA                               |
| lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml | Preferred     |                                  |
| lacosamide oral tablet                                    | Preferred     |                                  |
| LAMICTAL ODT ORAL KIT                                     | Non-Preferred | PA                               |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                      | Non-Preferred | PA                               |
| LAMICTAL ORAL TABLET                                      | Non-Preferred | PA; QL                           |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG                 | Non-Preferred | PA                               |
| LAMICTAL STARTER ORAL KIT                                 | Non-Preferred | PA                               |
| LAMICTAL XR ORAL KIT                                      | Non-Preferred | PA                               |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Non-Preferred | PA                               |
| lamotrigine er oral tablet extended release 24 hour       | Preferred     | 90 Day Supply                    |
| lamotrigine oral kit 25 & 50 & 100 mg                     | Non-Preferred | PA                               |
| lamotrigine oral tablet                                   | Preferred     | 90 Day Supply; QL                |
| lamotrigine oral tablet chewable                          | Preferred     |                                  |
| lamotrigine oral tablet dispersible                       | Non-Preferred | PA                               |
| lamotrigine starter kit-blue oral kit                     | Non-Preferred | PA                               |
| lamotrigine starter kit-green oral kit                    | Non-Preferred | PA                               |
| lamotrigine starter kit-orange oral kit                   | Non-Preferred | PA                               |
| levetiracetam er oral tablet extended release 24 hour     | Preferred     | 90 Day Supply                    |
| levetiracetam intravenous solution                        | Preferred     |                                  |
| levetiracetam oral solution                               | Preferred     | 90 Day Supply; QL                |
| levetiracetam oral tablet 1000 mg                         | Preferred     | 90 Day Supply; QL                |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg          | Preferred     | 90 Day Supply                    |
| levetiracetam oral tablet disintegrating soluble 250 mg   | Non-Preferred | PA                               |
| LYRICA ORAL CAPSULE                                       | Non-Preferred | PA; QL                           |
| LYRICA ORAL SOLUTION                                      | Non-Preferred | PA                               |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR          | Non-Preferred | PA                               |
| NEURONTIN ORAL CAPSULE 100 MG                             | Non-Preferred | PA                               |
| NEURONTIN ORAL CAPSULE 300 MG, 400 MG                     | Non-Preferred | PA; QL                           |
| NEURONTIN ORAL SOLUTION                                   | Non-Preferred | PA                               |
| NEURONTIN ORAL TABLET                                     | Non-Preferred | PA                               |
| oxcarbazepine oral suspension                             | Preferred     | 90 Day Supply                    |
| oxcarbazepine oral tablet                                 | Preferred     | 90 Day Supply                    |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Non-Preferred | PA                               |
| perampanel oral tablet                                    | Non-Preferred | PA                               |
| pregabalin oral capsule                                   | Preferred     | QL                               |
| pregabalin oral solution                                  | Non-Preferred | PA                               |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE                | Preferred     |                                  |
| ROWEEPRA ORAL TABLET 500 MG                               | Preferred     |                                  |
| rufinamide oral suspension 40 mg/ml                       | Non-Preferred | PA                               |
| rufinamide oral tablet                                    | Non-Preferred | PA                               |
| SABRIL ORAL PACKET                                        | Non-Preferred | PA                               |
| SABRIL ORAL TABLET                                        | Non-Preferred | PA                               |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE                | Non-Preferred | PA                               |
| TEGRETOL ORAL SUSPENSION                                  | Non-Preferred | PA                               |
| TEGRETOL ORAL TABLET                                      | Non-Preferred | PA; QL                           |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR          | Non-Preferred | PA                               |
| tiagabine hcl oral tablet                                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                      | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|---------------|----------------------------------|
| TOPAMAX ORAL TABLET                                                       | Non-Preferred | PA; QL                           |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG                              | Non-Preferred | PA                               |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG                              | Non-Preferred | PA; QL                           |
| topiramate er oral capsule er 24 hour sprinkle                            | Non-Preferred | PA                               |
| topiramate er oral capsule extended release 24 hour                       | Non-Preferred | PA                               |
| topiramate oral capsule sprinkle 15 mg                                    | Preferred     |                                  |
| topiramate oral capsule sprinkle 25 mg                                    | Preferred     | QL                               |
| topiramate oral tablet                                                    | Preferred     | 90 Day Supply; QL                |
| TRILEPTAL ORAL SUSPENSION                                                 | Non-Preferred | PA                               |
| TRILEPTAL ORAL TABLET                                                     | Non-Preferred | PA                               |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                         | Non-Preferred | PA                               |
| valproic acid oral capsule                                                | Preferred     | 90 Day Supply                    |
| valproic acid oral solution 250 mg/5ml                                    | Preferred     | 90 Day Supply                    |
| vigabatrin oral packet                                                    | Non-Preferred | PA                               |
| vigabatrin oral tablet                                                    | Non-Preferred | PA                               |
| VIMPAT ORAL SOLUTION                                                      | Non-Preferred | PA                               |
| VIMPAT ORAL TABLET                                                        | Non-Preferred | PA                               |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG          | Non-Preferred | PA                               |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK                       | Non-Preferred | PA                               |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                          | Non-Preferred | PA                               |
| XCOPRI ORAL TABLET THERAPY PACK                                           | Non-Preferred | PA                               |
| ZONISADE ORAL SUSPENSION                                                  | Non-Preferred | PA                               |
| zonisamide oral capsule                                                   | Preferred     | 90 Day Supply                    |
| ZTALMY ORAL SUSPENSION                                                    | Non-Preferred | PA                               |
| <b>Antidepressants, Miscellaneous</b>                                     |               |                                  |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR                             | Non-Preferred | PA                               |
| AUVELITY ORAL TABLET EXTENDED RELEASE                                     | Non-Preferred | PA                               |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour       | Formulary     | 90 Day Supply                    |
| bupropion hcl er (sr) oral tablet extended release 12 hour                | Preferred     | 90 Day Supply; QL                |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | Preferred     | 90 Day Supply; QL                |
| bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg         | Non-Preferred | PA                               |
| bupropion hcl oral tablet                                                 | Preferred     | 90 Day Supply; QL                |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR                           | Non-Preferred | PA                               |
| mirtazapine oral tablet                                                   | Preferred     | 90 Day Supply; QL                |
| mirtazapine oral tablet dispersible                                       | Preferred     | 90 Day Supply                    |
| REMERON ORAL TABLET 15 MG, 30 MG                                          | Non-Preferred | PA; QL                           |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE                                    | Non-Preferred | PA                               |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR                        | Non-Preferred | PA; QL                           |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR                        | Non-Preferred | PA; QL                           |
| ZURZUVAE ORAL CAPSULE                                                     | Non-Preferred | PA; QL                           |
| <b>Antimanic Agents</b>                                                   |               |                                  |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE                         | Preferred     |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE                          | Preferred     |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                | Preferred     |                                  |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET                                | Non-Preferred | PA                               |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK                   | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| ABILIFY MYCITE STARTER KIT ORAL TABLET                       | Non-Preferred | PA                               |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK          | Non-Preferred | PA                               |
| ABILIFY ORAL TABLET                                          | Non-Preferred | PA                               |
| aripiprazole oral solution                                   | Preferred     | 90 Day Supply; QL                |
| aripiprazole oral tablet                                     | Preferred     | 90 Day Supply                    |
| aripiprazole oral tablet dispersible                         | Non-Preferred | PA                               |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE              | Non-Preferred | PA                               |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE                     | Non-Preferred | PA                               |
| asenapine maleate sublingual tablet sublingual               | Non-Preferred | PA                               |
| carbamazepine er oral capsule extended release 12 hour       | Non-Preferred | PA                               |
| carbamazepine er oral tablet extended release 12 hour        | Preferred     | 90 Day Supply                    |
| carbamazepine oral suspension 100 mg/5ml                     | Preferred     | 90 Day Supply                    |
| carbamazepine oral tablet                                    | Preferred     | 90 Day Supply; QL                |
| carbamazepine oral tablet chewable 100 mg                    | Preferred     | 90 Day Supply                    |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR              | Preferred     |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA; QL                           |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG                  | Non-Preferred | PA                               |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG          | Non-Preferred | PA; QL                           |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE     | Non-Preferred | PA                               |
| divalproex sodium er oral tablet extended release 24 hour    | Preferred     | 90 Day Supply; QL                |
| divalproex sodium oral capsule delayed release sprinkle      | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 125 mg         | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 250 mg, 500 mg | Preferred     | 90 Day Supply; QL                |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR                | Non-Preferred | PA                               |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED                  | Non-Preferred | PA                               |
| GEODON ORAL CAPSULE                                          | Non-Preferred | PA; QL                           |
| LAMICTAL ODT ORAL KIT                                        | Non-Preferred | PA                               |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                         | Non-Preferred | PA                               |
| LAMICTAL ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG                    | Non-Preferred | PA                               |
| LAMICTAL STARTER ORAL KIT                                    | Non-Preferred | PA                               |
| LAMICTAL XR ORAL KIT                                         | Non-Preferred | PA                               |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA                               |
| lamotrigine er oral tablet extended release 24 hour          | Preferred     | 90 Day Supply                    |
| lamotrigine oral kit 25 & 50 & 100 mg                        | Non-Preferred | PA                               |
| lamotrigine oral tablet                                      | Preferred     | 90 Day Supply; QL                |
| lamotrigine oral tablet chewable                             | Preferred     |                                  |
| lamotrigine oral tablet dispersible                          | Non-Preferred | PA                               |
| lamotrigine starter kit-blue oral kit                        | Non-Preferred | PA                               |
| lamotrigine starter kit-green oral kit                       | Non-Preferred | PA                               |
| lamotrigine starter kit-orange oral kit                      | Non-Preferred | PA                               |
| lithium carbonate er oral tablet extended release            | Formulary     | 90 Day Supply                    |
| lithium carbonate oral capsule                               | Formulary     | 90 Day Supply                    |
| lithium carbonate oral tablet                                | Formulary     | 90 Day Supply                    |
| lithium oral solution                                        | Formulary     | 90 Day Supply                    |
| LYBALVI ORAL TABLET                                          | Non-Preferred | PA                               |
| olanzapine intramuscular solution reconstituted              | Preferred     |                                  |
| olanzapine oral tablet                                       | Preferred     | 90 Day Supply                    |
| olanzapine oral tablet dispersible                           | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                         | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|---------------|----------------------------------|
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg  | Non-Preferred | PA                               |
| OPIPZA ORAL FILM                                                             | Non-Preferred | PA                               |
| quetiapine fumarate er oral tablet extended release 24 hour                  | Preferred     | 90 Day Supply                    |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | Preferred     | 90 Day Supply                    |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                   | Preferred     |                                  |
| RISPERDAL ORAL SOLUTION                                                      | Non-Preferred | PA                               |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                         | Non-Preferred | PA                               |
| risperidone microspheres er intramuscular suspension reconstituted er        | Non-Preferred | PA                               |
| risperidone oral solution                                                    | Preferred     | 90 Day Supply                    |
| risperidone oral tablet                                                      | Preferred     | 90 Day Supply                    |
| risperidone oral tablet dispersible                                          | Preferred     | 90 Day Supply                    |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                            | Non-Preferred | PA                               |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG                             | Non-Preferred | PA; QL                           |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG                                  | Non-Preferred | PA                               |
| SECUADO TRANSDERMAL PATCH 24 HOUR                                            | Non-Preferred | PA                               |
| SEROQUEL ORAL TABLET                                                         | Non-Preferred | PA                               |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR                             | Non-Preferred | PA                               |
| TEGRETOL ORAL SUSPENSION                                                     | Non-Preferred | PA                               |
| TEGRETOL ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR                             | Non-Preferred | PA                               |
| valproic acid oral capsule                                                   | Preferred     | 90 Day Supply                    |
| valproic acid oral solution 250 mg/5ml                                       | Preferred     | 90 Day Supply                    |
| ziprasidone hcl oral capsule                                                 | Preferred     | 90 Day Supply; QL                |
| ziprasidone mesylate intramuscular solution reconstituted                    | Non-Preferred | PA                               |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED                                 | Non-Preferred | PA                               |
| ZYPREXA ORAL TABLET                                                          | Non-Preferred | PA                               |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED                      | Non-Preferred | PA                               |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG                    | Non-Preferred | PA                               |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG                                   | Non-Preferred | PA; QL                           |
| <b>Antimigraine Agents, Miscellaneous</b>                                    |               |                                  |
| 8 hr arthritis pain relief oral tablet extended release                      | Formulary     | OTC                              |
| acetaminophen childrens oral suspension 160 mg/5ml                           | Formulary     | OTC                              |
| acetaminophen er oral tablet extended release                                | Formulary     | OTC                              |
| acetaminophen extra strength oral tablet                                     | Formulary     | OTC                              |
| acetaminophen infants oral suspension                                        | Formulary     | OTC                              |
| acetaminophen junior strength oral tablet dispersible                        | Formulary     | OTC                              |
| acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml        | Formulary     | OTC                              |
| acetaminophen oral tablet chewable 80 mg                                     | Formulary     | OTC                              |
| acetaminophen rectal suppository 120 mg, 650 mg                              | Formulary     | OTC                              |
| ADDAPRIN ORAL TABLET                                                         | Formulary     | OTC                              |
| all day pain relief oral tablet                                              | Formulary     | OTC                              |
| all day relief oral tablet                                                   | Preferred     | OTC                              |
| arthritis pain relief oral tablet extended release                           | Formulary     | OTC                              |
| arthritis pain reliever oral tablet extended release                         | Formulary     | OTC                              |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| aspirin 81 oral tablet delayed release                       | Formulary     | OTC                              |
| aspirin childrens oral tablet chewable                       | Formulary     | OTC                              |
| aspirin ec low dose oral tablet delayed release              | Formulary     | OTC                              |
| aspirin low dose oral tablet chewable                        | Formulary     | OTC                              |
| aspirin oral tablet 325 mg                                   | Formulary     | OTC                              |
| aspirin rectal suppository 300 mg                            | Formulary     | OTC                              |
| BAYER ASPIRIN ORAL TABLET                                    | Formulary     | OTC                              |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE                   | Formulary     | OTC                              |
| betatemp childrens oral suspension                           | Formulary     | OTC                              |
| BUFFERIN ORAL TABLET                                         | Formulary     | OTC                              |
| caffeine citrate oral solution 60 mg/3ml                     | Formulary     |                                  |
| childrens acetaminophen oral suspension 160 mg/5ml           | Formulary     | OTC                              |
| childrens apap oral tablet chewable                          | Formulary     | OTC                              |
| childrens aspirin oral tablet chewable                       | Formulary     | OTC                              |
| childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml  | Formulary     | OTC                              |
| childrens non-aspirin oral tablet chewable                   | Formulary     | OTC                              |
| childrens silapap oral liquid                                | Formulary     | OTC                              |
| cvs 8hr muscle aches & pain oral tablet extended release     | Formulary     | OTC                              |
| cvs acetaminophen ex st oral liquid                          | Formulary     | OTC                              |
| cvs infants pain relief drops oral suspension 160 mg/5ml     | Formulary     | OTC                              |
| cvs pain relief childrens oral tablet chewable               | Formulary     | OTC                              |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA; QL                           |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG                  | Non-Preferred | PA                               |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG          | Non-Preferred | PA; QL                           |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE     | Non-Preferred | PA                               |
| divalproex sodium er oral tablet extended release 24 hour    | Preferred     | 90 Day Supply; QL                |
| divalproex sodium oral capsule delayed release sprinkle      | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 125 mg         | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 250 mg, 500 mg | Preferred     | 90 Day Supply; QL                |
| ECPIRIN ORAL TABLET DELAYED RELEASE                          | Formulary     | OTC                              |
| ed-apap oral liquid                                          | Formulary     | OTC                              |
| ELYXYB ORAL SOLUTION                                         | Non-Preferred | PA                               |
| EPRONTIA ORAL SOLUTION                                       | Non-Preferred | PA                               |
| eq acetaminophen oral tablet 500 mg                          | Formulary     | OTC                              |
| eq pain & fever childrens oral tablet chewable               | Formulary     | OTC                              |
| FEVERALL INFANTS RECTAL SUPPOSITORY                          | Formulary     | OTC                              |
| gnp aspirin oral tablet 325 mg                               | Formulary     | OTC                              |
| gnp infants pain/fever oral suspension                       | Formulary     | OTC                              |
| gnp naproxen sodium oral capsule                             | Preferred     | OTC                              |
| gnp naproxen sodium oral tablet                              | Preferred     | OTC                              |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET                     | Formulary     | OTC                              |
| HEMANGEOL ORAL SOLUTION                                      | Non-Preferred | PA                               |
| IBU ORAL TABLET 400 MG, 800 MG                               | Preferred     |                                  |
| IBU ORAL TABLET 600 MG                                       | Preferred     | 90 Day Supply                    |
| ibuprofen childrens oral suspension                          | Formulary     | OTC                              |
| ibuprofen junior strength oral tablet chewable               | Formulary     | OTC                              |
| ibuprofen oral tablet 200 mg                                 | Formulary     | OTC                              |
| ibuprofen oral tablet 300 mg                                 | Non-Preferred | PA                               |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                 | Preferred     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | Non-Preferred | PA                               |
| INFANTS ADVIL ORAL SUSPENSION                                        | Formulary     | OTC                              |
| infants ibuprofen oral suspension                                    | Formulary     | OTC                              |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                    | Non-Preferred | PA                               |
| ketoprofen er oral capsule extended release 24 hour                  | Non-Preferred | PA                               |
| ketoprofen oral capsule                                              | Non-Preferred | PA                               |
| liquid acetaminophen oral liquid                                     | Formulary     | OTC                              |
| liquid pain relief oral liquid                                       | Formulary     | OTC                              |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID                                | Formulary     | OTC                              |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID                            | Formulary     | OTC                              |
| mapap arthritis pain oral tablet extended release                    | Formulary     | OTC                              |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG                          | Formulary     | OTC                              |
| mapap oral capsule                                                   | Formulary     | OTC                              |
| mapap oral tablet 325 mg                                             | Formulary     | OTC                              |
| MEDI-FIRST ASPIRIN ORAL TABLET                                       | Formulary     | OTC                              |
| MEDI-FIRST IBUPROFEN ORAL TABLET                                     | Formulary     | OTC                              |
| MEDIPROXEN ORAL TABLET                                               | Formulary     | OTC                              |
| MEDIQUE ASPIRIN ORAL TABLET                                          | Formulary     | OTC                              |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | Non-Preferred | PA                               |
| NAPROSYN ORAL SUSPENSION                                             | Non-Preferred | PA                               |
| naproxen dr oral tablet delayed release 500 mg                       | Preferred     | 90 Day Supply; QL                |
| naproxen oral suspension                                             | Non-Preferred | PA                               |
| naproxen oral tablet                                                 | Preferred     | 90 Day Supply; QL                |
| naproxen oral tablet delayed release                                 | Preferred     | 90 Day Supply; QL                |
| naproxen sodium er oral tablet extended release 24 hour              | Non-Preferred | PA                               |
| naproxen sodium oral capsule                                         | Preferred     | OTC                              |
| naproxen sodium oral tablet 220 mg                                   | Preferred     | OTC                              |
| naproxen sodium oral tablet 275 mg                                   | Preferred     |                                  |
| naproxen sodium oral tablet 550 mg                                   | Preferred     | QL                               |
| non-aspirin extra strength oral tablet                               | Formulary     | OTC                              |
| non-aspirin oral tablet 325 mg                                       | Formulary     | OTC                              |
| pain & fever childrens oral suspension                               | Formulary     | OTC                              |
| pain & fever infants oral suspension                                 | Formulary     | OTC                              |
| pain relief childrens oral suspension                                | Formulary     | OTC                              |
| pain relief extra strength oral tablet 500 mg                        | Formulary     | OTC                              |
| pain reliever extra strength oral tablet 500 mg                      | Formulary     | OTC                              |
| pain reliever oral tablet 325 mg                                     | Formulary     | OTC                              |
| pain reliever/fever reducer rectal suppository                       | Formulary     | OTC                              |
| PEDIACARE CHILDREN ORAL SUSPENSION                                   | Formulary     | OTC                              |
| PHARBETOL EXTRA STRENGTH ORAL TABLET                                 | Formulary     | OTC                              |
| propranolol hcl er oral capsule extended release 24 hour             | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 20 mg/5ml                              | Preferred     | 90 Day Supply                    |
| propranolol hcl oral solution 40 mg/5ml                              | Preferred     |                                  |
| propranolol hcl oral tablet                                          | Preferred     | 90 Day Supply                    |
| px childrens profen ib oral suspension                               | Formulary     | OTC                              |
| px infants profen ib oral suspension                                 | Formulary     | OTC                              |
| qc aspirin low dose oral tablet delayed release                      | Formulary     | OTC                              |
| qc non-aspirin extra strength oral tablet                            | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                       | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------|---------------|----------------------------------|
| ra acetaminophen childrens oral tablet chewable            | Formulary     | OTC                              |
| ra acetaminophen ex st oral tablet                         | Formulary     | OTC                              |
| ra acetaminophen oral tablet                               | Formulary     | OTC                              |
| ra fever reducer/pain reliever oral suspension             | Formulary     | OTC                              |
| sb non-aspirin extra strength oral tablet                  | Formulary     | OTC                              |
| sb non-aspirin oral tablet chewable 80 mg                  | Formulary     | OTC                              |
| sm ibuprofen ib oral tablet                                | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE                    | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE             | Formulary     | OTC                              |
| timolol maleate oral tablet                                | Non-Preferred | PA                               |
| TOPAMAX ORAL TABLET                                        | Non-Preferred | PA; QL                           |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG               | Non-Preferred | PA                               |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG               | Non-Preferred | PA; QL                           |
| topiramate er oral capsule extended release 24 hour        | Non-Preferred | PA                               |
| topiramate oral capsule sprinkle 15 mg                     | Preferred     |                                  |
| topiramate oral capsule sprinkle 25 mg                     | Preferred     | QL                               |
| topiramate oral tablet                                     | Preferred     | 90 Day Supply; QL                |
| tri-buffered aspirin oral tablet 325 mg                    | Formulary     | OTC                              |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR          | Non-Preferred | PA                               |
| valproic acid oral capsule                                 | Preferred     | 90 Day Supply                    |
| valproic acid oral solution 250 mg/5ml                     | Preferred     | 90 Day Supply                    |
| <b>Antipsychotics, Miscellaneous</b>                       |               |                                  |
| COBENFY ORAL CAPSULE                                       | Non-Preferred | PA                               |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK             | Non-Preferred | PA                               |
| loxapine succinate oral capsule                            | Formulary     | 90 Day Supply                    |
| pimozide oral tablet                                       | Formulary     |                                  |
| <b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>         |               |                                  |
| acetaminophen pm ex st oral tablet 500-25 mg               | Formulary     | OTC                              |
| aler-cap oral capsule                                      | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET                      | Formulary     | OTC                              |
| allergy childrens oral liquid                              | Formulary     | OTC                              |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE                     | Non-Preferred | PA                               |
| AMBIEN ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| BANOPHEN ORAL CAPSULE 50 MG                                | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                                       | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                                       | Formulary     | OTC                              |
| BELSOMRA ORAL TABLET                                       | Preferred     | QL                               |
| BENADRYL ALLERGY ORAL TABLET                               | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET                     | Formulary     | OTC                              |
| bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | Formulary     | 90 Day Supply; QL                |
| complete allergy medicine oral capsule                     | Formulary     | OTC                              |
| complete allergy relief oral tablet                        | Formulary     | OTC                              |
| DAYVIGO ORAL TABLET                                        | Non-Preferred | PA                               |
| diphen oral tablet                                         | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg                     | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg                     | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg                      | Formulary     | OTC                              |
| droperidol injection solution                              | Formulary     |                                  |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL                        | Non-Preferred | PA                               |
| eszopiclone oral tablet                                    | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                       | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------|---------------|----------------------------------|
| geri-dryl oral liquid                                      | Formulary     | OTC                              |
| geri-dryl oral tablet                                      | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                              | Formulary     | OTC                              |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET                   | Formulary     | OTC                              |
| HETLIOZ LQ ORAL SUSPENSION                                 | Non-Preferred | PA                               |
| HETLIOZ ORAL CAPSULE                                       | Non-Preferred | PA                               |
| hydroxyzine hcl oral syrup 10 mg/5ml                       | Formulary     |                                  |
| hydroxyzine hcl oral tablet                                | Formulary     |                                  |
| hydroxyzine pamoate oral capsule                           | Formulary     |                                  |
| LUNESTA ORAL TABLET                                        | Non-Preferred | PA                               |
| meprobamate oral tablet                                    | Formulary     |                                  |
| night time pain medicine ex st oral tablet                 | Formulary     | OTC                              |
| nighttime sleep aid oral tablet 25 mg                      | Formulary     | OTC                              |
| pain relief pm extra strength oral tablet                  | Formulary     | OTC                              |
| pain reliever pm ex st oral tablet                         | Formulary     | OTC                              |
| pain reliever pm oral tablet 500-25 mg                     | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                              | Formulary     | 90 Day Supply; OTC               |
| promethazine hcl injection solution                        | Formulary     |                                  |
| promethazine hcl oral solution 6.25 mg/5ml                 | Formulary     |                                  |
| promethazine hcl oral tablet 12.5 mg, 25 mg                | Formulary     | 90 Day Supply                    |
| promethazine hcl oral tablet 50 mg                         | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg         | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG              | Formulary     |                                  |
| qc pain reliever pm ex st oral tablet                      | Formulary     | OTC                              |
| ra nighttime sleep aid oral tablet                         | Formulary     | OTC                              |
| ramelteon oral tablet                                      | Preferred     |                                  |
| ROZEREM ORAL TABLET                                        | Non-Preferred | PA                               |
| sb allergy medicine oral liquid                            | Formulary     | OTC                              |
| sb allergy oral capsule                                    | Formulary     | OTC                              |
| sb non-aspirin nighttime oral tablet                       | Formulary     | OTC                              |
| sb sleep oral tablet                                       | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                                   | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet                    | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                        | Formulary     | OTC                              |
| tasimelteon oral capsule                                   | Non-Preferred | PA                               |
| total allergy oral tablet                                  | Formulary     | OTC                              |
| zaleplon oral capsule                                      | Preferred     | QL                               |
| zolpidem tartrate er oral tablet extended release          | Non-Preferred | PA                               |
| zolpidem tartrate oral capsule                             | Non-Preferred | PA                               |
| zolpidem tartrate oral tablet                              | Preferred     | QL                               |
| zolpidem tartrate sublingual tablet sublingual             | Non-Preferred | PA                               |
| <b>Atypical Antipsychotics</b>                             |               |                                  |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE          | Preferred     |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE           | Preferred     |                                  |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | Preferred     |                                  |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET                 | Non-Preferred | PA                               |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK    | Non-Preferred | PA                               |
| ABILIFY MYCITE STARTER KIT ORAL TABLET                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                         | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|---------------|----------------------------------|
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK                          | Non-Preferred | PA                               |
| ABILIFY ORAL TABLET                                                          | Non-Preferred | PA                               |
| aripiprazole oral solution                                                   | Preferred     | 90 Day Supply; QL                |
| aripiprazole oral tablet                                                     | Preferred     | 90 Day Supply                    |
| aripiprazole oral tablet dispersible                                         | Non-Preferred | PA                               |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE                              | Non-Preferred | PA                               |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE                                     | Non-Preferred | PA                               |
| asenapine maleate sublingual tablet sublingual                               | Non-Preferred | PA                               |
| CAPLYTA ORAL CAPSULE 42 MG                                                   | Non-Preferred | PA                               |
| clozapine oral tablet 100 mg                                                 | Preferred     | QL                               |
| clozapine oral tablet 200 mg, 25 mg, 50 mg                                   | Preferred     |                                  |
| clozapine oral tablet dispersible                                            | Preferred     |                                  |
| CLOZARIL ORAL TABLET 100 MG                                                  | Non-Preferred | PA; QL                           |
| CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG                                    | Non-Preferred | PA                               |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                           | Non-Preferred | PA                               |
| FANAPT ORAL TABLET                                                           | Non-Preferred | PA                               |
| FANAPT TITRATION PACK A ORAL TABLET                                          | Non-Preferred | PA                               |
| FANAPT TITRATION PACK B ORAL TABLET                                          | Non-Preferred | PA                               |
| FANAPT TITRATION PACK C ORAL TABLET                                          | Non-Preferred | PA                               |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED                                  | Non-Preferred | PA                               |
| GEODON ORAL CAPSULE                                                          | Non-Preferred | PA; QL                           |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                    | Preferred     |                                  |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR                                  | Non-Preferred | PA                               |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                   | Preferred     |                                  |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                     | Preferred     |                                  |
| LATUDA ORAL TABLET                                                           | Non-Preferred | PA                               |
| lurasidone hcl oral tablet                                                   | Preferred     | 90 Day Supply                    |
| LYBALVI ORAL TABLET                                                          | Non-Preferred | PA                               |
| NUPLAZID ORAL CAPSULE                                                        | Non-Preferred | PA                               |
| NUPLAZID ORAL TABLET 10 MG                                                   | Non-Preferred | PA                               |
| olanzapine intramuscular solution reconstituted                              | Preferred     |                                  |
| olanzapine oral tablet                                                       | Preferred     | 90 Day Supply                    |
| olanzapine oral tablet dispersible                                           | Non-Preferred | PA                               |
| olanzapine-fluoxetine hcl oral capsule                                       | Non-Preferred | PA                               |
| OPIPZA ORAL FILM                                                             | Non-Preferred | PA                               |
| paliperidone er oral tablet extended release 24 hour                         | Preferred     | 90 Day Supply                    |
| quetiapine fumarate er oral tablet extended release 24 hour                  | Preferred     | 90 Day Supply                    |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg | Preferred     | 90 Day Supply                    |
| REXULTI ORAL TABLET                                                          | Non-Preferred | PA                               |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                   | Preferred     |                                  |
| RISPERDAL ORAL SOLUTION                                                      | Non-Preferred | PA                               |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                         | Non-Preferred | PA                               |
| risperidone microspheres er intramuscular suspension reconstituted er        | Non-Preferred | PA                               |
| risperidone oral solution                                                    | Preferred     | 90 Day Supply                    |
| risperidone oral tablet                                                      | Preferred     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| risperidone oral tablet dispersible                       | Preferred     | 90 Day Supply                    |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER         | Non-Preferred | PA                               |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG          | Non-Preferred | PA; QL                           |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG               | Non-Preferred | PA                               |
| SECUADO TRANSDERMAL PATCH 24 HOUR                         | Non-Preferred | PA                               |
| SEROQUEL ORAL TABLET                                      | Non-Preferred | PA                               |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Non-Preferred | PA                               |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| VERSACLOZ ORAL SUSPENSION                                 | Non-Preferred | PA                               |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG           | Non-Preferred | PA                               |
| VRAYLAR ORAL CAPSULE THERAPY PACK                         | Non-Preferred | PA                               |
| ziprasidone hcl oral capsule                              | Preferred     | 90 Day Supply; QL                |
| ziprasidone mesylate intramuscular solution reconstituted | Non-Preferred | PA                               |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED              | Non-Preferred | PA                               |
| ZYPREXA ORAL TABLET                                       | Non-Preferred | PA                               |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED   | Non-Preferred | PA                               |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG | Non-Preferred | PA                               |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG                | Non-Preferred | PA; QL                           |
| <b>Barbiturates (Anticonvulsants)</b>                     |               |                                  |
| phenobarbital oral tablet                                 | Formulary     |                                  |
| primidone oral tablet 250 mg, 50 mg                       | Preferred     | 90 Day Supply                    |
| <b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>            |               |                                  |
| ASCOMP-CODEINE ORAL CAPSULE                               | Formulary     | AL                               |
| butalbital-acetaminophen oral tablet 50-325 mg            | Formulary     |                                  |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg     | Formulary     | QL; AL                           |
| butalbital-apap-cafeine oral tablet 50-325-40 mg          | Formulary     |                                  |
| butalbital-asa-caff-codeine oral capsule                  | Formulary     | AL                               |
| phenobarbital oral tablet                                 | Formulary     |                                  |
| TENCON ORAL TABLET 50-325 MG                              | Formulary     |                                  |
| <b>Benzodiazepines (Anticonvulsants)</b>                  |               |                                  |
| clobazam oral suspension 2.5 mg/ml                        | Preferred     | QL                               |
| clobazam oral tablet                                      | Preferred     | QL                               |
| clonazepam oral tablet                                    | Formulary     | QL                               |
| clorazepate dipotassium oral tablet                       | Formulary     |                                  |
| diazepam oral tablet                                      | Formulary     | QL                               |
| diazepam rectal gel                                       | Preferred     |                                  |
| LIBERVANT BUCCAL FILM                                     | Non-Preferred | PA                               |
| lorazepam oral tablet                                     | Formulary     | QL                               |
| NAYZILAM NASAL SOLUTION                                   | Preferred     |                                  |
| ONFI ORAL SUSPENSION                                      | Non-Preferred | PA                               |
| ONFI ORAL TABLET 10 MG, 20 MG                             | Non-Preferred | PA                               |
| SYMPAZAN ORAL FILM                                        | Non-Preferred | PA                               |
| VALTOCO 10 MG DOSE NASAL LIQUID                           | Preferred     |                                  |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK              | Preferred     |                                  |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK              | Preferred     |                                  |
| VALTOCO 5 MG DOSE NASAL LIQUID                            | Preferred     |                                  |
| <b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>          |               |                                  |
| alprazolam oral tablet                                    | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                       | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| chlordiazepoxide hcl oral capsule                                                                                                          | Formulary     |                                  |
| clobazam oral suspension 2.5 mg/ml                                                                                                         | Preferred     | QL                               |
| clobazam oral tablet                                                                                                                       | Preferred     | QL                               |
| clonazepam oral tablet                                                                                                                     | Formulary     | QL                               |
| clorazepate dipotassium oral tablet                                                                                                        | Formulary     |                                  |
| diazepam oral tablet                                                                                                                       | Formulary     | QL                               |
| diazepam rectal gel                                                                                                                        | Preferred     |                                  |
| LIBERVANT BUCCAL FILM                                                                                                                      | Non-Preferred | PA                               |
| lorazepam oral tablet                                                                                                                      | Formulary     | QL                               |
| NAYZILAM NASAL SOLUTION                                                                                                                    | Preferred     |                                  |
| ONFI ORAL SUSPENSION                                                                                                                       | Non-Preferred | PA                               |
| ONFI ORAL TABLET 10 MG, 20 MG                                                                                                              | Non-Preferred | PA                               |
| oxazepam oral capsule                                                                                                                      | Formulary     |                                  |
| SYMPAZAN ORAL FILM                                                                                                                         | Non-Preferred | PA                               |
| temazepam oral capsule 15 mg, 30 mg                                                                                                        | Formulary     | QL                               |
| triazolam oral tablet                                                                                                                      | Formulary     | QL                               |
| <b>Butyrophenones</b>                                                                                                                      |               |                                  |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml                                                                           | Formulary     |                                  |
| haloperidol lactate injection solution 5 mg/ml                                                                                             | Formulary     |                                  |
| haloperidol lactate oral concentrate 2 mg/ml                                                                                               | Formulary     | 90 Day Supply                    |
| haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg                                                                                   | Formulary     | 90 Day Supply                    |
| haloperidol oral tablet 5 mg                                                                                                               | Formulary     | 90 Day Supply; QL                |
| <b>Calcitonin Gene-Related Peptide Antag.</b>                                                                                              |               |                                  |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                | Preferred     | PA                               |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                  | Preferred     | PA                               |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                              | Preferred     | PA                               |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                               | Preferred     | PA                               |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                           | Preferred     | PA                               |
| NURTEC ORAL TABLET DISPERSIBLE                                                                                                             | Non-Preferred | PA; QL                           |
| QULIPTA ORAL TABLET                                                                                                                        | Non-Preferred | PA                               |
| UBRELVY ORAL TABLET                                                                                                                        | Preferred     | PA; QL                           |
| VYEPTI INTRAVENOUS SOLUTION                                                                                                                | Non-Preferred | PA                               |
| ZAVZPRET NASAL SOLUTION                                                                                                                    | Non-Preferred | PA                               |
| <b>Catechol-O-Methyltransferase(Comt)Inhib.</b>                                                                                            |               |                                  |
| 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 | Preferred     |                                  |
| entacapone oral tablet                                                                                                                     | Preferred     | 90 Day Supply                    |
| ONGENTYS ORAL CAPSULE                                                                                                                      | Non-Preferred | PA                               |
| STALEVO 100 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 125 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 150 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 200 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 50 ORAL TABLET                                                                                                                     | Non-Preferred | PA                               |
| STALEVO 75 ORAL TABLET                                                                                                                     | Non-Preferred | PA                               |
| TASMAR ORAL TABLET 100 MG                                                                                                                  | Non-Preferred | PA                               |
| tolcapone oral tablet                                                                                                                      | Non-Preferred | PA                               |
| <b>Central Nervous System Agents, Misc.</b>                                                                                                |               |                                  |
| acamprosate calcium oral tablet delayed release                                                                                            | Formulary     |                                  |
| atomoxetine hcl oral capsule                                                                                                               | Preferred     | 90 Day Supply; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                       | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| guanfacine hcl er oral tablet extended release 24 hour                                                                                     | Preferred     | 90 Day Supply; QL                |
| guanfacine hcl oral tablet                                                                                                                 | Formulary     | 90 Day Supply; QL                |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR                                                                                               | Non-Preferred | PA; QL                           |
| memantine hcl er oral capsule extended release 24 hour                                                                                     | Non-Preferred | PA                               |
| memantine hcl oral solution                                                                                                                | Non-Preferred | PA                               |
| memantine hcl oral tablet 10 mg, 5 mg                                                                                                      | Preferred     | 90 Day Supply; AL                |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg                                                                                           | Non-Preferred | PA; AL                           |
| NAMENDA ORAL TABLET                                                                                                                        | Non-Preferred | PA; AL                           |
| NAMENDA TITRATION PAK ORAL TABLET                                                                                                          | Non-Preferred | PA; AL                           |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK                                                                                              | Non-Preferred | PA                               |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                                                             | Non-Preferred | PA                               |
| NOURIANZ ORAL TABLET                                                                                                                       | Non-Preferred | PA                               |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                                                              | Non-Preferred | PA                               |
| riluzole oral tablet                                                                                                                       | Formulary     |                                  |
| STRATTERA ORAL CAPSULE                                                                                                                     | Non-Preferred | PA; QL                           |
| <b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>                                                                                                 |               |                                  |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG                                                                                                | Non-Preferred | PA                               |
| CELEBREX ORAL CAPSULE 400 MG                                                                                                               | Non-Preferred | PA; QL                           |
| celecoxib oral capsule 100 mg, 200 mg, 50 mg                                                                                               | Preferred     | 90 Day Supply                    |
| celecoxib oral capsule 400 mg                                                                                                              | Preferred     | 90 Day Supply; QL                |
| ELYXYB ORAL SOLUTION                                                                                                                       | Non-Preferred | PA                               |
| <b>Dibenzoxapines</b>                                                                                                                      |               |                                  |
| loxapine succinate oral capsule                                                                                                            | Formulary     | 90 Day Supply                    |
| <b>Diphenylbutylperidines</b>                                                                                                              |               |                                  |
| pimozide oral tablet                                                                                                                       | Formulary     |                                  |
| <b>Dopamine Precursors</b>                                                                                                                 |               |                                  |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg                                                                    | Preferred     | 90 Day Supply                    |
| carbidopa-levodopa oral tablet                                                                                                             | Preferred     | 90 Day Supply                    |
| carbidopa-levodopa oral tablet dispersible                                                                                                 | Preferred     | 90 Day Supply                    |
| 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 | Preferred     |                                  |
| DHIVY ORAL TABLET 25-100 MG                                                                                                                | Non-Preferred | PA                               |
| INBRIJA INHALATION CAPSULE                                                                                                                 | Non-Preferred | PA                               |
| RYTARY ORAL CAPSULE EXTENDED RELEASE                                                                                                       | Non-Preferred | PA                               |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                                                                                                   | Non-Preferred | PA                               |
| STALEVO 100 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 125 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 150 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 200 ORAL TABLET                                                                                                                    | Non-Preferred | PA                               |
| STALEVO 50 ORAL TABLET                                                                                                                     | Non-Preferred | PA                               |
| STALEVO 75 ORAL TABLET                                                                                                                     | Non-Preferred | PA                               |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML                                                                                                  | Non-Preferred | PA                               |
| <b>Ergot-Deriv. Dopamine Receptor Agonists</b>                                                                                             |               |                                  |
| bromocriptine mesylate oral capsule                                                                                                        | Formulary     |                                  |
| bromocriptine mesylate oral tablet                                                                                                         | Formulary     |                                  |
| <b>Fibromyalgia Agents</b>                                                                                                                 |               |                                  |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                            | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                      | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|---------------|----------------------------------|
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | Preferred     | 90 Day Supply                    |
| duloxetine hcl oral capsule delayed release particles 40 mg               | Non-Preferred | PA                               |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR                            | Non-Preferred | PA                               |
| LYRICA ORAL CAPSULE                                                       | Non-Preferred | PA; QL                           |
| LYRICA ORAL SOLUTION                                                      | Non-Preferred | PA                               |
| pregabalin er oral tablet extended release 24 hour                        | Non-Preferred | PA                               |
| pregabalin oral capsule                                                   | Preferred     | QL                               |
| pregabalin oral solution                                                  | Non-Preferred | PA                               |
| SAVELLA ORAL TABLET                                                       | Preferred     | QL                               |
| SAVELLA TITRATION PACK ORAL                                               | Preferred     |                                  |
| <b>Gaba-Mediated Anticonvulsants</b>                                      |               |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR                          | Non-Preferred | PA; QL                           |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG                               | Non-Preferred | PA                               |
| DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG                       | Non-Preferred | PA; QL                           |
| DIACOMIT ORAL CAPSULE                                                     | Non-Preferred | PA                               |
| DIACOMIT ORAL PACKET                                                      | Non-Preferred | PA                               |
| divalproex sodium er oral tablet extended release 24 hour                 | Preferred     | 90 Day Supply; QL                |
| divalproex sodium oral tablet delayed release 125 mg                      | Preferred     | 90 Day Supply                    |
| divalproex sodium oral tablet delayed release 250 mg, 500 mg              | Preferred     | 90 Day Supply; QL                |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg                            | Preferred     | QL                               |
| gabapentin oral solution                                                  | Preferred     | QL                               |
| gabapentin oral tablet 600 mg, 800 mg                                     | Preferred     | QL                               |
| GRALISE ORAL TABLET 300 MG, 600 MG                                        | Non-Preferred | PA                               |
| HORIZANT ORAL TABLET EXTENDED RELEASE                                     | Non-Preferred | PA                               |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR                            | Non-Preferred | PA                               |
| LYRICA ORAL CAPSULE                                                       | Non-Preferred | PA; QL                           |
| LYRICA ORAL SOLUTION                                                      | Non-Preferred | PA                               |
| NEURONTIN ORAL CAPSULE 100 MG                                             | Non-Preferred | PA                               |
| NEURONTIN ORAL CAPSULE 300 MG, 400 MG                                     | Non-Preferred | PA; QL                           |
| NEURONTIN ORAL SOLUTION                                                   | Non-Preferred | PA                               |
| NEURONTIN ORAL TABLET                                                     | Non-Preferred | PA                               |
| pregabalin er oral tablet extended release 24 hour                        | Non-Preferred | PA                               |
| pregabalin oral capsule                                                   | Preferred     | QL                               |
| pregabalin oral solution                                                  | Non-Preferred | PA                               |
| SABRIL ORAL PACKET                                                        | Non-Preferred | PA                               |
| SABRIL ORAL TABLET                                                        | Non-Preferred | PA                               |
| tiagabine hcl oral tablet                                                 | Non-Preferred | PA                               |
| valproic acid oral solution 250 mg/5ml                                    | Preferred     | 90 Day Supply                    |
| vigabatrin oral packet                                                    | Non-Preferred | PA                               |
| vigabatrin oral tablet                                                    | Non-Preferred | PA                               |
| ZTALMY ORAL SUSPENSION                                                    | Non-Preferred | PA                               |
| <b>Hydantoins</b>                                                         |               |                                  |
| DILANTIN INFATABS ORAL TABLET CHEWABLE                                    | Non-Preferred | PA; QL                           |
| DILANTIN ORAL CAPSULE                                                     | Preferred     | QL                               |
| DILANTIN ORAL SUSPENSION                                                  | Non-Preferred | PA                               |
| PHENYTEK ORAL CAPSULE                                                     | Preferred     |                                  |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE                                   | Preferred     | QL                               |
| phenytoin oral suspension                                                 | Preferred     | 90 Day Supply                    |
| phenytoin oral tablet chewable                                            | Preferred     | 90 Day Supply; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------|---------------|----------------------------------|
| phenytoin sodium extended oral capsule 100 mg                    | Preferred     | 90 Day Supply; QL                |
| phenytoin sodium extended oral capsule 200 mg, 300 mg            | Preferred     |                                  |
| <b>Ion Channel Inhibition Agents</b>                             |               |                                  |
| APTOM ORAL TABLET                                                | Non-Preferred | PA                               |
| BANZEL ORAL SUSPENSION                                           | Non-Preferred | PA                               |
| BANZEL ORAL TABLET                                               | Non-Preferred | PA                               |
| eslicarbazepine acetate oral tablet                              | Non-Preferred | PA                               |
| lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml        | Preferred     |                                  |
| lacosamide oral tablet                                           | Preferred     |                                  |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                 | Non-Preferred | PA                               |
| oxcarbazepine oral suspension                                    | Preferred     | 90 Day Supply                    |
| oxcarbazepine oral tablet                                        | Preferred     | 90 Day Supply                    |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR                 | Non-Preferred | PA                               |
| rufinamide oral suspension 40 mg/ml                              | Non-Preferred | PA                               |
| rufinamide oral tablet                                           | Non-Preferred | PA                               |
| TRILEPTAL ORAL SUSPENSION                                        | Non-Preferred | PA                               |
| TRILEPTAL ORAL TABLET                                            | Non-Preferred | PA                               |
| VIMPAT ORAL SOLUTION                                             | Non-Preferred | PA                               |
| VIMPAT ORAL TABLET                                               | Non-Preferred | PA                               |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | Non-Preferred | PA                               |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK              | Non-Preferred | PA                               |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                 | Non-Preferred | PA                               |
| XCOPRI ORAL TABLET THERAPY PACK                                  | Non-Preferred | PA                               |
| ZONISADE ORAL SUSPENSION                                         | Non-Preferred | PA                               |
| zonisamide oral capsule                                          | Preferred     | 90 Day Supply                    |
| <b>Melatonin Receptor Agonists</b>                               |               |                                  |
| HETLIOZ LQ ORAL SUSPENSION                                       | Non-Preferred | PA                               |
| HETLIOZ ORAL CAPSULE                                             | Non-Preferred | PA                               |
| ramelteon oral tablet                                            | Preferred     |                                  |
| ROZEREM ORAL TABLET                                              | Non-Preferred | PA                               |
| tasimelteon oral capsule                                         | Non-Preferred | PA                               |
| <b>Monoamine Oxidase B Inhibitors</b>                            |               |                                  |
| selegiline hcl oral capsule                                      | Formulary     |                                  |
| selegiline hcl oral tablet                                       | Formulary     |                                  |
| XADAGO ORAL TABLET                                               | Non-Preferred | PA                               |
| <b>Monoamine Oxidase Inhibitors</b>                              |               |                                  |
| phenelzine sulfate oral tablet                                   | Formulary     |                                  |
| selegiline hcl oral capsule                                      | Formulary     |                                  |
| selegiline hcl oral tablet                                       | Formulary     |                                  |
| tranylcypromine sulfate oral tablet                              | Formulary     |                                  |
| XADAGO ORAL TABLET                                               | Non-Preferred | PA                               |
| <b>Non-Benzodiazepine Anxiolytics</b>                            |               |                                  |
| buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg      | Formulary     | 90 Day Supply; QL                |
| meprobamate oral tablet                                          | Formulary     |                                  |
| <b>Non-Benzodiazepine Hypnotics</b>                              |               |                                  |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE                           | Non-Preferred | PA                               |
| AMBIEN ORAL TABLET                                               | Non-Preferred | PA; QL                           |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL                              | Non-Preferred | PA                               |
| eszopiclone oral tablet                                          | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| LUNESTA ORAL TABLET                                                   | Non-Preferred | PA                               |
| zaleplon oral capsule                                                 | Preferred     | QL                               |
| zolpidem tartrate er oral tablet extended release                     | Non-Preferred | PA                               |
| zolpidem tartrate oral capsule                                        | Non-Preferred | PA                               |
| zolpidem tartrate oral tablet                                         | Preferred     | QL                               |
| zolpidem tartrate sublingual tablet sublingual                        | Non-Preferred | PA                               |
| <b>Nonergot-Deriv.Dopamine Receptor Agonist</b>                       |               |                                  |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Non-Preferred | PA                               |
| NEUPRO TRANSDERMAL PATCH 24 HOUR                                      | Non-Preferred | PA                               |
| pramipexole dihydrochloride er oral tablet extended release 24 hour   | Non-Preferred | PA                               |
| pramipexole dihydrochloride oral tablet                               | Preferred     | 90 Day Supply; QL                |
| ropinirole hcl er oral tablet extended release 24 hour                | Non-Preferred | PA                               |
| ropinirole hcl oral tablet                                            | Preferred     | 90 Day Supply                    |
| <b>Non-Opioid Analgesics</b>                                          |               |                                  |
| 8 hr arthritis pain relief oral tablet extended release               | Formulary     | OTC                              |
| acetaminophen childrens oral suspension 160 mg/5ml                    | Formulary     | OTC                              |
| acetaminophen er oral tablet extended release                         | Formulary     | OTC                              |
| acetaminophen extra strength oral tablet                              | Formulary     | OTC                              |
| acetaminophen infants oral suspension                                 | Formulary     | OTC                              |
| acetaminophen junior strength oral tablet dispersible                 | Formulary     | OTC                              |
| acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml | Formulary     | OTC                              |
| acetaminophen oral tablet chewable 80 mg                              | Formulary     | OTC                              |
| acetaminophen pm ex st oral tablet 500-25 mg                          | Formulary     | OTC                              |
| acetaminophen rectal suppository 120 mg, 650 mg                       | Formulary     | OTC                              |
| acetaminophen-codeine oral solution                                   | Formulary     |                                  |
| acetaminophen-codeine oral tablet                                     | Formulary     | QL                               |
| added strength headache relief oral tablet                            | Formulary     | OTC                              |
| arthritis pain relief oral tablet extended release                    | Formulary     | OTC                              |
| arthritis pain reliever oral tablet extended release                  | Formulary     | OTC                              |
| betatemp childrens oral suspension                                    | Formulary     | OTC                              |
| butalbital-acetaminophen oral tablet 50-325 mg                        | Formulary     |                                  |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                 | Formulary     | QL; AL                           |
| butalbital-apap-caffeine oral tablet 50-325-40 mg                     | Formulary     |                                  |
| childrens acetaminophen oral suspension 160 mg/5ml                    | Formulary     | OTC                              |
| childrens apap oral tablet chewable                                   | Formulary     | OTC                              |
| childrens non-aspirin oral tablet chewable                            | Formulary     | OTC                              |
| childrens silapap oral liquid                                         | Formulary     | OTC                              |
| cvs 8hr muscle aches & pain oral tablet extended release              | Formulary     | OTC                              |
| cvs acetaminophen ex st oral liquid                                   | Formulary     | OTC                              |
| cvs headache relief oral tablet                                       | Formulary     | OTC                              |
| cvs infants pain relief drops oral suspension 160 mg/5ml              | Formulary     | OTC                              |
| cvs pain relief childrens oral tablet chewable                        | Formulary     | OTC                              |
| ed-apap oral liquid                                                   | Formulary     | OTC                              |
| eq acetaminophen oral tablet 500 mg                                   | Formulary     | OTC                              |
| eq pain & fever childrens oral tablet chewable                        | Formulary     | OTC                              |
| extraprin oral tablet                                                 | Formulary     | OTC                              |
| FEVERALL INFANTS RECTAL SUPPOSITORY                                   | Formulary     | OTC                              |
| gnp infants pain/fever oral suspension                                | Formulary     | OTC                              |
| headache relief oral tablet                                           | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET                              | Formulary     | OTC                              |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET                              | Formulary     | OTC                              |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml               | Formulary     |                                  |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | Formulary     | QL                               |
| liquid acetaminophen oral liquid                                      | Formulary     | OTC                              |
| liquid pain relief oral liquid                                        | Formulary     | OTC                              |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID                                 | Formulary     | OTC                              |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID                             | Formulary     | OTC                              |
| mapap arthritis pain oral tablet extended release                     | Formulary     | OTC                              |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG                           | Formulary     | OTC                              |
| mapap oral capsule                                                    | Formulary     | OTC                              |
| mapap oral tablet 325 mg                                              | Formulary     | OTC                              |
| migraine relief oral tablet                                           | Formulary     | OTC                              |
| night time pain medicine ex st oral tablet                            | Formulary     | OTC                              |
| non-aspirin extra strength oral tablet                                | Formulary     | OTC                              |
| non-aspirin oral tablet 325 mg                                        | Formulary     | OTC                              |
| oxycodone-acetaminophen oral tablet 5-325 mg                          | Formulary     | QL                               |
| pain & fever childrens oral suspension                                | Formulary     | OTC                              |
| pain & fever infants oral suspension                                  | Formulary     | OTC                              |
| pain relief childrens oral suspension                                 | Formulary     | OTC                              |
| pain relief extra strength oral tablet 500 mg                         | Formulary     | OTC                              |
| pain relief pm extra strength oral tablet                             | Formulary     | OTC                              |
| pain reliever extra strength oral tablet                              | Formulary     | OTC                              |
| pain reliever oral tablet 325 mg                                      | Formulary     | OTC                              |
| pain reliever plus oral tablet                                        | Formulary     | OTC                              |
| pain reliever pm ex st oral tablet                                    | Formulary     | OTC                              |
| pain reliever pm oral tablet 500-25 mg                                | Formulary     | OTC                              |
| pain reliever/fever reducer rectal suppository                        | Formulary     | OTC                              |
| pain-off oral tablet                                                  | Formulary     | OTC                              |
| PAMPRIN MAX ORAL TABLET                                               | Formulary     | OTC                              |
| PEDIACARE CHILDREN ORAL SUSPENSION                                    | Formulary     | OTC                              |
| PHARBETOL EXTRA STRENGTH ORAL TABLET                                  | Formulary     | OTC                              |
| qc non-aspirin extra strength oral tablet                             | Formulary     | OTC                              |
| qc pain reliever pm ex st oral tablet                                 | Formulary     | OTC                              |
| ra acetaminophen childrens oral tablet chewable                       | Formulary     | OTC                              |
| ra acetaminophen ex st oral tablet                                    | Formulary     | OTC                              |
| ra acetaminophen oral tablet                                          | Formulary     | OTC                              |
| ra fever reducer/pain reliever oral suspension                        | Formulary     | OTC                              |
| ra menstrual relief oral tablet                                       | Formulary     | OTC                              |
| sb non-aspirin extra strength oral tablet                             | Formulary     | OTC                              |
| sb non-aspirin nighttime oral tablet                                  | Formulary     | OTC                              |
| sb non-aspirin oral tablet chewable 80 mg                             | Formulary     | OTC                              |
| sb pain relief x-str oral tablet                                      | Formulary     | OTC                              |
| TENCON ORAL TABLET 50-325 MG                                          | Formulary     |                                  |
| <b>Nonsteroidal Anti-Inflamm. Agents, Misc</b>                        |               |                                  |
| ADDAPRIN ORAL TABLET                                                  | Formulary     | OTC                              |
| all day pain relief oral tablet                                       | Formulary     | OTC                              |
| all day relief oral tablet                                            | Preferred     | OTC                              |
| ARTHROTEC ORAL TABLET DELAYED RELEASE                                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml          | Formulary     | OTC                              |
| diclofenac epolamine external patch                                  | Non-Preferred | PA                               |
| diclofenac potassium oral capsule                                    | Non-Preferred | PA                               |
| diclofenac potassium oral tablet                                     | Non-Preferred | PA                               |
| diclofenac sodium er oral tablet extended release 24 hour            | Preferred     |                                  |
| diclofenac sodium oral tablet delayed release 25 mg                  | Preferred     |                                  |
| diclofenac sodium oral tablet delayed release 50 mg, 75 mg           | Formulary     | 90 Day Supply                    |
| diclofenac-misoprostol oral tablet delayed release                   | Non-Preferred | PA                               |
| diflunisal oral tablet                                               | Non-Preferred | PA                               |
| etodolac er oral tablet extended release 24 hour                     | Non-Preferred | PA                               |
| etodolac oral capsule                                                | Preferred     |                                  |
| etodolac oral tablet                                                 | Preferred     |                                  |
| fenoprofen calcium oral capsule                                      | Non-Preferred | PA                               |
| fenoprofen calcium oral tablet                                       | Non-Preferred | PA                               |
| FLECTOR EXTERNAL PATCH                                               | Non-Preferred | PA; QL                           |
| flurbiprofen oral tablet                                             | Preferred     |                                  |
| gnp naproxen sodium oral capsule                                     | Preferred     | OTC                              |
| gnp naproxen sodium oral tablet                                      | Preferred     | OTC                              |
| IBU ORAL TABLET 400 MG, 800 MG                                       | Preferred     |                                  |
| IBU ORAL TABLET 600 MG                                               | Preferred     | 90 Day Supply                    |
| ibuprofen childrens oral suspension                                  | Formulary     | OTC                              |
| ibuprofen junior strength oral tablet chewable                       | Formulary     | OTC                              |
| ibuprofen oral tablet 200 mg                                         | Formulary     | OTC                              |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                         | Preferred     | 90 Day Supply                    |
| ibuprofen-famotidine oral tablet                                     | Non-Preferred | PA                               |
| INDOCIN ORAL SUSPENSION                                              | Formulary     |                                  |
| indomethacin er oral capsule extended release                        | Preferred     | 90 Day Supply                    |
| indomethacin oral capsule 25 mg, 50 mg                               | Preferred     | 90 Day Supply                    |
| indomethacin oral suspension                                         | Non-Preferred | PA                               |
| indomethacin rectal suppository                                      | Non-Preferred | PA                               |
| INFANTS ADVIL ORAL SUSPENSION                                        | Formulary     | OTC                              |
| infants ibuprofen oral suspension                                    | Formulary     | OTC                              |
| ketoprofen er oral capsule extended release 24 hour                  | Non-Preferred | PA                               |
| ketoprofen oral capsule                                              | Non-Preferred | PA                               |
| ketorolac tromethamine oral tablet                                   | Preferred     |                                  |
| LICART EXTERNAL PATCH 24 HOUR                                        | Non-Preferred | PA                               |
| LOFENA ORAL TABLET                                                   | Non-Preferred | PA                               |
| meclofenamate sodium oral capsule                                    | Non-Preferred | PA                               |
| MEDI-FIRST IBUPROFEN ORAL TABLET                                     | Formulary     | OTC                              |
| MEDIPROXEN ORAL TABLET                                               | Formulary     | OTC                              |
| mefenamic acid oral capsule                                          | Non-Preferred | PA                               |
| meloxicam oral capsule                                               | Non-Preferred | PA                               |
| meloxicam oral tablet                                                | Preferred     | 90 Day Supply                    |
| nabumetone oral tablet                                               | Preferred     | 90 Day Supply                    |
| NALFON ORAL CAPSULE 400 MG                                           | Non-Preferred | PA                               |
| NALFON ORAL TABLET                                                   | Non-Preferred | PA                               |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | Non-Preferred | PA                               |
| NAPROSYN ORAL SUSPENSION                                             | Non-Preferred | PA                               |
| naproxen dr oral tablet delayed release 500 mg                       | Preferred     | 90 Day Supply; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                       | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| naproxen oral suspension                                                                                   | Non-Preferred | PA                               |
| naproxen oral tablet                                                                                       | Preferred     | 90 Day Supply; QL                |
| naproxen oral tablet delayed release                                                                       | Preferred     | 90 Day Supply; QL                |
| naproxen sodium er oral tablet extended release 24 hour                                                    | Non-Preferred | PA                               |
| naproxen sodium oral capsule                                                                               | Preferred     | OTC                              |
| naproxen sodium oral tablet 220 mg                                                                         | Preferred     | OTC                              |
| naproxen sodium oral tablet 275 mg                                                                         | Preferred     |                                  |
| naproxen sodium oral tablet 550 mg                                                                         | Preferred     | QL                               |
| naproxen-esomeprazole mg oral tablet delayed release                                                       | Non-Preferred | PA                               |
| oxaprozin oral tablet                                                                                      | Non-Preferred | PA                               |
| piroxicam oral capsule                                                                                     | Preferred     | 90 Day Supply                    |
| px childrens profen ib oral suspension                                                                     | Formulary     | OTC                              |
| px infants profen ib oral suspension                                                                       | Formulary     | OTC                              |
| RELAFEN DS ORAL TABLET                                                                                     | Non-Preferred | PA                               |
| sm ibuprofen ib oral tablet                                                                                | Formulary     | OTC                              |
| sulindac oral tablet                                                                                       | Preferred     | 90 Day Supply                    |
| sumatriptan-naproxen sodium oral tablet                                                                    | Non-Preferred | PA                               |
| TOLECTIN DS ORAL CAPSULE                                                                                   | Non-Preferred | PA                               |
| tolmetin sodium oral capsule                                                                               | Non-Preferred | PA                               |
| tolmetin sodium oral tablet 600 mg                                                                         | Non-Preferred | PA                               |
| TREXIMET ORAL TABLET 85-500 MG                                                                             | Non-Preferred | PA                               |
| <b>Opioid Agonists (28:08)</b>                                                                             |               |                                  |
| acetaminophen-codeine oral solution                                                                        | Formulary     |                                  |
| acetaminophen-codeine oral tablet                                                                          | Formulary     | QL                               |
| ASCOMP-CODEINE ORAL CAPSULE                                                                                | Formulary     | AL                               |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                                                      | Formulary     | QL; AL                           |
| butalbital-asa-caff-codeine oral capsule                                                                   | Formulary     | AL                               |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                               | Non-Preferred | PA                               |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr | Non-Preferred | PA                               |
| fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr                                                    | Preferred     |                                  |
| hydrocodone bitartrate er oral capsule extended release 12 hour                                            | Non-Preferred | PA                               |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent                                           | Non-Preferred | PA                               |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml                                                    | Formulary     |                                  |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg                                      | Formulary     | QL                               |
| hydromorphone hcl er oral tablet extended release 24 hour                                                  | Non-Preferred | PA                               |
| hydromorphone hcl oral liquid                                                                              | Formulary     |                                  |
| hydromorphone hcl oral tablet                                                                              | Formulary     |                                  |
| hydromorphone hcl rectal suppository                                                                       | Formulary     |                                  |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT                                                         | Non-Preferred | PA                               |
| methadone hcl oral tablet                                                                                  | Non-Preferred | PA                               |
| morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml                                       | Formulary     |                                  |
| morphine sulfate er beads oral capsule extended release 24 hour                                            | Non-Preferred | PA                               |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | Non-Preferred | PA                               |
| morphine sulfate er oral tablet extended release                                                           | Preferred     |                                  |
| morphine sulfate oral solution                                                                             | Formulary     |                                  |
| morphine sulfate oral tablet                                                                               | Formulary     |                                  |
| morphine sulfate rectal suppository                                                                        | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                    | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------|---------------|----------------------------------|
| MS CONTIN ORAL TABLET EXTENDED RELEASE                                                  | Non-Preferred | PA                               |
| oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg      | Non-Preferred | PA                               |
| oxycodone hcl oral capsule                                                              | Formulary     |                                  |
| oxycodone hcl oral concentrate 100 mg/5ml                                               | Formulary     |                                  |
| oxycodone hcl oral solution                                                             | Formulary     |                                  |
| oxycodone hcl oral tablet                                                               | Formulary     |                                  |
| oxycodone-acetaminophen oral tablet 5-325 mg                                            | Formulary     | QL                               |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG             | Non-Preferred | PA                               |
| oxymorphone hcl er oral tablet extended release 12 hour                                 | Non-Preferred | PA                               |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | Non-Preferred | PA                               |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour                         | Non-Preferred | PA                               |
| tramadol hcl er oral tablet extended release 24 hour                                    | Non-Preferred | PA                               |
| tramadol hcl oral tablet 50 mg                                                          | Formulary     | AL                               |
| <b>Opioid Antagonists (28:10)</b>                                                       |               |                                  |
| buprenorphine hcl-naloxone hcl sublingual film                                          | Non-Preferred | PA; QL                           |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual                             | Preferred     | QL                               |
| KLOXXADO NASAL LIQUID                                                                   | Preferred     |                                  |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml                                    | Preferred     |                                  |
| naloxone hcl injection solution cartridge                                               | Preferred     |                                  |
| naloxone hcl injection solution prefilled syringe                                       | Preferred     |                                  |
| naloxone hcl nasal liquid                                                               | Non-Preferred | PA                               |
| naltrexone hcl oral tablet                                                              | Formulary     |                                  |
| NARCAN NASAL LIQUID                                                                     | Preferred     |                                  |
| OPVEE NASAL SOLUTION                                                                    | Non-Preferred | PA                               |
| REXTOVY NASAL LIQUID                                                                    | Preferred     |                                  |
| SUBOXONE SUBLINGUAL FILM                                                                | Preferred     | QL                               |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                                         | Formulary     | QL                               |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE                                              | Non-Preferred | PA                               |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL                                                    | Non-Preferred | PA                               |
| <b>Opioid Partial Agonists</b>                                                          |               |                                  |
| BELBUCA BUCCAL FILM                                                                     | Preferred     |                                  |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | Non-Preferred | PA                               |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                         | Non-Preferred | PA                               |
| buprenorphine hcl sublingual tablet sublingual                                          | Non-Preferred | PA                               |
| buprenorphine hcl-naloxone hcl sublingual film                                          | Non-Preferred | PA; QL                           |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual                             | Preferred     | QL                               |
| buprenorphine transdermal patch weekly                                                  | Preferred     |                                  |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                       | Non-Preferred | PA                               |
| SUBOXONE SUBLINGUAL FILM                                                                | Preferred     | QL                               |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL                                                    | Non-Preferred | PA                               |
| <b>Orexin Receptor Antagonists</b>                                                      |               |                                  |
| BELSOMRA ORAL TABLET                                                                    | Preferred     | QL                               |
| DAYVIGO ORAL TABLET                                                                     | Non-Preferred | PA                               |
| QUVIVIQ ORAL TABLET                                                                     | Non-Preferred | PA; QL                           |
| <b>Phenothiazines</b>                                                                   |               |                                  |
| chlorpromazine hcl oral tablet                                                          | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                 | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------|---------------|----------------------------------|
| COMPRO RECTAL SUPPOSITORY                                                            | Formulary     |                                  |
| fluphenazine decanoate injection solution                                            | Formulary     |                                  |
| fluphenazine hcl oral tablet                                                         | Formulary     | 90 Day Supply                    |
| perphenazine oral tablet                                                             | Formulary     | 90 Day Supply                    |
| perphenazine-amitriptyline oral tablet                                               | Formulary     |                                  |
| prochlorperazine edisylate injection solution 10 mg/2ml                              | Formulary     |                                  |
| prochlorperazine maleate oral tablet                                                 | Formulary     |                                  |
| prochlorperazine rectal suppository                                                  | Formulary     |                                  |
| thioridazine hcl oral tablet                                                         | Formulary     |                                  |
| trifluoperazine hcl oral tablet                                                      | Formulary     |                                  |
| <b>Respiratory And Cns Stimulants</b>                                                |               |                                  |
| added strength headache relief oral tablet                                           | Formulary     | OTC                              |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                    | Non-Preferred | PA                               |
| ASCOMP-CODEINE ORAL CAPSULE                                                          | Formulary     | AL                               |
| atomoxetine hcl oral capsule                                                         | Preferred     | 90 Day Supply; QL                |
| AZSTARYS ORAL CAPSULE                                                                | Non-Preferred | PA                               |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                                | Formulary     | QL; AL                           |
| butalbital-apap-caffeine oral tablet 50-325-40 mg                                    | Formulary     |                                  |
| butalbital-asa-caff-codeine oral capsule                                             | Formulary     | AL                               |
| caffeine citrate oral solution 60 mg/3ml                                             | Formulary     |                                  |
| CONCERTA ORAL TABLET EXTENDED RELEASE                                                | Non-Preferred | PA; QL                           |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE                             | Non-Preferred | PA                               |
| cvs headache relief oral tablet                                                      | Formulary     | OTC                              |
| DAYTRANA TRANSDERMAL PATCH                                                           | Non-Preferred | PA                               |
| dexmethylphenidate hcl er oral capsule extended release 24 hour                      | Preferred     | QL                               |
| dexmethylphenidate hcl oral tablet                                                   | Preferred     | QL                               |
| extraprin oral tablet                                                                | Formulary     | OTC                              |
| FOCALIN ORAL TABLET                                                                  | Non-Preferred | PA; QL                           |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                     | Non-Preferred | PA                               |
| headache relief oral tablet                                                          | Formulary     | OTC                              |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                      | Non-Preferred | PA                               |
| METHYLIN ORAL SOLUTION                                                               | Preferred     | QL                               |
| methylphenidate hcl er (cd) oral capsule extended release                            | Non-Preferred | PA                               |
| methylphenidate hcl er (la) oral capsule extended release 24 hour                    | Preferred     |                                  |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | Preferred     | QL                               |
| methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg        | Non-Preferred | PA; QL                           |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour                    | Non-Preferred | PA                               |
| methylphenidate hcl er oral tablet extended release                                  | Preferred     | QL                               |
| methylphenidate hcl er oral tablet extended release 24 hour                          | Preferred     | QL                               |
| methylphenidate hcl er(diffus) oral tablet extended release                          | Preferred     | QL                               |
| methylphenidate hcl oral solution                                                    | Preferred     | QL                               |
| methylphenidate hcl oral tablet                                                      | Preferred     | QL                               |
| methylphenidate hcl oral tablet chewable                                             | Non-Preferred | PA; QL                           |
| methylphenidate transdermal patch                                                    | Non-Preferred | PA; QL                           |
| migraine relief oral tablet                                                          | Formulary     | OTC                              |
| pain reliever extra strength oral tablet 250-250-65 mg                               | Formulary     | OTC                              |
| pain reliever plus oral tablet                                                       | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| pain-off oral tablet                                                 | Formulary     | OTC                              |
| PAMPRIN MAX ORAL TABLET                                              | Formulary     | OTC                              |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                        | Non-Preferred | PA                               |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE                  | Non-Preferred | PA                               |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER                       | Non-Preferred | PA                               |
| ra menstrual relief oral tablet                                      | Formulary     | OTC                              |
| RELEXXII ORAL TABLET EXTENDED RELEASE                                | Non-Preferred | PA; QL                           |
| RITALIN ORAL TABLET                                                  | Non-Preferred | PA; QL                           |
| sb pain relief x-str oral tablet                                     | Formulary     | OTC                              |
| STRATTERA ORAL CAPSULE                                               | Non-Preferred | PA; QL                           |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Formulary     |                                  |
| theophylline er oral tablet extended release 12 hour 300 mg          | Formulary     |                                  |
| theophylline er oral tablet extended release 24 hour                 | Formulary     |                                  |
| <b>Reversible Cox-1/Cox-2 Inhibitors</b>                             |               |                                  |
| ACULAR LS OPHTHALMIC SOLUTION                                        | Non-Preferred | PA; QL                           |
| ACULAR OPHTHALMIC SOLUTION                                           | Non-Preferred | PA; QL                           |
| ACUVAIL OPHTHALMIC SOLUTION                                          | Non-Preferred | PA                               |
| ADDAPRIN ORAL TABLET                                                 | Formulary     | OTC                              |
| all day pain relief oral tablet                                      | Formulary     | OTC                              |
| all day relief oral tablet                                           | Preferred     | OTC                              |
| childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml          | Formulary     | OTC                              |
| diflunisal oral tablet                                               | Non-Preferred | PA                               |
| etodolac er oral tablet extended release 24 hour                     | Non-Preferred | PA                               |
| etodolac oral capsule                                                | Preferred     |                                  |
| etodolac oral tablet                                                 | Preferred     |                                  |
| fenoprofen calcium oral capsule                                      | Non-Preferred | PA                               |
| fenoprofen calcium oral tablet                                       | Non-Preferred | PA                               |
| flurbiprofen oral tablet                                             | Preferred     |                                  |
| flurbiprofen sodium ophthalmic solution                              | Non-Preferred | PA                               |
| gnp naproxen sodium oral capsule                                     | Preferred     | OTC                              |
| gnp naproxen sodium oral tablet                                      | Preferred     | OTC                              |
| IBU ORAL TABLET 400 MG, 800 MG                                       | Preferred     |                                  |
| IBU ORAL TABLET 600 MG                                               | Preferred     | 90 Day Supply                    |
| ibuprofen childrens oral suspension                                  | Formulary     | OTC                              |
| ibuprofen junior strength oral tablet chewable                       | Formulary     | OTC                              |
| ibuprofen oral tablet 200 mg                                         | Formulary     | OTC                              |
| ibuprofen oral tablet 300 mg                                         | Non-Preferred | PA                               |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                         | Preferred     | 90 Day Supply                    |
| ibuprofen-famotidine oral tablet                                     | Non-Preferred | PA                               |
| INDOCIN ORAL SUSPENSION                                              | Formulary     |                                  |
| indomethacin er oral capsule extended release                        | Preferred     | 90 Day Supply                    |
| indomethacin oral capsule 25 mg, 50 mg                               | Preferred     | 90 Day Supply                    |
| indomethacin oral suspension                                         | Non-Preferred | PA                               |
| indomethacin rectal suppository                                      | Non-Preferred | PA                               |
| INFANTS ADVIL ORAL SUSPENSION                                        | Formulary     | OTC                              |
| infants ibuprofen oral suspension                                    | Formulary     | OTC                              |
| ketorolac tromethamine ophthalmic solution 0.4 %                     | Preferred     | QL                               |
| ketorolac tromethamine ophthalmic solution 0.5 %                     | Preferred     | 90 Day Supply; QL                |
| ketorolac tromethamine oral tablet                                   | Preferred     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| meclofenamate sodium oral capsule                                    | Non-Preferred | PA                               |
| MEDI-FIRST IBUPROFEN ORAL TABLET                                     | Formulary     | OTC                              |
| MEDIPROXEN ORAL TABLET                                               | Formulary     | OTC                              |
| mefenamic acid oral capsule                                          | Non-Preferred | PA                               |
| meloxicam oral capsule                                               | Non-Preferred | PA                               |
| meloxicam oral tablet                                                | Preferred     | 90 Day Supply                    |
| nabumetone oral tablet                                               | Preferred     | 90 Day Supply                    |
| NALFON ORAL CAPSULE 400 MG                                           | Non-Preferred | PA                               |
| NALFON ORAL TABLET                                                   | Non-Preferred | PA                               |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | Non-Preferred | PA                               |
| NAPROSYN ORAL SUSPENSION                                             | Non-Preferred | PA                               |
| naproxen dr oral tablet delayed release 500 mg                       | Preferred     | 90 Day Supply; QL                |
| naproxen oral suspension                                             | Non-Preferred | PA                               |
| naproxen oral tablet                                                 | Preferred     | 90 Day Supply; QL                |
| naproxen oral tablet delayed release                                 | Preferred     | 90 Day Supply; QL                |
| naproxen sodium er oral tablet extended release 24 hour              | Non-Preferred | PA                               |
| naproxen sodium oral capsule                                         | Preferred     | OTC                              |
| naproxen sodium oral tablet 220 mg                                   | Preferred     | OTC                              |
| naproxen sodium oral tablet 275 mg                                   | Preferred     |                                  |
| naproxen sodium oral tablet 550 mg                                   | Preferred     | QL                               |
| naproxen-esomeprazole mg oral tablet delayed release                 | Non-Preferred | PA                               |
| naproxen-esomeprazole oral tablet delayed release                    | Non-Preferred | PA                               |
| oxaprozin oral tablet                                                | Non-Preferred | PA                               |
| piroxicam oral capsule                                               | Preferred     | 90 Day Supply                    |
| px childrens profen ib oral suspension                               | Formulary     | OTC                              |
| px infants profen ib oral suspension                                 | Formulary     | OTC                              |
| RELAFEN DS ORAL TABLET                                               | Non-Preferred | PA                               |
| sm ibuprofen ib oral tablet                                          | Formulary     | OTC                              |
| sulindac oral tablet                                                 | Preferred     | 90 Day Supply                    |
| sumatriptan-naproxen sodium oral tablet                              | Non-Preferred | PA                               |
| TREXIMET ORAL TABLET 85-500 MG                                       | Non-Preferred | PA                               |
| <b>Salicylates</b>                                                   |               |                                  |
| added strength headache relief oral tablet                           | Formulary     | OTC                              |
| ASCOMP-CODEINE ORAL CAPSULE                                          | Formulary     | AL                               |
| aspirin 81 oral tablet delayed release                               | Formulary     | OTC                              |
| aspirin childrens oral tablet chewable                               | Formulary     | OTC                              |
| aspirin ec low dose oral tablet delayed release                      | Formulary     | OTC                              |
| aspirin low dose oral tablet chewable                                | Formulary     | OTC                              |
| aspirin oral tablet 325 mg                                           | Formulary     | OTC                              |
| aspirin rectal suppository 300 mg                                    | Formulary     | OTC                              |
| aspirin-dipyridamole er oral capsule extended release 12 hour        | Non-Preferred | PA                               |
| BAYER ASPIRIN ORAL TABLET                                            | Formulary     | OTC                              |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE                           | Formulary     | OTC                              |
| BUFFERIN ORAL TABLET                                                 | Formulary     | OTC                              |
| butalbital-asa-caff-codeine oral capsule                             | Formulary     | AL                               |
| childrens aspirin oral tablet chewable                               | Formulary     | OTC                              |
| cvs headache relief oral tablet                                      | Formulary     | OTC                              |
| ECPIRIN ORAL TABLET DELAYED RELEASE                                  | Formulary     | OTC                              |
| extraprin oral tablet                                                | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                           | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------|---------------|----------------------------------|
| gnp aspirin oral tablet 325 mg                                                 | Formulary     | OTC                              |
| headache relief oral tablet                                                    | Formulary     | OTC                              |
| MEDI-FIRST ASPIRIN ORAL TABLET                                                 | Formulary     | OTC                              |
| MEDIQUE ASPIRIN ORAL TABLET                                                    | Formulary     | OTC                              |
| migraine relief oral tablet                                                    | Formulary     | OTC                              |
| pain reliever extra strength oral tablet 250-250-65 mg                         | Formulary     | OTC                              |
| pain reliever plus oral tablet                                                 | Formulary     | OTC                              |
| pain-off oral tablet                                                           | Formulary     | OTC                              |
| PAMPRIN MAX ORAL TABLET                                                        | Formulary     | OTC                              |
| qc aspirin low dose oral tablet delayed release                                | Formulary     | OTC                              |
| salsalate oral tablet                                                          | Formulary     |                                  |
| sb pain relief x-str oral tablet                                               | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE                                        | Formulary     | OTC                              |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE                                 | Formulary     | OTC                              |
| tri-buffered aspirin oral tablet 325 mg                                        | Formulary     | OTC                              |
| <b>Sel.Serotonin,Norepi Reuptake Inhibitor</b>                                 |               |                                  |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES                                | Non-Preferred | PA                               |
| desvenlafaxine er oral tablet extended release 24 hour                         | Preferred     |                                  |
| desvenlafaxine succinate er oral tablet extended release 24 hour               | Preferred     | 90 Day Supply                    |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE                        | Non-Preferred | PA                               |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg      | Preferred     | 90 Day Supply                    |
| duloxetine hcl oral capsule delayed release particles 40 mg                    | Non-Preferred | PA                               |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                               | Non-Preferred | PA; QL                           |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                  | Non-Preferred | PA                               |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK                         | Non-Preferred | PA                               |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                   | Non-Preferred | PA                               |
| SAVELLA ORAL TABLET                                                            | Preferred     | QL                               |
| SAVELLA TITRATION PACK ORAL                                                    | Preferred     |                                  |
| venlafaxine hcl er oral capsule extended release 24 hour                       | Preferred     | 90 Day Supply; QL                |
| venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg | Non-Preferred | PA                               |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg                 | Non-Preferred | PA; QL                           |
| venlafaxine hcl oral tablet                                                    | Preferred     | 90 Day Supply                    |
| <b>Selective Serotonin Agonists</b>                                            |               |                                  |
| almotriptan malate oral tablet                                                 | Non-Preferred | PA                               |
| eletriptan hydrobromide oral tablet                                            | Non-Preferred | PA                               |
| FROVA ORAL TABLET                                                              | Non-Preferred | PA                               |
| frovatriptan succinate oral tablet                                             | Non-Preferred | PA                               |
| IMITREX ORAL TABLET                                                            | Non-Preferred | PA; QL                           |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE                        | Preferred     | QL                               |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | Preferred     | QL                               |
| MAXALT ORAL TABLET 10 MG                                                       | Non-Preferred | PA; QL                           |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG                                       | Non-Preferred | PA; QL                           |
| naratriptan hcl oral tablet 1 mg                                               | Non-Preferred | PA                               |
| naratriptan hcl oral tablet 2.5 mg                                             | Non-Preferred | PA; 90 Day Supply                |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                             | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------------|
| RELPAK ORAL TABLET                                                               | Preferred     |                                  |
| REYVOW ORAL TABLET                                                               | Non-Preferred | PA; QL                           |
| rizatriptan benzoate oral tablet                                                 | Preferred     | 90 Day Supply; QL                |
| rizatriptan benzoate oral tablet dispersible 10 mg                               | Preferred     | 90 Day Supply; QL                |
| rizatriptan benzoate oral tablet dispersible 5 mg                                | Preferred     | QL                               |
| sumatriptan nasal solution                                                       | Non-Preferred | PA; QL                           |
| sumatriptan succinate oral tablet                                                | Preferred     | 90 Day Supply; QL                |
| sumatriptan succinate refill subcutaneous solution cartridge                     | Non-Preferred | PA                               |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml                           | Non-Preferred | PA                               |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | Non-Preferred | PA                               |
| sumatriptan-naproxen sodium oral tablet                                          | Non-Preferred | PA                               |
| TOSYMRA NASAL SOLUTION                                                           | Non-Preferred | PA                               |
| TREXIMET ORAL TABLET 85-500 MG                                                   | Non-Preferred | PA                               |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                            | Non-Preferred | PA                               |
| zolmitriptan nasal solution                                                      | Non-Preferred | PA                               |
| zolmitriptan oral tablet                                                         | Preferred     | QL                               |
| zolmitriptan oral tablet dispersible                                             | Non-Preferred | PA                               |
| ZOMIG NASAL SOLUTION                                                             | Preferred     | QL                               |
| ZOMIG ORAL TABLET                                                                | Non-Preferred | PA                               |
| <b>Selective-Serotonin Reuptake Inhibitors</b>                                   |               |                                  |
| CELEXA ORAL TABLET                                                               | Non-Preferred | PA                               |
| citalopram hydrobromide oral capsule                                             | Non-Preferred | PA                               |
| citalopram hydrobromide oral solution                                            | Preferred     | 90 Day Supply                    |
| citalopram hydrobromide oral tablet                                              | Preferred     | 90 Day Supply                    |
| escitalopram oxalate oral solution 5 mg/5ml                                      | Non-Preferred | PA                               |
| escitalopram oxalate oral tablet                                                 | Preferred     | 90 Day Supply                    |
| fluoxetine hcl (pmdd) oral tablet                                                | Non-Preferred | PA                               |
| fluoxetine hcl oral capsule                                                      | Preferred     | 90 Day Supply                    |
| fluoxetine hcl oral capsule delayed release                                      | Non-Preferred | PA                               |
| fluoxetine hcl oral solution                                                     | Preferred     | 90 Day Supply                    |
| fluoxetine hcl oral tablet 10 mg                                                 | Non-Preferred | PA; 90 Day Supply                |
| fluoxetine hcl oral tablet 20 mg, 60 mg                                          | Non-Preferred | PA                               |
| fluvoxamine maleate er oral capsule extended release 24 hour                     | Non-Preferred | PA                               |
| fluvoxamine maleate oral tablet                                                  | Preferred     | 90 Day Supply                    |
| LEXAPRO ORAL TABLET                                                              | Non-Preferred | PA                               |
| olanzapine-fluoxetine hcl oral capsule                                           | Non-Preferred | PA                               |
| paroxetine hcl er oral tablet extended release 24 hour                           | Non-Preferred | PA                               |
| paroxetine hcl oral suspension                                                   | Non-Preferred | PA                               |
| paroxetine hcl oral tablet                                                       | Preferred     | 90 Day Supply                    |
| paroxetine mesylate oral capsule                                                 | Non-Preferred | PA                               |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR                                    | Non-Preferred | PA                               |
| PAXIL ORAL SUSPENSION                                                            | Non-Preferred | PA                               |
| PAXIL ORAL TABLET                                                                | Non-Preferred | PA                               |
| PROZAC ORAL CAPSULE                                                              | Non-Preferred | PA                               |
| sertraline hcl oral capsule                                                      | Non-Preferred | PA                               |
| sertraline hcl oral concentrate                                                  | Preferred     | 90 Day Supply; QL                |
| sertraline hcl oral tablet                                                       | Preferred     | 90 Day Supply                    |
| ZOLOFT ORAL CONCENTRATE                                                          | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------|---------------|----------------------------------|
| ZOLOFT ORAL TABLET                                               | Non-Preferred | PA                               |
| <b>Serotonin Modulators</b>                                      |               |                                  |
| mirtazapine oral tablet                                          | Preferred     | 90 Day Supply; QL                |
| mirtazapine oral tablet dispersible                              | Preferred     | 90 Day Supply                    |
| nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg        | Preferred     | QL                               |
| nefazodone hcl oral tablet 50 mg                                 | Preferred     |                                  |
| REMERON ORAL TABLET 15 MG, 30 MG                                 | Non-Preferred | PA; QL                           |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE                           | Non-Preferred | PA                               |
| trazodone hcl oral tablet                                        | Preferred     | 90 Day Supply                    |
| trazodone hcl powder                                             | Preferred     |                                  |
| TRINTELLIX ORAL TABLET                                           | Non-Preferred | PA                               |
| VIIBRYD ORAL TABLET                                              | Preferred     |                                  |
| vilazodone hcl oral tablet                                       | Non-Preferred | PA                               |
| <b>Succinimides</b>                                              |               |                                  |
| CELONTIN ORAL CAPSULE                                            | Preferred     |                                  |
| ethosuximide oral capsule                                        | Preferred     | 90 Day Supply                    |
| ethosuximide oral solution                                       | Preferred     | 90 Day Supply                    |
| methsuximide oral capsule                                        | Non-Preferred | PA                               |
| ZARONTIN ORAL CAPSULE                                            | Non-Preferred | PA                               |
| ZARONTIN ORAL SOLUTION                                           | Non-Preferred | PA                               |
| <b>Thioxanthenes</b>                                             |               |                                  |
| thiothixene oral capsule                                         | Formulary     |                                  |
| <b>Tricyclics, Other Norepi-Ru Inhibitors</b>                    |               |                                  |
| amitriptyline hcl oral tablet                                    | Formulary     | 90 Day Supply                    |
| amoxapine oral tablet                                            | Formulary     |                                  |
| clomipramine hcl oral capsule                                    | Formulary     |                                  |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg                  | Formulary     | 90 Day Supply                    |
| desipramine hcl oral tablet 100 mg, 150 mg, 75 mg                | Formulary     |                                  |
| doxepin hcl oral capsule                                         | Formulary     | 90 Day Supply                    |
| doxepin hcl oral concentrate                                     | Formulary     | 90 Day Supply                    |
| doxepin hcl oral tablet                                          | Non-Preferred | PA                               |
| imipramine hcl oral tablet                                       | Formulary     | 90 Day Supply                    |
| nortriptyline hcl oral capsule                                   | Formulary     | 90 Day Supply                    |
| perphenazine-amitriptyline oral tablet                           | Formulary     |                                  |
| <b>Wakefulness-Promoting Agents</b>                              |               |                                  |
| armodafinil oral tablet                                          | Formulary     | PA                               |
| diclofenac sodium oral tablet delayed release 75 mg              | Formulary     | 90 Day Supply                    |
| modafinil oral tablet                                            | Formulary     | PA                               |
| <b>Dental Agents</b>                                             |               |                                  |
| <b>Dental Agents</b>                                             |               |                                  |
| DENTA 5000 PLUS DENTAL CREAM                                     | Formulary     |                                  |
| dentagel dental gel                                              | Formulary     |                                  |
| GEL-KAM DENTAL GEL                                               | Formulary     | OTC                              |
| multivitamin/fluoride oral suspension 0.5 mg/ml                  | Formulary     | 90 Day Supply; OTC               |
| multi-vitamin/fluoride oral suspension 0.5 mg/ml                 | Formulary     | 90 Day Supply                    |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Formulary     | 90 Day Supply                    |
| sodium fluoride 5000 plus dental cream                           | Formulary     |                                  |
| sodium fluoride 5000 ppm dental cream                            | Formulary     |                                  |
| sodium fluoride 5000 ppm dental paste                            | Formulary     |                                  |
| sodium fluoride dental gel 1.1 %                                 | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                 | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| sodium fluoride mouth/throat solution                                                                | Formulary |                                  |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml                                                      | Formulary |                                  |
| sodium fluoride oral tablet chewable                                                                 | Formulary | 90 Day Supply                    |
| tri-vitamin/fluoride oral solution 0.25 mg/ml                                                        | Formulary |                                  |
| <b>Nutritional Supplements</b>                                                                       |           |                                  |
| DENTA 5000 PLUS DENTAL CREAM                                                                         | Formulary |                                  |
| dentagel dental gel                                                                                  | Formulary |                                  |
| GEL-KAM DENTAL GEL                                                                                   | Formulary | OTC                              |
| multivitamin/fluoride oral suspension 0.5 mg/ml                                                      | Formulary | 90 Day Supply; OTC               |
| multi-vitamin/fluoride oral suspension 0.5 mg/ml                                                     | Formulary | 90 Day Supply                    |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg                                     | Formulary | 90 Day Supply                    |
| sodium fluoride 5000 plus dental cream                                                               | Formulary |                                  |
| sodium fluoride 5000 ppm dental cream                                                                | Formulary |                                  |
| sodium fluoride dental gel 1.1 %                                                                     | Formulary |                                  |
| sodium fluoride mouth/throat solution                                                                | Formulary |                                  |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml                                                      | Formulary |                                  |
| sodium fluoride oral tablet chewable                                                                 | Formulary | 90 Day Supply                    |
| tri-vitamin/fluoride oral solution 0.25 mg/ml                                                        | Formulary |                                  |
| <b>Devices</b>                                                                                       |           |                                  |
| <b>Devices</b>                                                                                       |           |                                  |
| 1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm | Formulary | OTC                              |
| 1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm         | Formulary | OTC                              |
| ACCU-CHEK AVIVA IN VITRO SOLUTION                                                                    | Formulary | OTC                              |
| ACCU-CHEK FASTCLIX LANCET KIT                                                                        | Formulary | OTC                              |
| ACCU-CHEK FASTCLIX LANCETS                                                                           | Preferred | OTC                              |
| ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID                                                              | Formulary | OTC                              |
| ACCU-CHEK GUIDE KIT                                                                                  | Preferred | OTC; QL                          |
| ACCU-CHEK GUIDE ME KIT                                                                               | Preferred | OTC; QL                          |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT                                                                    | Formulary | OTC                              |
| ACCU-CHEK SOFTCLIX LANCETS                                                                           | Preferred | OTC                              |
| ACE AEROSOL CLOUD ENHANCER                                                                           | Formulary | QL                               |
| ADVOCATE INSULIN PEN NEEDLES                                                                         | Formulary | OTC                              |
| ADVOCATE INSULIN SYRINGE                                                                             | Formulary | OTC                              |
| AEROCHAMBER MINI CHAMBER DEVICE                                                                      | Formulary | QL                               |
| AEROCHAMBER MV                                                                                       | Formulary | QL                               |
| AEROCHAMBER PLUS FLO-VU                                                                              | Formulary | QL                               |
| AEROCHAMBER PLUS FLO-VU LARGE                                                                        | Formulary | QL                               |
| AEROCHAMBER PLUS FLO-VU MEDIUM                                                                       | Formulary | QL                               |
| AEROCHAMBER PLUS FLO-VU SMALL                                                                        | Formulary | QL                               |
| AEROCHAMBER PLUS FLO-VU W/MASK                                                                       | Formulary | QL                               |
| AEROCHAMBER PLUS FLOW VU                                                                             | Formulary | QL                               |
| AEROCHAMBER W/FLOWSIGNAL                                                                             | Formulary | QL                               |
| AEROCHAMBER Z-STAT PLUS                                                                              | Formulary | QL                               |
| AEROCHAMBER Z-STAT PLUS CHAMBR                                                                       | Formulary | QL                               |
| AEROCHAMBER Z-STAT PLUS/LARGE                                                                        | Formulary | QL                               |
| AEROCHAMBER Z-STAT PLUS/MEDIUM                                                                       | Formulary | QL                               |
| AEROCHAMBER Z-STAT PLUS/SMALL                                                                        | Formulary | QL                               |
| AEROTRACH PLUS                                                                                       | Formulary | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                                                                                                            | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| AGAMATRIX PRESTO KIT                                                                                                                                                                                                                                                                            | Non-Preferred | PA; OTC; QL                      |
| alcohol prep pad 70 %                                                                                                                                                                                                                                                                           | Formulary     | OTC; QL                          |
| alcohol swabs pad 70 %                                                                                                                                                                                                                                                                          | Formulary     | OTC; QL                          |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| BAND-AID GAUZE SMALL PAD                                                                                                                                                                                                                                                                        | Formulary     | OTC                              |
| BD AUTOSHIELD DUO                                                                                                                                                                                                                                                                               | Formulary     | OTC                              |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, U-100 1 ML                                                                                                                                                                                                                               | Formulary     | OTC                              |
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML                                                                                                                                                                                                                                           | Formulary     |                                  |
| BD INSULIN SYRINGE HALF-UNIT                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML                                                                                                                                                                                                                                                  | Formulary     | OTC                              |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML                                                                                                                                                                                                                                                    | Formulary     |                                  |
| BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML                                                                                                                                                                                                                                       | Formulary     | OTC                              |
| BD INSULIN SYRINGE U-500                                                                                                                                                                                                                                                                        | Formulary     |                                  |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G 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                                                                                                              | Formulary     | OTC                              |
| BD PEN NEEDLE MICRO U/F                                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| BD PEN NEEDLE MICRO ULTRAFINE                                                                                                                                                                                                                                                                   | Formulary     | OTC                              |
| BD PEN NEEDLE MINI U/F                                                                                                                                                                                                                                                                          | Formulary     | OTC                              |
| BD PEN NEEDLE MINI ULTRAFINE                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| BD PEN NEEDLE NANO ULTRAFINE                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| BD PEN NEEDLE ORIG ULTRAFINE                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| BD PEN NEEDLE ORIGINAL U/F                                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| BD PEN NEEDLE SHORT U/F                                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| BD PEN NEEDLE SHORT ULTRAFINE                                                                                                                                                                                                                                                                   | Formulary     | OTC                              |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML                                                                                                                                             | Formulary     | OTC                              |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML                                                                                                                                                                                                                                              | Formulary     |                                  |
| BD VEO INSULIN SYR U/F 1/2UNIT                                                                                                                                                                                                                                                                  | Formulary     | OTC                              |
| BD VEO INSULIN SYR ULTRAFINE                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| BD VEO INSULIN SYRINGE U/F                                                                                                                                                                                                                                                                      | Formulary     |                                  |
| BREATHERITE VALVED MDI CHAMBER DEVICE                                                                                                                                                                                                                                                           | Formulary     | QL                               |
| CAREFINE PEN NEEDLES                                                                                                                                                                                                                                                                            | Formulary     | OTC                              |
| CARETOUCH ALCOHOL PREP PAD                                                                                                                                                                                                                                                                      | Formulary     | OTC; QL                          |
| CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM                                                                                                                                                                                                            | Formulary     | OTC                              |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM                                                                                                                                                                                                                                                | Formulary     | OTC                              |
| CLICKFINE PEN NEEDLES 31G X 6 MM , 32G X 4 MM                                                                                                                                                                                                                                                   | Formulary     | OTC                              |
| clickfine pen needles 31g x 8 mm                                                                                                                                                                                                                                                                | Formulary     | OTC                              |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Formulary     | OTC                              |
| COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM                                                                                                                                          | Formulary     | OTC                              |
| COMPACT SPACE CHAMBER DEVICE                                                                                                                                                                                                                                                                    | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                                                                                                                                        | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| COMPACT SPACE CHAMBER/LG MASK DEVICE                                                                                                                                                                                                                                                                                        | Formulary     | QL                               |
| COMPACT SPACE CHAMBER/MED MASK DEVICE                                                                                                                                                                                                                                                                                       | Formulary     | QL                               |
| COMPACT SPACE CHAMBER/SM MASK DEVICE                                                                                                                                                                                                                                                                                        | Formulary     | QL                               |
| CONTOUR BLOOD GLUCOSE SYSTEM KIT                                                                                                                                                                                                                                                                                            | Preferred     | OTC; QL                          |
| CONTOUR CONTROL IN VITRO LIQUID                                                                                                                                                                                                                                                                                             | Formulary     | OTC                              |
| CONTOUR MONITOR DEVICE                                                                                                                                                                                                                                                                                                      | Preferred     | OTC; QL                          |
| CONTOUR NEXT CONTROL IN VITRO SOLUTION                                                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| CONTOUR NEXT EZ KIT                                                                                                                                                                                                                                                                                                         | Preferred     | OTC; QL                          |
| CONTOUR NEXT GEN MONITOR KIT                                                                                                                                                                                                                                                                                                | Non-Preferred | PA; OTC; QL                      |
| CONTOUR NEXT MONITOR KIT                                                                                                                                                                                                                                                                                                    | Non-Preferred | PA; OTC; QL                      |
| CONTOUR NEXT ONE KIT                                                                                                                                                                                                                                                                                                        | Preferred     | OTC; QL                          |
| CURITY ALCOHOL PREPS PAD                                                                                                                                                                                                                                                                                                    | Formulary     | OTC; QL                          |
| CURITY ALL PURPOSE SPONGES PAD 2"X2"                                                                                                                                                                                                                                                                                        | Formulary     | OTC                              |
| CURITY GAUZE PAD 2"X2"                                                                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| CURITY GAUZE SPONGE PAD 2"X2"                                                                                                                                                                                                                                                                                               | Formulary     | OTC                              |
| CURITY SPONGES PAD 2"X2"                                                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| cvs gauze pad 2"x2"                                                                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| DERMACEA GAUZE SPONGE PAD 2"X2"                                                                                                                                                                                                                                                                                             | Formulary     | OTC                              |
| DERMACEA IV SPONGES PAD                                                                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| DERMACEA NON-WOVEN SPONGES PAD 2"X2"                                                                                                                                                                                                                                                                                        | Formulary     | OTC                              |
| DERMACEA TYPE VII GAUZE PAD 2"X2"                                                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| DEXCOM G5 MOB/G4 PLAT SENSOR                                                                                                                                                                                                                                                                                                | Non-Preferred | PA                               |
| DEXCOM G5 MOBILE RECEIVER DEVICE                                                                                                                                                                                                                                                                                            | Non-Preferred | PA                               |
| DEXCOM G5 MOBILE TRANSMITTER                                                                                                                                                                                                                                                                                                | Non-Preferred | PA                               |
| DEXCOM G5 RECEIVER KIT DEVICE                                                                                                                                                                                                                                                                                               | Non-Preferred | PA                               |
| DEXCOM G6 RECEIVER DEVICE                                                                                                                                                                                                                                                                                                   | Preferred     | QL                               |
| DEXCOM G6 SENSOR                                                                                                                                                                                                                                                                                                            | Preferred     | QL                               |
| DEXCOM G6 TRANSMITTER                                                                                                                                                                                                                                                                                                       | Preferred     | QL                               |
| DEXCOM G7 RECEIVER DEVICE                                                                                                                                                                                                                                                                                                   | Preferred     | QL                               |
| DEXCOM G7 SENSOR                                                                                                                                                                                                                                                                                                            | Preferred     | QL                               |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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 | Formulary     | OTC                              |
| DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM                                                                                                                                                                                      | Formulary     | OTC                              |
| dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm                                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| DUODERM CGF DRESSING EXTERNAL                                                                                                                                                                                                                                                                                               | Formulary     | OTC                              |
| DUODERM CGF EXTRA THIN EXTERNAL                                                                                                                                                                                                                                                                                             | Formulary     | OTC                              |
| easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml                                                                                                                                                                                 | Formulary     | OTC                              |
| easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm                                                                                                                                                                                                                                                  | Formulary     | OTC                              |
| easy glide pen needles                                                                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD                                                                                                                                                                                                                                                                                          | Formulary     | OTC; QL                          |
| EASY TOUCH FLIPLOCK INSULIN SY                                                                                                                                                                                                                                                                                              | Formulary     | OTC                              |
| EASY TOUCH INSULIN BARRELS                                                                                                                                                                                                                                                                                                  | Formulary     | OTC                              |
| EASY TOUCH INSULIN BARRELS 1ML                                                                                                                                                                                                                                                                                              | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                                                                                                                             | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| EASY TOUCH INSULIN SAFETY SYR                                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| EASY TOUCH INSULIN SYRINGE 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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Formulary     | OTC                              |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM                                                                                                                                                                                     | Formulary     | OTC                              |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML                                                                                                                                                                                                               | Formulary     | OTC                              |
| EMBECTA AUTOSHIELD DUO                                                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| EMBECTA INS SYR U/F 1/2 UNIT                                                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| EMBECTA INSULIN SYR ULTRAFINE                                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| EMBECTA INSULIN SYRINGE                                                                                                                                                                                                                                                                                          | Formulary     |                                  |
| EMBECTA INSULIN SYRINGE U-100                                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| EMBECTA INSULIN SYRINGE U-500                                                                                                                                                                                                                                                                                    | Formulary     |                                  |
| EMBECTA PEN NEEDLE NANO                                                                                                                                                                                                                                                                                          | Formulary     | OTC                              |
| EMBECTA PEN NEEDLE NANO 2 GEN                                                                                                                                                                                                                                                                                    | Formulary     | OTC                              |
| EMBECTA PEN NEEDLE ULTRAFINE                                                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| eqi insulin syringe 30g x 5/16" 1 ml                                                                                                                                                                                                                                                                             | Formulary     | OTC                              |
| EXCILON IV SPONGES PAD                                                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| FIFTY50 PEN NEEDLES                                                                                                                                                                                                                                                                                              | Formulary     | OTC                              |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT                                                                                                                                                                                                                                                                                | Non-Preferred | PA; OTC; QL                      |
| FREESTYLE FREEDOM LITE KIT                                                                                                                                                                                                                                                                                       | Non-Preferred | PA; OTC; QL                      |
| FREESTYLE LIBRE 14 DAY READER DEVICE                                                                                                                                                                                                                                                                             | Preferred     | QL                               |
| FREESTYLE LIBRE 14 DAY SENSOR                                                                                                                                                                                                                                                                                    | Preferred     | QL                               |
| FREESTYLE LIBRE 2 PLUS SENSOR                                                                                                                                                                                                                                                                                    | Preferred     | QL                               |
| FREESTYLE LIBRE 2 READER DEVICE                                                                                                                                                                                                                                                                                  | Preferred     | QL                               |
| FREESTYLE LIBRE 2 SENSOR                                                                                                                                                                                                                                                                                         | Preferred     | QL                               |
| FREESTYLE LIBRE 3 PLUS SENSOR                                                                                                                                                                                                                                                                                    | Preferred     | QL                               |
| FREESTYLE LIBRE 3 READER DEVICE                                                                                                                                                                                                                                                                                  | Preferred     | QL                               |
| FREESTYLE LIBRE 3 SENSOR                                                                                                                                                                                                                                                                                         | Preferred     | QL                               |
| FREESTYLE LITE DEVICE                                                                                                                                                                                                                                                                                            | Non-Preferred | PA; OTC; QL                      |
| FREESTYLE LITE KIT                                                                                                                                                                                                                                                                                               | Non-Preferred | PA; OTC; QL                      |
| global alcohol prep ease pad                                                                                                                                                                                                                                                                                     | Formulary     | OTC; QL                          |
| global ease inject pen needles 32g x 4 mm                                                                                                                                                                                                                                                                        | Formulary     | OTC                              |
| global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml                                                                                                                                                                                                                        | Formulary     | OTC                              |
| global inject ease insulin syr 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" 0.3 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml                                                                                                                                                      | Formulary     | OTC                              |
| global insulin syringes 30g x 5/16" 0.3 ml                                                                                                                                                                                                                                                                       | Formulary     | OTC                              |
| GLUCOCARD EXPRESSION MONITOR KIT                                                                                                                                                                                                                                                                                 | Non-Preferred | PA; OTC; QL                      |
| GLUCOCARD SHINE DEVICE                                                                                                                                                                                                                                                                                           | Non-Preferred | PA; OTC; QL                      |
| GLUCOCARD SHINE KIT                                                                                                                                                                                                                                                                                              | Non-Preferred | PA; OTC; QL                      |
| GLUCOCARD SHINE XL DEVICE                                                                                                                                                                                                                                                                                        | Non-Preferred | PA; OTC; QL                      |
| gnp clickfine pen needles 31g x 6 mm                                                                                                                                                                                                                                                                             | Formulary     | OTC                              |
| gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml                                                                                                                                                                                                                   | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| gnp ulticare pen needles 31g x 5 mm                                                                                                                                                                       | Formulary     | OTC                              |
| gnp ultra com insulin syringe 28g x 1/2" 1 ml                                                                                                                                                             | Formulary     | OTC                              |
| goodsense clickfine pen needle                                                                                                                                                                            | Formulary     | OTC                              |
| h-e-b incontrol alcohol pad                                                                                                                                                                               | Formulary     | OTC; QL                          |
| h-e-b incontrol pen needles                                                                                                                                                                               | Formulary     | OTC                              |
| IN-CHECK INSPIRATORY FLOW MTR DEVICE                                                                                                                                                                      | Formulary     | QL                               |
| insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml                                                                                              | Formulary     | OTC                              |
| insulin syringe-needle u-100 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml                                                                                                    | Formulary     |                                  |
| insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml                                                                                                                        | Formulary     | OTC                              |
| insupen pen needles 29g x 12mm , 31g x 5 mm , 32g x 4 mm , 33g x 4 mm                                                                                                                                     | Formulary     | OTC                              |
| INSUPEN SENSITIVE                                                                                                                                                                                         | Formulary     | OTC                              |
| INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM                                                                                                                                                     | Formulary     | OTC                              |
| kmart valu insulin syringe 29g u-100 0.5 ml                                                                                                                                                               | Formulary     | OTC                              |
| leader insulin syringe 30g x 5/16" 0.5 ml                                                                                                                                                                 | Formulary     | OTC                              |
| LITETOUCH INSULIN SYRINGE                                                                                                                                                                                 | Formulary     | OTC                              |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM                                                                                                                                 | Formulary     | OTC                              |
| longs insulin syringe 31g x 5/16" 0.5 ml                                                                                                                                                                  | Formulary     | OTC                              |
| MAGELLAN INSULIN SAFETY SYR                                                                                                                                                                               | Formulary     |                                  |
| MAXI-COMFORT INSULIN SYRINGE                                                                                                                                                                              | Formulary     | OTC                              |
| MAXI-COMFORT SAFETY PEN NEEDLE                                                                                                                                                                            | Formulary     | OTC                              |
| MICROCHAMBER                                                                                                                                                                                              | Formulary     | QL                               |
| MICROCHAMBER DEVICE                                                                                                                                                                                       | Formulary     | QL                               |
| MICRODOT PEN NEEDLE                                                                                                                                                                                       | Formulary     | OTC                              |
| MICROLET NEXT LANCING DEVICE                                                                                                                                                                              | Formulary     | OTC                              |
| MICROSPACER                                                                                                                                                                                               | Formulary     | QL                               |
| MINIMED 630G GUARDIAN PRESS                                                                                                                                                                               | Formulary     | PA                               |
| mm insulin syringe/needle 30g x 5/16" 0.5 ml                                                                                                                                                              | Formulary     | OTC                              |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML                                                                                                                                                | Formulary     | OTC                              |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML | Formulary     |                                  |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML                                                                                                 | Formulary     |                                  |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 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                                                                              | Formulary     | OTC                              |
| NOVOFINE 32G X 6 MM                                                                                                                                                                                       | Formulary     | OTC                              |
| NOVOFINE AUTOCOVER PEN NEEDLE                                                                                                                                                                             | Formulary     | OTC                              |
| NOVOFINE PEN NEEDLE                                                                                                                                                                                       | Formulary     | OTC                              |
| NOVOFINE PLUS                                                                                                                                                                                             | Formulary     | OTC                              |
| NOVOFINE PLUS PEN NEEDLE                                                                                                                                                                                  | Formulary     | OTC                              |
| NOVOTWIST 32G X 5 MM                                                                                                                                                                                      | Formulary     | OTC                              |
| ONETOUCH ULTRA 2 KIT                                                                                                                                                                                      | Non-Preferred | PA; OTC; QL                      |
| ONETOUCH VERIO FLEX SYSTEM KIT                                                                                                                                                                            | Non-Preferred | PA; OTC; QL                      |
| OPTICHAMBER DIAMOND                                                                                                                                                                                       | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                                                                                              | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| OPTICHAMBER DIAMOND-LG MASK DEVICE                                                                                                                                                                                                                                                | Formulary     | QL                               |
| OPTICHAMBER DIAMOND-MD MASK                                                                                                                                                                                                                                                       | Formulary     | QL                               |
| OPTICHAMBER DIAMOND-SM MASK                                                                                                                                                                                                                                                       | Formulary     | QL                               |
| pen needles 32g x 5 mm                                                                                                                                                                                                                                                            | Formulary     | OTC                              |
| pen needles 5/16" 31g x 8 mm                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM                                                                                                                                                                                                                         | Formulary     |                                  |
| PENTIPS 31G X 6 MM                                                                                                                                                                                                                                                                | Formulary     | OTC                              |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM                                                                                                                                                                                        | Formulary     | OTC                              |
| POCKET CHAMBER DEVICE                                                                                                                                                                                                                                                             | Formulary     | QL                               |
| PRECISION XTRA-GLUCOSE/KETONE DEVICE                                                                                                                                                                                                                                              | Non-Preferred | PA; OTC; QL                      |
| preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml                                                                                                                                                                                                                 | Formulary     | OTC                              |
| pro comfort alcohol pad                                                                                                                                                                                                                                                           | Formulary     | OTC; QL                          |
| PRO COMFORT INSULIN SYRINGE                                                                                                                                                                                                                                                       | Formulary     | OTC                              |
| pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm                                                                                                                                                                                                                      | Formulary     |                                  |
| pro comfort pen needles 32g x 6 mm , 32g x 8 mm                                                                                                                                                                                                                                   | Formulary     | OTC                              |
| prochamber vhc device                                                                                                                                                                                                                                                             | Formulary     | QL                               |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE                                                                                                                                                                                                                                             | Non-Preferred | PA; OTC; QL                      |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT                                                                                                                                                                                                                                                | Non-Preferred | PA; OTC; QL                      |
| PRODIGY INSULIN SYRINGE                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| PRODIGY POCKET BLOOD GLUCOSE KIT                                                                                                                                                                                                                                                  | Non-Preferred | PA; OTC; QL                      |
| PRODIGY VOICE BLOOD GLUCOSE KIT                                                                                                                                                                                                                                                   | Non-Preferred | PA; OTC; QL                      |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML                                                                                                                                                                                                | Formulary     | OTC                              |
| RELION MINI PEN NEEDLES                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| RELION PEN NEEDLES 32G X 4 MM                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| SIDESTREAM PEDIATRIC FACE MASK                                                                                                                                                                                                                                                    | Formulary     | QL                               |
| silicone mask/pediatric                                                                                                                                                                                                                                                           | Formulary     | QL                               |
| sm gauze pad 2"x2"                                                                                                                                                                                                                                                                | Formulary     | OTC                              |
| sterile gauze pad 2"x2"                                                                                                                                                                                                                                                           | Formulary     | OTC                              |
| sure comfort alcohol prep pad                                                                                                                                                                                                                                                     | Formulary     | OTC; QL                          |
| sure comfort insulin syringe                                                                                                                                                                                                                                                      | Formulary     | OTC                              |
| sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 6 mm                                                                                                                                                                                         | Formulary     | OTC                              |
| sure comfort pen needles 32g x 4 mm                                                                                                                                                                                                                                               | Formulary     |                                  |
| techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 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 | Formulary     | OTC                              |
| TECHLITE PEN NEEDLES                                                                                                                                                                                                                                                              | Formulary     | OTC                              |
| TECHLITE PLUS PEN NEEDLES                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| todays health pen needles                                                                                                                                                                                                                                                         | Formulary     | OTC                              |
| topcare clickfine pen needles                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| topcare ultra comfort ins syr                                                                                                                                                                                                                                                     | Formulary     | OTC                              |
| true comfort alcohol prep pads pad                                                                                                                                                                                                                                                | Formulary     | OTC; QL                          |
| true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml                                                                                                                                                                                                                 | Formulary     | OTC                              |
| true comfort pen needles                                                                                                                                                                                                                                                          | Formulary     | OTC                              |
| TRUE METRIX AIR GLUCOSE METER KIT                                                                                                                                                                                                                                                 | Non-Preferred | PA; OTC; QL                      |
| TRUE METRIX METER DEVICE                                                                                                                                                                                                                                                          | Non-Preferred | PA; OTC; QL                      |
| TRUE METRIX METER KIT                                                                                                                                                                                                                                                             | Non-Preferred | PA; OTC; QL                      |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                                                                 | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM                                                                                                                                                                                                              | Formulary     | OTC                              |
| TRUEPLUS INSULIN SYRINGE                                                                                                                                                                                                                             | Formulary     | OTC                              |
| ULTICARE INSULIN SYR 1/2 UNIT                                                                                                                                                                                                                        | Formulary     | OTC                              |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 1 ML | Formulary     | OTC                              |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML                                                                                                                                                                  | Formulary     |                                  |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 32G X 4 MM                                                                                                                                                                                                   | Formulary     | OTC                              |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM                                                                                                                                                                                                                 | Formulary     | OTC                              |
| ULTICARE PEN NEEDLES 29G X 12.7MM                                                                                                                                                                                                                    | Formulary     |                                  |
| ULTICARE PEN NEEDLES 31G X 5 MM                                                                                                                                                                                                                      | Formulary     | OTC                              |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM                                                                                                                                                                                                                | Formulary     |                                  |
| ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM                                                                                                                                                                                                              | Formulary     | OTC                              |
| ultilet alcohol swabs pad                                                                                                                                                                                                                            | Formulary     | OTC; QL                          |
| ULTILET PEN NEEDLE 32G X 4 MM                                                                                                                                                                                                                        | Formulary     | OTC                              |
| ultracare insulin syringe                                                                                                                                                                                                                            | Formulary     | OTC                              |
| ultracare pen needles                                                                                                                                                                                                                                | Formulary     | OTC                              |
| ULTRA-THIN II INS SYR SHORT                                                                                                                                                                                                                          | Formulary     | OTC                              |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML                                                                                                                                                                                     | Formulary     | OTC                              |
| ULTRA-THIN II MINI PEN NEEDLE                                                                                                                                                                                                                        | Formulary     | OTC                              |
| ULTRA-THIN II PEN NEEDLE SHORT                                                                                                                                                                                                                       | Formulary     | OTC                              |
| ULTRA-THIN II PEN NEEDLES                                                                                                                                                                                                                            | Formulary     | OTC                              |
| UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM                                                                                                                                                                       | Formulary     | OTC                              |
| UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM                                                                                                                                                     | Formulary     | OTC                              |
| valved holding chamber device                                                                                                                                                                                                                        | Formulary     | QL                               |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML                                                                                                                                                                                       | Formulary     | OTC                              |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE                                                                                                                                                                                                                  | Formulary     | QL                               |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE                                                                                                                                                                                                                | Formulary     | QL                               |
| VORTEX VALVED HOLDING CHAMBER DEVICE                                                                                                                                                                                                                 | Formulary     | QL                               |
| WEBCOL ALCOHOL PREP LARGE PAD                                                                                                                                                                                                                        | Formulary     | OTC; QL                          |
| <b>Diagnostic Agents</b>                                                                                                                                                                                                                             |               |                                  |
| <b>Cardiac Function</b>                                                                                                                                                                                                                              |               |                                  |
| aspirin-dipyridamole er oral capsule extended release 12 hour                                                                                                                                                                                        | Non-Preferred | PA                               |
| dipyridamole oral tablet                                                                                                                                                                                                                             | Preferred     |                                  |
| <b>Diabetes Mellitus</b>                                                                                                                                                                                                                             |               |                                  |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP                                                                                                                                                                                                                  | Preferred     | OTC; QL                          |
| ACCU-CHEK GUIDE IN VITRO STRIP                                                                                                                                                                                                                       | Preferred     | OTC; QL                          |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP                                                                                                                                                                                                                  | Preferred     | OTC; QL                          |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP                                                                                                                                                                                                                   | Preferred     | OTC; QL                          |
| AGAMATRIX PRESTO TEST IN VITRO STRIP                                                                                                                                                                                                                 | Non-Preferred | PA; OTC; QL                      |
| CONTOUR NEXT TEST IN VITRO STRIP                                                                                                                                                                                                                     | Preferred     | OTC; QL                          |
| CONTOUR TEST IN VITRO STRIP                                                                                                                                                                                                                          | Preferred     | OTC; QL                          |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP                                                                                                                                                                                                           | Non-Preferred | PA; OTC; QL                      |
| FREESTYLE INSULINX TEST IN VITRO STRIP                                                                                                                                                                                                               | Non-Preferred | PA; OTC; QL                      |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                               | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------|---------------|----------------------------------|
| FREESTYLE LITE TEST IN VITRO STRIP                                                 | Non-Preferred | PA; OTC; QL                      |
| FREESTYLE TEST IN VITRO STRIP                                                      | Non-Preferred | PA; OTC; QL                      |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP                                           | Non-Preferred | PA; OTC; QL                      |
| GLUCOCARD SHINE TEST IN VITRO STRIP                                                | Non-Preferred | PA; OTC; QL                      |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP                                            | Non-Preferred | PA; OTC; QL                      |
| ONETOUCH ULTRA IN VITRO STRIP                                                      | Non-Preferred | PA; OTC; QL                      |
| ONETOUCH ULTRA TEST IN VITRO STRIP                                                 | Non-Preferred | PA; OTC; QL                      |
| ONETOUCH VERIO IN VITRO STRIP                                                      | Non-Preferred | PA; OTC; QL                      |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP                                        | Non-Preferred | PA; OTC; QL                      |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP                                        | Non-Preferred | PA; OTC; QL                      |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP                                      | Non-Preferred | PA; OTC; QL                      |
| <b>Ketones</b>                                                                     |               |                                  |
| CHEMSTRIP K IN VITRO STRIP                                                         | Formulary     | OTC; QL                          |
| ketone test in vitro strip                                                         | Formulary     | OTC; QL                          |
| KETOSTIX IN VITRO STRIP                                                            | Formulary     | OTC; QL                          |
| RELION KETONE TEST IN VITRO STRIP                                                  | Formulary     | OTC; QL                          |
| <b>Sugar</b>                                                                       |               |                                  |
| DIASTIX IN VITRO STRIP                                                             | Formulary     | OTC                              |
| <b>Urine And Feces Contents</b>                                                    |               |                                  |
| CHEMSTRIP 10 MD IN VITRO STRIP                                                     | Formulary     | OTC                              |
| CHEMSTRIP 10/SG IN VITRO STRIP                                                     | Formulary     | OTC                              |
| CHEMSTRIP 2 GP IN VITRO STRIP                                                      | Formulary     | OTC                              |
| CHEMSTRIP 5 OB IN VITRO STRIP                                                      | Formulary     | OTC                              |
| CHEMSTRIP 7 IN VITRO STRIP                                                         | Formulary     | OTC                              |
| CHEMSTRIP 9 IN VITRO STRIP                                                         | Formulary     | OTC                              |
| CHEMSTRIP UGK IN VITRO STRIP                                                       | Formulary     | OTC                              |
| CVS KETONE CARE IN VITRO STRIP                                                     | Formulary     | OTC                              |
| KETO-DIASTIX IN VITRO STRIP                                                        | Formulary     | OTC                              |
| <b>Electrolytic, Caloric, And Water Balance</b>                                    |               |                                  |
| <b>Alkalinizing Agents</b>                                                         |               |                                  |
| potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg) | Formulary     | 90 Day Supply                    |
| <b>Ammonia Detoxicants</b>                                                         |               |                                  |
| constulose oral solution                                                           | Formulary     | 90 Day Supply                    |
| enulose oral solution                                                              | Formulary     | 90 Day Supply                    |
| generlac oral solution                                                             | Formulary     | 90 Day Supply                    |
| lactulose encephalopathy oral solution 10 gm/15ml                                  | Formulary     | 90 Day Supply                    |
| lactulose oral solution                                                            | Formulary     | 90 Day Supply                    |
| <b>Caloric Agents</b>                                                              |               |                                  |
| DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG                                                | Formulary     | OTC; QL                          |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE                                               | Formulary     | OTC; QL                          |
| l-carnitine oral capsule 500 mg                                                    | Formulary     | OTC                              |
| l-carnitine oral tablet 500 mg                                                     | Formulary     | OTC                              |
| levocarnitine (dietary) oral tablet                                                | Formulary     | 90 Day Supply; OTC               |
| MULTIGEN FOLIC ORAL TABLET                                                         | Formulary     |                                  |
| MULTIGEN ORAL TABLET                                                               | Formulary     |                                  |
| MULTIGEN PLUS ORAL TABLET                                                          | Formulary     |                                  |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE                                              | Formulary     | OTC; QL                          |
| TYR COOLER ORAL LIQUID                                                             | Formulary     | OTC                              |
| <b>Carbonic Anhydrase Inhibitors (40:28)</b>                                       |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| acetazolamide er oral capsule extended release 12 hour               | Formulary     | QL                               |
| acetazolamide oral tablet                                            | Formulary     |                                  |
| <b>Diuretics, Miscellaneous</b>                                      |               |                                  |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Formulary     |                                  |
| theophylline er oral tablet extended release 12 hour 300 mg          | Formulary     |                                  |
| theophylline er oral tablet extended release 24 hour                 | Formulary     |                                  |
| <b>Loop Diuretics (40:28)</b>                                        |               |                                  |
| bumetanide oral tablet                                               | Formulary     | 90 Day Supply                    |
| furosemide oral solution 10 mg/ml                                    | Formulary     | 90 Day Supply                    |
| furosemide oral solution 8 mg/ml                                     | Formulary     |                                  |
| furosemide oral tablet                                               | Formulary     | 90 Day Supply                    |
| toremide oral tablet                                                 | Formulary     | 90 Day Supply                    |
| <b>Osmotic Diuretics (40:28)</b>                                     |               |                                  |
| urea external cream 40 %                                             | Formulary     |                                  |
| <b>Phosphate-Removing Agents</b>                                     |               |                                  |
| AURYXIA ORAL TABLET                                                  | Non-Preferred | PA                               |
| calcium acetate (phos binder) oral capsule                           | Preferred     | 90 Day Supply                    |
| calcium acetate (phos binder) oral tablet                            | Preferred     |                                  |
| calcium acetate oral tablet 667 mg                                   | Preferred     |                                  |
| FOSRENOL ORAL PACKET                                                 | Non-Preferred | PA                               |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG                | Non-Preferred | PA                               |
| lanthanum carbonate oral tablet chewable                             | Non-Preferred | PA                               |
| REVELA ORAL PACKET                                                   | Non-Preferred | PA; QL                           |
| REVELA ORAL TABLET                                                   | Non-Preferred | PA; QL                           |
| sevelamer carbonate oral packet                                      | Preferred     | 90 Day Supply                    |
| sevelamer carbonate oral tablet                                      | Preferred     | 90 Day Supply                    |
| sevelamer hcl oral tablet                                            | Non-Preferred | PA                               |
| VELPHORO ORAL TABLET CHEWABLE                                        | Non-Preferred | PA                               |
| XPHOZAH ORAL TABLET                                                  | Non-Preferred | PA                               |
| <b>Potassium-Removing Agents</b>                                     |               |                                  |
| LOKELMA ORAL PACKET                                                  | Formulary     | PA                               |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION                 | Formulary     |                                  |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION                      | Formulary     |                                  |
| SPS ORAL SUSPENSION                                                  | Formulary     |                                  |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM                        | Formulary     | PA                               |
| XPHOZAH ORAL TABLET 30 MG                                            | Non-Preferred | PA                               |
| <b>Potassium-Sparing Diuretics (40:28)</b>                           |               |                                  |
| amiloride hcl oral tablet                                            | Formulary     | 90 Day Supply                    |
| amiloride-hydrochlorothiazide oral tablet                            | Formulary     | 90 Day Supply                    |
| DYRENIUM ORAL CAPSULE                                                | Formulary     |                                  |
| eplerenone oral tablet                                               | Formulary     |                                  |
| spironolactone oral tablet                                           | Formulary     | 90 Day Supply                    |
| spironolactone-hctz oral tablet                                      | Formulary     | 90 Day Supply                    |
| triamterene oral capsule                                             | Formulary     |                                  |
| triamterene-hctz oral capsule 37.5-25 mg                             | Formulary     | 90 Day Supply                    |
| triamterene-hctz oral tablet                                         | Formulary     | 90 Day Supply                    |
| <b>Replacement Preparations</b>                                      |               |                                  |
| 50+ adult eye health oral capsule                                    | Formulary     | OTC                              |
| a thru z advanced oral tablet                                        | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                        | Tier      | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| a thru z high potency oral tablet                                           | Formulary | OTC                              |
| a thru z select 50+ mens oral tablet                                        | Formulary | OTC                              |
| a thru z select advanced oral tablet                                        | Formulary | OTC                              |
| a thru z select oral tablet                                                 | Formulary | OTC                              |
| a thru z select ultimate women oral tablet                                  | Formulary | OTC                              |
| a thru z ultimate mens oral tablet                                          | Formulary | OTC                              |
| antioxidant a/c/e/selenium oral tablet                                      | Formulary | OTC                              |
| BPROTECTED MULTI-VITE ORAL LIQUID                                           | Formulary | OTC                              |
| cal-citrate plus vitamin d oral tablet                                      | Formulary | OTC                              |
| calcium + d3 oral tablet 250-3 mg-mcg                                       | Formulary | OTC                              |
| calcium 1000 + d oral tablet                                                | Formulary | OTC                              |
| calcium 500 + d oral tablet 500-125 mg-unit, 500-3.125 mg-mcg, 500-5 mg-mcg | Formulary | OTC                              |
| calcium 500/vitamin d oral tablet 500-3.125 mg-mcg                          | Formulary | OTC                              |
| calcium 500+d high potency oral tablet                                      | Formulary | OTC                              |
| calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg                     | Formulary | OTC                              |
| calcium 600 + d oral tablet                                                 | Formulary | OTC                              |
| calcium 600/vitamin d oral tablet chewable                                  | Formulary | OTC                              |
| calcium 600+d oral tablet 600-5 mg-mcg                                      | Formulary | OTC                              |
| calcium acetate (phos binder) oral capsule                                  | Preferred | 90 Day Supply                    |
| calcium acetate (phos binder) oral tablet                                   | Preferred |                                  |
| calcium acetate oral tablet 667 mg                                          | Preferred |                                  |
| calcium acetate oral tablet 668 (169 ca) mg                                 | Preferred | OTC                              |
| calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg    | Formulary | OTC                              |
| calcium carbonate oral tablet chewable 1250 (500 ca) mg                     | Formulary | OTC                              |
| calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg | Formulary | OTC                              |
| calcium citrate oral tablet 250 mg, 950 (200 ca) mg                         | Formulary | OTC                              |
| calcium citrate+d3 petites oral tablet                                      | Formulary | OTC                              |
| calcium citrate-vitamin d oral tablet 315-5 mg-mcg                          | Formulary | OTC                              |
| calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg                | Formulary | OTC                              |
| calcium plus vitamin d3 oral tablet                                         | Formulary | OTC                              |
| calcium/c/d oral tablet chewable                                            | Formulary | OTC                              |
| calcium-vitamin d oral tablet 600-400 mg-unit                               | Formulary | OTC                              |
| calcium-vitamin d3 oral tablet 250-125 mg-unit                              | Formulary | OTC                              |
| centravites 50 plus oral tablet                                             | Formulary | OTC                              |
| centravites adults oral tablet                                              | Formulary | OTC                              |
| centravites oral tablet                                                     | Formulary | OTC                              |
| CENTRUM ADULTS ORAL TABLET                                                  | Formulary | OTC                              |
| CENTRUM SILVER ORAL TABLET                                                  | Formulary | OTC                              |
| CENTRUM ULTRA WOMENS ORAL TABLET                                            | Formulary | OTC                              |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET                                          | Formulary | OTC                              |
| CITRACAL MAXIMUM PLUS ORAL TABLET                                           | Formulary | OTC                              |
| citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg       | Formulary | OTC                              |
| companion oral tablet                                                       | Formulary | OTC                              |
| complete multivitamin/mineral oral liquid                                   | Formulary | OTC                              |
| cvs calcium 600 + d/minerals oral tablet chewable                           | Formulary | OTC                              |
| cvs daily multiple for men oral tablet                                      | Formulary | OTC                              |
| cvs daily multiple women 50+ oral tablet                                    | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                 | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| cvs gummy dinos oral tablet chewable                 | Formulary | OTC                              |
| cvs one daily essential oral tablet                  | Formulary | OTC                              |
| cvs prenatal gummy oral tablet chewable 0.4-113.5 mg | Formulary | OTC                              |
| cvs spectravite adult 50+ oral tablet                | Formulary | OTC                              |
| cvs spectravite advanced oral tablet                 | Formulary | OTC                              |
| cvs spectravite senior oral tablet                   | Formulary | OTC                              |
| cvs spectravite ultra men 50+ oral tablet            | Formulary | OTC                              |
| cvs spectravite ultra mens oral tablet               | Formulary | OTC                              |
| cvs spectravite ultra women oral tablet              | Formulary | OTC                              |
| cvs spectravite womens senior oral tablet            | Formulary | OTC                              |
| cvs womens active daily oral tablet                  | Formulary | OTC                              |
| cvs womens prenatal+dha oral                         | Formulary | OTC                              |
| diabetes health formula oral tablet                  | Formulary | OTC                              |
| dialyvite 800/ultra d oral tablet                    | Formulary | OTC                              |
| eq calcium 500+d oral tablet                         | Formulary | OTC                              |
| eq complete multivit adult 50+ oral tablet           | Formulary | OTC                              |
| eq1 one daily mens health oral tablet                | Formulary | OTC                              |
| eq1 one daily womens 50+ adv oral tablet             | Formulary | OTC                              |
| eq1 vision formula oral tablet                       | Formulary | OTC                              |
| ESSENTIA ORAL TABLET                                 | Formulary | OTC                              |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE            | Formulary | OTC                              |
| FLINTSTONES GUMMIES ORAL TABLET CHEWABLE             | Formulary | OTC                              |
| FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE        | Formulary | OTC                              |
| FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE    | Formulary | OTC                              |
| FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE        | Formulary | OTC                              |
| glucoten oral capsule                                | Formulary | OTC                              |
| gnp calcium 500 +d3 oral tablet                      | Formulary | OTC                              |
| gnp hair/skin/nails oral tablet                      | Formulary | OTC                              |
| gnp mega multi for women oral tablet                 | Formulary | OTC                              |
| gnp one daily mens health 50+ oral tablet            | Formulary | OTC                              |
| gnp one daily mens/lycopene oral tablet              | Formulary | OTC                              |
| gnp one daily womens health oral tablet              | Formulary | OTC                              |
| gnp one daily womens oral tablet                     | Formulary | OTC                              |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE     | Formulary | OTC                              |
| hair/skin/nails oral capsule                         | Formulary | OTC                              |
| healthy eyes oral tablet                             | Formulary | OTC                              |
| hm complete men oral tablet                          | Formulary | OTC                              |
| hm complete women oral tablet                        | Formulary | OTC                              |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE                  | Formulary | OTC                              |
| ICAPS ORAL CAPSULE                                   | Formulary | OTC                              |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE            | Formulary |                                  |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE            | Formulary |                                  |
| kp adults 50+ daily formula oral tablet              | Formulary | OTC                              |
| kp mag-oxide magnesium oral tablet                   | Formulary | OTC                              |
| kp mens daily formula oral tablet                    | Formulary | OTC                              |
| KP VISION FORMULA/LUTEIN ORAL TABLET                 | Formulary | OTC                              |
| kp womens 50+ daily formula oral tablet              | Formulary | OTC                              |
| kp womens daily formula oral tablet                  | Formulary | OTC                              |
| K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET             | Formulary | OTC                              |
| kpn prenatal oral tablet                             | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                | Tier      | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------|-----------|----------------------------------|
| LYSIPLEX PLUS ORAL LIQUID                                                           | Formulary | OTC                              |
| MACUVITE/LUTEIN ORAL TABLET                                                         | Formulary | OTC                              |
| mag-g oral tablet                                                                   | Formulary | OTC                              |
| magnesium gluconate oral tablet 27.5 mg                                             | Formulary | OTC                              |
| magnesium lactate oral tablet extended release                                      | Formulary | OTC                              |
| magnesium oral capsule 300 mg                                                       | Formulary | OTC                              |
| magnesium oral tablet 400 mg                                                        | Formulary | OTC                              |
| magnesium oxide -mg supplement oral tablet 250 mg, 500 mg                           | Formulary | OTC                              |
| MAGNESIUM-OXIDE ORAL TABLET                                                         | Formulary | OTC                              |
| mgo oral tablet                                                                     | Formulary | OTC                              |
| multi complete/iron oral tablet                                                     | Formulary | OTC                              |
| multi for her 50+ oral tablet                                                       | Formulary | OTC                              |
| multi for him 50+ oral tablet                                                       | Formulary | OTC                              |
| MULTI FOR HIM ORAL TABLET                                                           | Formulary | OTC                              |
| multiple vit/minerals/no iron oral tablet                                           | Formulary | OTC                              |
| multiple vitamins/womens oral tablet                                                | Formulary | OTC                              |
| multiple vitamins-minerals oral liquid                                              | Formulary | OTC                              |
| multivitamin & mineral oral liquid                                                  | Formulary | OTC                              |
| multivitamin men 50+ oral tablet                                                    | Formulary | OTC                              |
| multivitamin men oral tablet                                                        | Formulary | OTC                              |
| multivitamin oral liquid                                                            | Formulary | OTC                              |
| multivitamin women 50+ oral tablet                                                  | Formulary | OTC                              |
| multivitamin women oral tablet                                                      | Formulary | OTC                              |
| multi-vitamin/minerals oral tablet                                                  | Formulary | OTC                              |
| ocutabs-lutein oral tablet                                                          | Formulary | OTC                              |
| OCUVITE-LUTEIN ORAL CAPSULE                                                         | Formulary | OTC                              |
| OCUVITE-LUTEIN ORAL TABLET                                                          | Formulary | OTC                              |
| ONCOVITE ORAL TABLET                                                                | Formulary | OTC                              |
| one daily calcium/iron oral tablet                                                  | Formulary | OTC                              |
| one daily for men 50+ advanced oral tablet                                          | Formulary | OTC                              |
| one daily for men/lycopene oral tablet                                              | Formulary | OTC                              |
| one daily for women oral tablet                                                     | Formulary | OTC                              |
| one daily maximum oral tablet                                                       | Formulary | OTC                              |
| one daily womens 50 plus oral tablet                                                | Formulary | OTC                              |
| one daily/minerals oral tablet                                                      | Formulary | OTC                              |
| ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET                                             | Formulary | OTC                              |
| ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET                                            | Formulary | OTC                              |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET                                            | Formulary | OTC                              |
| ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET                                            | Formulary | OTC                              |
| ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET                                           | Formulary | OTC                              |
| ONE-A-DAY WOMENS PETITES ORAL TABLET                                                | Formulary | OTC                              |
| ORALYTE ORAL SOLUTION                                                               | Formulary | OTC                              |
| OS-CAL CALCIUM + D3 ORAL TABLET                                                     | Formulary | OTC                              |
| OYSCO 500+D ORAL TABLET                                                             | Formulary | OTC                              |
| oyster shell calcium 250+d oral tablet 250-125 mg-unit                              | Formulary | OTC                              |
| oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit                     | Formulary | OTC                              |
| oyster shell calcium oral tablet 500 mg                                             | Formulary | OTC                              |
| oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-400 mg-unit | Formulary | OTC                              |
| oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg                         | Formulary | OTC                              |

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## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                   | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT                                | Formulary | OTC                              |
| pediatric electrolyte oral solution                                    | Formulary | OTC                              |
| potassium chloride crys er oral tablet extended release 10 meq, 20 meq | Formulary | 90 Day Supply                    |
| potassium chloride er oral capsule extended release 10 meq             | Formulary | 90 Day Supply                    |
| potassium chloride er oral tablet extended release 10 meq, 8 meq       | Formulary | 90 Day Supply                    |
| potassium chloride er oral tablet extended release 20 meq              | Preferred | 90 Day Supply                    |
| potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)  | Formulary | 90 Day Supply                    |
| prenatal (w/iron & fa) oral tablet                                     | Formulary | OTC                              |
| prenatal gummies/dha & fa oral tablet chewable                         | Formulary | OTC                              |
| prenatal multi +dha oral capsule 27-0.8-250 mg                         | Formulary | OTC                              |
| PRENATAL MULTIVITAMIN + DHA ORAL                                       | Formulary | OTC                              |
| prenatal/iron oral tablet                                              | Formulary | OTC                              |
| PRESERVISION/LUTEIN ORAL CAPSULE                                       | Formulary | OTC                              |
| PRORENAL + D ORAL TABLET                                               | Formulary | OTC                              |
| PRORENAL + D W/ OMEGA-3 ORAL CAPSULE                                   | Formulary | OTC                              |
| px complete senior multivits oral tablet                               | Formulary | OTC                              |
| px mens multivitamins oral tablet                                      | Formulary | OTC                              |
| qc daily multivit/multimineral oral tablet                             | Formulary | OTC                              |
| quin b strong oral tablet                                              | Formulary | OTC                              |
| quintabs-m oral tablet                                                 | Formulary | OTC                              |
| RA CENTRAL-VITE ORAL TABLET                                            | Formulary | OTC                              |
| ra central-vite womens mature oral tablet                              | Formulary | OTC                              |
| selenium oral tablet 50 mcg                                            | Formulary | OTC                              |
| senior tabs oral tablet                                                | Formulary | OTC                              |
| senry oral tablet                                                      | Formulary | OTC                              |
| senry senior oral tablet                                               | Formulary | OTC                              |
| sm antioxidant vitamins oral tablet                                    | Formulary | OTC                              |
| sm calcium 500/vitamin d3 oral tablet                                  | Formulary | OTC                              |
| sm calcium/vitamin d oral tablet 500-200 mg-unit, 500-5 mg-mcg         | Formulary | OTC                              |
| sm calcium-vitamin d oral tablet 600-10 mg-mcg                         | Formulary | OTC                              |
| sm complete 50+ oral tablet                                            | Formulary | OTC                              |
| sm complete 50+ ultimate mens oral tablet                              | Formulary | OTC                              |
| sm complete 50+ ultimate women oral tablet                             | Formulary | OTC                              |
| sm complete advanced formula oral tablet                               | Formulary | OTC                              |
| sm complete oral tablet                                                | Formulary | OTC                              |
| sm complete senior formula oral tablet                                 | Formulary | OTC                              |
| sm magnesium oxide oral tablet                                         | Formulary | OTC                              |
| sm one daily essential oral tablet                                     | Formulary | OTC                              |
| sm one daily mens oral tablet                                          | Formulary | OTC                              |
| sm one daily womens oral tablet                                        | Formulary | OTC                              |
| sm opti-vitamins oral tablet                                           | Formulary | OTC                              |
| sodium chloride oral tablet                                            | Formulary | OTC                              |
| stress b complex/antioxid/zinc oral tablet                             | Formulary | OTC                              |
| stress b/zinc oral tablet                                              | Formulary | OTC                              |
| stress b-complex/vit c/zinc oral tablet                                | Formulary | OTC                              |
| super antioxidant oral capsule                                         | Formulary | OTC                              |
| super multiple oral tablet                                             | Formulary | OTC                              |
| super thera vite m oral tablet                                         | Formulary | OTC                              |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| support oral liquid                                       | Formulary     |                                  |
| THERA M PLUS ORAL TABLET                                  | Formulary     | OTC                              |
| THERAGRAN-M PREMIER 50 PLUS ORAL TABLET                   | Formulary     | OTC                              |
| thera-m oral tablet                                       | Formulary     | OTC                              |
| therapeutic-m oral tablet                                 | Formulary     | OTC                              |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET                    | Formulary     | OTC                              |
| THERATRUM COMPLETE ORAL TABLET                            | Formulary     | OTC                              |
| v-c forte oral capsule                                    | Formulary     |                                  |
| VIC-FORTE ORAL CAPSULE                                    | Formulary     |                                  |
| vision vitamins oral tablet                               | Formulary     | OTC                              |
| VITALET'S CHILDRENS ORAL TABLET CHEWABLE                  | Formulary     | OTC                              |
| vitamin d3 complete oral tablet                           | Formulary     | OTC                              |
| vitamins a-d-e/selenium oral tablet                       | Formulary     | OTC                              |
| VITRUM SENIOR ORAL TABLET                                 | Formulary     | OTC                              |
| womens daily form/fa/ca/fe oral tablet                    | Formulary     | OTC                              |
| YELET'S TEENAGE FORMULA ORAL TABLET                       | Formulary     | OTC                              |
| zinc gluconate oral tablet 100 mg, 50 mg                  | Formulary     | OTC                              |
| zinc oral tablet 30 mg                                    | Formulary     | OTC                              |
| zinc sulfate oral capsule 220 (50 zn) mg                  | Formulary     | OTC                              |
| <b>Thiazide Diuretics (40:28)</b>                         |               |                                  |
| amiloride-hydrochlorothiazide oral tablet                 | Formulary     | 90 Day Supply                    |
| amlodipine-valsartan-hctz oral tablet                     | Preferred     |                                  |
| ATACAND HCT ORAL TABLET                                   | Non-Preferred | PA                               |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG              | Non-Preferred | PA                               |
| benazepril-hydrochlorothiazide oral tablet                | Preferred     | 90 Day Supply; QL                |
| BENICAR HCT ORAL TABLET                                   | Non-Preferred | PA                               |
| bisoprolol-hydrochlorothiazide oral tablet                | Preferred     | 90 Day Supply; QL                |
| candesartan cilexetil-hctz oral tablet                    | Non-Preferred | PA                               |
| captopril-hydrochlorothiazide oral tablet                 | Preferred     | 90 Day Supply                    |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG            | Non-Preferred | PA                               |
| DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG  | Non-Preferred | PA; QL                           |
| EDARBYCLOR ORAL TABLET                                    | Non-Preferred | PA                               |
| enalapril-hydrochlorothiazide oral tablet                 | Preferred     | 90 Day Supply                    |
| EXFORGE HCT ORAL TABLET                                   | Non-Preferred | PA                               |
| fosinopril sodium-hctz oral tablet 10-12.5 mg             | Preferred     | 90 Day Supply                    |
| fosinopril sodium-hctz oral tablet 20-12.5 mg             | Formulary     | 90 Day Supply                    |
| hydrochlorothiazide oral capsule                          | Formulary     | 90 Day Supply                    |
| hydrochlorothiazide oral tablet                           | Formulary     | 90 Day Supply                    |
| HYZAAR ORAL TABLET 100-12.5 MG                            | Non-Preferred | PA                               |
| HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG                  | Non-Preferred | PA; QL                           |
| irbesartan-hydrochlorothiazide oral tablet                | Preferred     | 90 Day Supply                    |
| lisinopril-hydrochlorothiazide oral tablet                | Preferred     | 90 Day Supply; QL                |
| losartan potassium-hctz oral tablet 100-12.5 mg           | Preferred     | 90 Day Supply                    |
| losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg | Preferred     | 90 Day Supply; QL                |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | Non-Preferred | PA; QL                           |
| metoprolol-hydrochlorothiazide oral tablet                | Non-Preferred | PA                               |
| MICARDIS HCT ORAL TABLET                                  | Non-Preferred | PA                               |
| olmesartan medoxomil-hctz oral tablet                     | Preferred     | 90 Day Supply                    |
| olmesartan-amlodipine-hctz oral tablet                    | Non-Preferred | PA                               |
| quinapril-hydrochlorothiazide oral tablet                 | Preferred     |                                  |

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LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                      | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| spironolactone-hctz oral tablet                                                                                                                                           | Formulary     | 90 Day Supply                    |
| telmisartan-hctz oral tablet                                                                                                                                              | Non-Preferred | PA                               |
| triamterene-hctz oral capsule 37.5-25 mg                                                                                                                                  | Formulary     | 90 Day Supply                    |
| triamterene-hctz oral tablet                                                                                                                                              | Formulary     | 90 Day Supply                    |
| TRIBENZOR ORAL TABLET                                                                                                                                                     | Non-Preferred | PA                               |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg                                                                                                         | Preferred     | 90 Day Supply                    |
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg                                                                                               | Preferred     | 90 Day Supply; QL                |
| VASERETIC ORAL TABLET                                                                                                                                                     | Non-Preferred | PA                               |
| ZESTORETIC ORAL TABLET                                                                                                                                                    | Non-Preferred | PA; QL                           |
| <b>Thiazide-Like Diuretics (40:28)</b>                                                                                                                                    |               |                                  |
| atenolol-chlorthalidone oral tablet                                                                                                                                       | Non-Preferred | PA                               |
| chlorthalidone oral tablet 25 mg, 50 mg                                                                                                                                   | Formulary     | 90 Day Supply                    |
| indapamide oral tablet                                                                                                                                                    | Formulary     | 90 Day Supply                    |
| metolazone oral tablet                                                                                                                                                    | Formulary     | 90 Day Supply                    |
| TENORETIC 100 ORAL TABLET                                                                                                                                                 | Non-Preferred | PA                               |
| TENORETIC 50 ORAL TABLET                                                                                                                                                  | Non-Preferred | PA                               |
| <b>Uricosuric Agents</b>                                                                                                                                                  |               |                                  |
| colchicine-probenecid oral tablet                                                                                                                                         | Formulary     |                                  |
| probenecid oral tablet                                                                                                                                                    | Formulary     | 90 Day Supply                    |
| <b>Vasopressin Antagonists</b>                                                                                                                                            |               |                                  |
| VAPRISOL INTRAVENOUS SOLUTION                                                                                                                                             | Preferred     |                                  |
| <b>Enzymes</b>                                                                                                                                                            |               |                                  |
| <b>Enzymes</b>                                                                                                                                                            |               |                                  |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                              | Preferred     |                                  |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                            | Non-Preferred | PA                               |
| SANTYL EXTERNAL OINTMENT                                                                                                                                                  | Formulary     | QL                               |
| VIOKACE ORAL TABLET                                                                                                                                                       | Non-Preferred | PA                               |
| 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 | Preferred     |                                  |
| <b>Eye, Ear, Nose And Throat (Eent) Preps.</b>                                                                                                                            |               |                                  |
| <b>Alpha-Adrenergic Agonists (52:40)</b>                                                                                                                                  |               |                                  |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                                                                                                                                      | Preferred     | QL                               |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                                                                                                                                     | Preferred     |                                  |
| apraclonidine hcl ophthalmic solution                                                                                                                                     | Non-Preferred | PA                               |
| brimonidine tartrate ophthalmic solution 0.1 %                                                                                                                            | Preferred     | 90 Day Supply; QL                |
| brimonidine tartrate ophthalmic solution 0.15 %                                                                                                                           | Non-Preferred | PA                               |
| brimonidine tartrate ophthalmic solution 0.2 %                                                                                                                            | Preferred     | 90 Day Supply                    |
| brimonidine tartrate-timolol ophthalmic solution                                                                                                                          | Non-Preferred | PA; QL                           |
| COMBIGAN OPHTHALMIC SOLUTION                                                                                                                                              | Preferred     | QL                               |
| IOPIDINE OPHTHALMIC SOLUTION 1 %                                                                                                                                          | Non-Preferred | PA                               |
| SIMBRINZA OPHTHALMIC SUSPENSION                                                                                                                                           | Non-Preferred | PA                               |
| <b>Antiallergic Agents</b>                                                                                                                                                |               |                                  |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray                                                                                                                        | Preferred     | 90 Day Supply; QL                |
| azelastine hcl nasal solution 0.15 %                                                                                                                                      | Preferred     |                                  |
| azelastine hcl ophthalmic solution                                                                                                                                        | Preferred     |                                  |
| azelastine-fluticasone nasal suspension                                                                                                                                   | Non-Preferred | PA                               |
| bepotastine besilate ophthalmic solution                                                                                                                                  | Non-Preferred | PA                               |
| BEPREVE OPHTHALMIC SOLUTION                                                                                                                                               | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------|---------------|----------------------------------|
| cromolyn sodium inhalation nebulization solution             | Formulary     | QL                               |
| cromolyn sodium ophthalmic solution                          | Preferred     | 90 Day Supply                    |
| cvs olopatadine hcl ophthalmic solution                      | Preferred     | 90 Day Supply; OTC               |
| DYMISTA NASAL SUSPENSION                                     | Non-Preferred | PA                               |
| epinastine hcl ophthalmic solution                           | Non-Preferred | PA                               |
| eye allergy itch relief ophthalmic solution 0.2 %            | Preferred     | 90 Day Supply; OTC               |
| eye allergy itch/redness rel ophthalmic solution             | Preferred     | 90 Day Supply; OTC               |
| gnp olopatadine hcl ophthalmic solution                      | Preferred     | 90 Day Supply; OTC               |
| ketotifen fumarate ophthalmic solution 0.035 %               | Preferred     | OTC; QL                          |
| kp ketotifen fumarate ophthalmic solution                    | Preferred     | OTC; QL                          |
| olopatadine hcl nasal solution                               | Non-Preferred | PA                               |
| olopatadine hcl ophthalmic solution                          | Preferred     | 90 Day Supply                    |
| qc olopatadine hcl ophthalmic solution                       | Preferred     | 90 Day Supply; OTC               |
| RYALTRIS NASAL SUSPENSION                                    | Non-Preferred | PA                               |
| sm olopatadine hcl ophthalmic solution                       | Preferred     | 90 Day Supply; OTC               |
| ZADITOR OPHTHALMIC SOLUTION 0.035 %                          | Non-Preferred | PA; OTC; QL                      |
| ZERVIAE OPHTHALMIC SOLUTION                                  | Non-Preferred | PA                               |
| <b>Antibacterials (52:04)</b>                                |               |                                  |
| AMZEEQ EXTERNAL FOAM                                         | Non-Preferred | PA                               |
| AZASITE OPHTHALMIC SOLUTION                                  | Non-Preferred | PA                               |
| bacitracin external ointment                                 | Formulary     | OTC                              |
| bacitracin ophthalmic ointment                               | Non-Preferred | PA                               |
| bacitracin zinc external ointment                            | Formulary     | OTC                              |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | Formulary     |                                  |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment            | Formulary     | QL                               |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM               | Formulary     | OTC                              |
| BESIVANCE OPHTHALMIC SUSPENSION                              | Non-Preferred | PA                               |
| BETHKIS INHALATION NEBULIZATION SOLUTION                     | Preferred     | PA; Specialty                    |
| CILOXAN OPHTHALMIC OINTMENT                                  | Non-Preferred | PA                               |
| CIPRO HC OTIC SUSPENSION                                     | Preferred     |                                  |
| ciprofloxacin hcl ophthalmic solution                        | Preferred     | QL                               |
| ciprofloxacin hcl otic solution                              | Non-Preferred | PA                               |
| ciprofloxacin-dexamethasone otic suspension                  | Preferred     | QL                               |
| ciprofloxacin-fluocinolone pf otic solution                  | Non-Preferred | PA                               |
| CORTISPORIN-TC OTIC SUSPENSION                               | Non-Preferred | PA                               |
| cvs antibiotic external ointment                             | Formulary     | OTC                              |
| cvs poly bacitracin external ointment                        | Formulary     | OTC                              |
| double antibiotic external ointment                          | Formulary     | OTC                              |
| eql first aid antibiotic external ointment                   | Formulary     | OTC                              |
| ery external pad                                             | Formulary     |                                  |
| erythromycin external gel                                    | Preferred     |                                  |
| erythromycin external solution                               | Preferred     |                                  |
| erythromycin ophthalmic ointment                             | Formulary     | QL                               |
| gatifloxacin ophthalmic solution                             | Non-Preferred | PA                               |
| gentamicin sulfate ophthalmic solution                       | Formulary     | QL                               |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION  | Preferred     | PA; Specialty                    |
| minocycline hcl oral capsule 100 mg, 50 mg                   | Formulary     |                                  |
| moxifloxacin hcl (2x day) ophthalmic solution                | Non-Preferred | PA                               |
| moxifloxacin hcl ophthalmic solution                         | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------|---------------|----------------------------------|
| neomycin-polymyxin-dexameth ophthalmic ointment                   | Formulary     | QL                               |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1   | Formulary     | QL                               |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | Formulary     | QL                               |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1           | Formulary     |                                  |
| neomycin-polymyxin-hc otic solution                               | Preferred     |                                  |
| neomycin-polymyxin-hc otic suspension                             | Preferred     |                                  |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                                | Formulary     | QL                               |
| NEO-POLYCIN OPHTHALMIC OINTMENT                                   | Formulary     | QL                               |
| NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000                 | Formulary     | OTC                              |
| OCUFLOX OPHTHALMIC SOLUTION                                       | Non-Preferred | PA; QL                           |
| ofloxacin ophthalmic solution                                     | Preferred     | 90 Day Supply; QL                |
| ofloxacin otic solution                                           | Preferred     | 90 Day Supply                    |
| POLYCIN OPHTHALMIC OINTMENT                                       | Formulary     |                                  |
| polymyxin b-trimethoprim ophthalmic solution                      | Formulary     |                                  |
| ra antibiotic/pain relief external ointment                       | Formulary     | OTC                              |
| sm antibiotic external ointment                                   | Formulary     | OTC                              |
| sulfacetamide sodium ophthalmic ointment                          | Non-Preferred | PA                               |
| sulfacetamide sodium ophthalmic solution                          | Formulary     |                                  |
| sulfacetamide-prednisolone ophthalmic solution                    | Formulary     |                                  |
| TOBI INHALATION NEBULIZATION SOLUTION                             | Non-Preferred | PA; Specialty                    |
| TOBI PODHALER INHALATION CAPSULE                                  | Non-Preferred | PA; Specialty                    |
| tobramycin inhalation nebulization solution 300 mg/4ml            | Non-Preferred | PA; Specialty                    |
| tobramycin inhalation nebulization solution 300 mg/5ml            | Preferred     | Specialty                        |
| tobramycin ophthalmic solution                                    | Formulary     |                                  |
| tobramycin-dexamethasone ophthalmic suspension                    | Formulary     | QL                               |
| triple antibiotic external ointment 3.5-400-5000 , 5-400-5000     | Formulary     | OTC                              |
| triple antibiotic pain relief external ointment                   | Formulary     | OTC                              |
| triple antibiotic plus external ointment                          | Formulary     | OTC                              |
| VIGAMOX OPHTHALMIC SOLUTION                                       | Non-Preferred | PA                               |
| wal-sporin external ointment                                      | Formulary     | OTC                              |
| <b>Antifungals (Eent)</b>                                         |               |                                  |
| NATACYN OPHTHALMIC SUSPENSION                                     | Non-Preferred | PA                               |
| <b>Anti-Infectives, Miscellaneous (52:04)</b>                     |               |                                  |
| chlorhexidine gluconate mouth/throat solution                     | Formulary     | QL                               |
| ear drops otic solution                                           | Formulary     | OTC                              |
| ear wax removal kit otic solution                                 | Formulary     | OTC                              |
| earwax removal otic solution                                      | Formulary     | OTC                              |
| PERIOGARD MOUTH/THROAT SOLUTION                                   | Formulary     | QL                               |
| REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %                             | Formulary     | OTC                              |
| <b>Anti-Inflammatory Agents (Eent)</b>                            |               |                                  |
| CEQUA OPHTHALMIC SOLUTION                                         | Non-Preferred | PA                               |
| cyclosporine (pf) ophthalmic emulsion                             | Non-Preferred | PA                               |
| cyclosporine modified oral capsule                                | Preferred     |                                  |
| cyclosporine modified oral solution                               | Preferred     |                                  |
| cyclosporine ophthalmic emulsion                                  | Non-Preferred | PA                               |
| cyclosporine oral capsule                                         | Preferred     |                                  |
| MIEBO OPHTHALMIC SOLUTION                                         | Non-Preferred | PA                               |
| NEORAL ORAL CAPSULE                                               | Non-Preferred | PA                               |
| NEORAL ORAL SOLUTION                                              | Non-Preferred | PA                               |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %                     | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                       | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------|---------------|----------------------------------|
| RESTASIS OPHTHALMIC EMULSION                               | Preferred     | QL                               |
| SANDIMMUNE ORAL CAPSULE                                    | Non-Preferred | PA                               |
| SANDIMMUNE ORAL SOLUTION                                   | Non-Preferred | PA                               |
| VERKAZIA OPHTHALMIC EMULSION                               | Non-Preferred | PA                               |
| VEVYE OPHTHALMIC SOLUTION                                  | Non-Preferred | PA                               |
| XIIDRA OPHTHALMIC SOLUTION                                 | Preferred     | QL                               |
| <b>Antivirals (Eent)</b>                                   |               |                                  |
| trifluridine ophthalmic solution                           | Formulary     |                                  |
| <b>Astringents (52:04)</b>                                 |               |                                  |
| antiseptic skin cleanser external solution 4 %             | Formulary     | OTC                              |
| BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION                  | Formulary     | OTC                              |
| chlorhexidine gluconate mouth/throat solution              | Formulary     | QL                               |
| ear drops otic solution                                    | Formulary     | OTC                              |
| ear wax removal kit otic solution                          | Formulary     | OTC                              |
| earwax removal otic solution                               | Formulary     | OTC                              |
| PERIOGARD MOUTH/THROAT SOLUTION                            | Formulary     | QL                               |
| <b>Beta-Adrenergic Blocking Agents (52:40)</b>             |               |                                  |
| betaxolol hcl ophthalmic solution                          | Non-Preferred | PA                               |
| BETIMOL OPHTHALMIC SOLUTION                                | Non-Preferred | PA                               |
| BETOPTIC-S OPHTHALMIC SUSPENSION                           | Non-Preferred | PA                               |
| brimonidine tartrate-timolol ophthalmic solution           | Non-Preferred | PA; QL                           |
| carteolol hcl ophthalmic solution                          | Non-Preferred | PA                               |
| COMBIGAN OPHTHALMIC SOLUTION                               | Preferred     | QL                               |
| COSOPT OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %                      | Non-Preferred | PA                               |
| dorzolamide hcl-timolol mal ophthalmic solution            | Preferred     | 90 Day Supply                    |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | Non-Preferred | PA; 90 Day Supply                |
| ISTALOL OPHTHALMIC SOLUTION                                | Non-Preferred | PA                               |
| levobunolol hcl ophthalmic solution 0.5 %                  | Non-Preferred | PA                               |
| timolol maleate (once-daily) ophthalmic solution           | Non-Preferred | PA                               |
| TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION                | Non-Preferred | PA                               |
| timolol maleate ophthalmic gel forming solution            | Preferred     |                                  |
| timolol maleate ophthalmic solution                        | Preferred     | 90 Day Supply                    |
| timolol maleate pf ophthalmic solution                     | Non-Preferred | PA                               |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION                       | Non-Preferred | PA                               |
| <b>Carbonic Anhydrase Inhibitors (52:40)</b>               |               |                                  |
| acetazolamide er oral capsule extended release 12 hour     | Formulary     | QL                               |
| acetazolamide oral tablet                                  | Formulary     |                                  |
| AZOPT OPHTHALMIC SUSPENSION                                | Non-Preferred | PA                               |
| brinzolamide ophthalmic suspension                         | Non-Preferred | PA                               |
| COSOPT OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %                      | Non-Preferred | PA                               |
| dorzolamide hcl ophthalmic solution                        | Preferred     | 90 Day Supply                    |
| dorzolamide hcl-timolol mal ophthalmic solution            | Preferred     | 90 Day Supply                    |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | Non-Preferred | PA; 90 Day Supply                |
| SIMBRINZA OPHTHALMIC SUSPENSION                            | Non-Preferred | PA                               |
| <b>Contact Lens Solutions</b>                              |               |                                  |
| B&L SENSITIVE EYES DAILY CLEAN SOLUTION                    | Formulary     | OTC                              |
| B&L SENSITIVE EYES SOLUTION                                | Formulary     | OTC                              |
| BIOTRUE SOLUTION                                           | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                   | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| BOSTON ADVANCE CLEANER SOLUTION                                                                                        | Formulary     | OTC                              |
| BOSTON CONDITIONING SOLUTION                                                                                           | Formulary     | OTC                              |
| BOSTON ONE STEP CLEANER SOLUTION                                                                                       | Formulary     | OTC                              |
| BOSTON REWETTING SOLUTION                                                                                              | Formulary     | OTC                              |
| BOSTON SIMPLUS SOLUTION                                                                                                | Formulary     | OTC                              |
| cvs contact lens relief/rewet solution                                                                                 | Formulary     | OTC                              |
| multi-purpose solution solution                                                                                        | Formulary     | OTC                              |
| OPTI-FREE DAILY CLEANER SOLUTION                                                                                       | Formulary     | OTC                              |
| OPTI-FREE REPLENISH SOLUTION                                                                                           | Formulary     | OTC                              |
| ra cleaning/disinfecting lens solution                                                                                 | Formulary     | OTC                              |
| RENU MULTIPLUS LUB/REWETTING SOLUTION                                                                                  | Formulary     | OTC                              |
| RENU MULTIPLUS SOLUTION                                                                                                | Formulary     | OTC                              |
| RENU REWETTING DROPS SOLUTION                                                                                          | Formulary     | OTC                              |
| rewetting drops solution                                                                                               | Formulary     | OTC                              |
| saline solution                                                                                                        | Formulary     | OTC                              |
| SENSITIVE EYES PLUS SALINE SOLUTION                                                                                    | Formulary     | OTC                              |
| sm multi-purpose solution                                                                                              | Formulary     | OTC                              |
| sm saline solution solution                                                                                            | Formulary     | OTC                              |
| <b>Corticosteroids (Eent)</b>                                                                                          |               |                                  |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT                | Preferred     | QL                               |
| ADVAIR HFA INHALATION AEROSOL                                                                                          | Preferred     | QL                               |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                    | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                    | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                     | Non-Preferred | PA                               |
| AIRSUPRA INHALATION AEROSOL                                                                                            | Non-Preferred | PA                               |
| ALREX OPHTHALMIC SUSPENSION                                                                                            | Preferred     | QL                               |
| ALVESCO INHALATION AEROSOL SOLUTION                                                                                    | Non-Preferred | PA                               |
| AQUANIL HC EXTERNAL LOTION                                                                                             | Formulary     | OTC                              |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                                             | Preferred     | QL                               |
| azelastine-fluticasone nasal suspension                                                                                | Non-Preferred | PA                               |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment                                                                      | Formulary     | QL                               |
| beta hc external lotion                                                                                                | Formulary     | OTC                              |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH | Non-Preferred | PA                               |
| CIPRO HC OTIC SUSPENSION                                                                                               | Preferred     |                                  |
| ciprofloxacin-dexamethasone otic suspension                                                                            | Preferred     | QL                               |
| ciprofloxacin-fluocinolone pf otic solution                                                                            | Non-Preferred | PA                               |
| CORTISPORIN-TC OTIC SUSPENSION                                                                                         | Non-Preferred | PA                               |
| CORTIZONE-10 EXTERNAL OINTMENT                                                                                         | Formulary     | OTC                              |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION                                                                              | Formulary     | OTC                              |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM                                                                          | Formulary     | OTC                              |
| CORTIZONE-10 PLUS EXTERNAL CREAM                                                                                       | Formulary     | OTC                              |
| CORTIZONE-10/ALOE EXTERNAL CREAM                                                                                       | Formulary     | OTC                              |
| cvs cortisone intense healing external cream                                                                           | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| cvs cortisone maximum strength external cream                                                                                                                       | Formulary     | OTC                              |
| cvs cortisone maximum strength external ointment                                                                                                                    | Formulary     | OTC                              |
| cvs eczema anti-itch external cream                                                                                                                                 | Formulary     | OTC                              |
| cvs nasal allergy spray nasal aerosol                                                                                                                               | Formulary     | OTC                              |
| DERMAREST ECZEMA EXTERNAL LOTION                                                                                                                                    | Formulary     | OTC                              |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE                                                                                                                             | Formulary     | 90 Day Supply                    |
| dexamethasone oral elixir                                                                                                                                           | Formulary     | 90 Day Supply                    |
| dexamethasone oral solution                                                                                                                                         | Formulary     |                                  |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 6 mg                                                                                                       | Formulary     | 90 Day Supply                    |
| dexamethasone oral tablet 1 mg, 4 mg                                                                                                                                | Preferred     | 90 Day Supply                    |
| dexamethasone sodium phosphate ophthalmic solution                                                                                                                  | Formulary     |                                  |
| DEXTENZA OPHTHALMIC INSERT                                                                                                                                          | Non-Preferred | PA                               |
| difluprednate ophthalmic emulsion                                                                                                                                   | Non-Preferred | PA                               |
| DUREZOL OPHTHALMIC EMULSION                                                                                                                                         | Non-Preferred | PA                               |
| DYMISTA NASAL SUSPENSION                                                                                                                                            | Non-Preferred | PA                               |
| eqi anti-itch maximum strength external cream                                                                                                                       | Formulary     | OTC                              |
| EYSUVIS OPHTHALMIC SUSPENSION                                                                                                                                       | Non-Preferred | PA                               |
| flunisolide nasal solution 25 mcg/act (0.025%)                                                                                                                      | Non-Preferred | PA                               |
| fluocinolone acetonide external cream 0.01 %                                                                                                                        | Formulary     |                                  |
| fluocinolone acetonide external cream 0.025 %                                                                                                                       | Formulary     | QL                               |
| fluocinolone acetonide external ointment                                                                                                                            | Formulary     | QL                               |
| fluocinolone acetonide external solution                                                                                                                            | Formulary     | QL                               |
| fluorometholone ophthalmic suspension                                                                                                                               | Preferred     |                                  |
| fluticasone furoate ellipta inhalation aerosol powder breath activated                                                                                              | Non-Preferred | PA; QL                           |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act                                                            | Non-Preferred | PA                               |
| fluticasone propionate diskus inhalation aerosol powder breath activated                                                                                            | Non-Preferred | PA; QL                           |
| fluticasone propionate hfa inhalation aerosol                                                                                                                       | Preferred     | QL                               |
| fluticasone propionate nasal suspension                                                                                                                             | Preferred     | 90 Day Supply; QL                |
| fluticasone-salmeterol inhalation aerosol                                                                                                                           | Non-Preferred | PA                               |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose | Non-Preferred | PA; QL                           |
| fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act                                                     | Non-Preferred | PA                               |
| FML FORTE OPHTHALMIC SUSPENSION                                                                                                                                     | Formulary     |                                  |
| gnp 24 hour nasal allergy nasal aerosol                                                                                                                             | Formulary     | OTC                              |
| gnp fluticasone propionate nasal suspension                                                                                                                         | Preferred     | 90 Day Supply; OTC; QL           |
| hydrocortisone (perianal) external cream 2.5 %                                                                                                                      | Formulary     |                                  |
| hydrocortisone external cream 0.5 %                                                                                                                                 | Formulary     | OTC                              |
| hydrocortisone external cream 1 %, 2.5 %                                                                                                                            | Formulary     |                                  |
| hydrocortisone external lotion 1 %                                                                                                                                  | Formulary     | OTC                              |
| hydrocortisone external lotion 2.5 %                                                                                                                                | Formulary     |                                  |
| hydrocortisone external ointment 0.5 %                                                                                                                              | Formulary     | OTC                              |
| hydrocortisone external ointment 1 %, 2.5 %                                                                                                                         | Formulary     |                                  |
| hydrocortisone max st external cream                                                                                                                                | Formulary     | OTC                              |
| hydrocortisone oral tablet                                                                                                                                          | Formulary     | 90 Day Supply                    |
| hydrocortisone rectal enema                                                                                                                                         | Formulary     | QL                               |
| hydrocortisone valerate external cream                                                                                                                              | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                            | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------|---------------|----------------------------------|
| hydrocortisone/aloe max str external cream                      | Formulary     | OTC                              |
| hydrocortisone-acetic acid otic solution                        | Formulary     |                                  |
| ILUVIEN INTRAVITREAL IMPLANT                                    | Non-Preferred | PA                               |
| INVELTYS OPHTHALMIC SUSPENSION                                  | Non-Preferred | PA                               |
| LOTEMAX OPHTHALMIC GEL                                          | Non-Preferred | PA                               |
| LOTEMAX OPHTHALMIC OINTMENT                                     | Non-Preferred | PA                               |
| LOTEMAX OPHTHALMIC SUSPENSION                                   | Non-Preferred | PA                               |
| LOTEMAX SM OPHTHALMIC GEL                                       | Non-Preferred | PA                               |
| loteprednol etabonate ophthalmic gel                            | Non-Preferred | PA                               |
| loteprednol etabonate ophthalmic suspension                     | Non-Preferred | PA                               |
| MAXIDEX OPHTHALMIC SUSPENSION                                   | Formulary     |                                  |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM                           | Formulary     | OTC                              |
| mometasone furoate external cream                               | Formulary     |                                  |
| mometasone furoate external ointment                            | Formulary     |                                  |
| mometasone furoate external solution                            | Formulary     |                                  |
| mometasone furoate nasal suspension                             | Preferred     |                                  |
| MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM                   | Formulary     | OTC                              |
| neomycin-polymyxin-dexameth ophthalmic ointment                 | Formulary     | QL                               |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | Formulary     | QL                               |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1         | Formulary     |                                  |
| neomycin-polymyxin-hc otic solution                             | Preferred     |                                  |
| neomycin-polymyxin-hc otic suspension                           | Preferred     |                                  |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                              | Formulary     | QL                               |
| OMNARIS NASAL SUSPENSION                                        | Non-Preferred | PA                               |
| OZURDEX INTRAVITREAL IMPLANT                                    | Non-Preferred | PA                               |
| PEDIAPRED ORAL SOLUTION                                         | Formulary     |                                  |
| PRED MILD OPHTHALMIC SUSPENSION                                 | Formulary     |                                  |
| prednisolone acetate ophthalmic suspension                      | Preferred     |                                  |
| prednisolone oral solution                                      | Formulary     | 90 Day Supply                    |
| prednisolone sodium phosphate ophthalmic solution               | Non-Preferred | PA                               |
| prednisolone sodium phosphate oral solution 15 mg/5ml           | Formulary     | 90 Day Supply                    |
| prednisolone sodium phosphate oral solution 5 mg/5ml            | Formulary     |                                  |
| PREPARATION H EXTERNAL CREAM 1 %                                | Formulary     | OTC                              |
| PREPARATION H SOOTHING RELIEF EXTERNAL CREAM                    | Formulary     | OTC                              |
| PROCTOFOAM HC EXTERNAL FOAM                                     | Formulary     |                                  |
| px hydrocream external cream                                    | Formulary     | OTC                              |
| qc allergy relief nasal suspension                              | Formulary     | 90 Day Supply; OTC; QL           |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION                          | Non-Preferred | PA                               |
| QNASL NASAL AEROSOL SOLUTION                                    | Non-Preferred | PA                               |
| ra anti-itch maximum strength external ointment                 | Formulary     | OTC                              |
| RETISERT INTRAVITREAL IMPLANT                                   | Non-Preferred | PA                               |
| RYALTRIS NASAL SUSPENSION                                       | Non-Preferred | PA                               |
| SINUVA NASAL IMPLANT                                            | Non-Preferred | PA                               |
| sm allergy relief nasal suspension                              | Formulary     | 90 Day Supply; OTC; QL           |
| sulfacetamide-prednisolone ophthalmic solution                  | Formulary     |                                  |
| tobramycin-dexamethasone ophthalmic suspension                  | Formulary     | QL                               |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED      | Non-Preferred | PA                               |
| triamcinolone acetonide nasal aerosol                           | Formulary     | OTC                              |
| TRIESENCE INTRAOCULAR SUSPENSION                                | Preferred     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED   | Non-Preferred | PA; QL                           |
| XHANCE NASAL EXHALER SUSPENSION                           | Non-Preferred | PA                               |
| XIPERE INTRAOCULAR SUSPENSION                             | Non-Preferred | PA                               |
| YUTIQ INTRAVITREAL IMPLANT                                | Non-Preferred | PA                               |
| <b>Eent Anti-Inflammatory Agents, Misc.</b>               |               |                                  |
| CEQUA OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| cyclosporine (pf) ophthalmic emulsion                     | Non-Preferred | PA                               |
| cyclosporine ophthalmic emulsion                          | Non-Preferred | PA                               |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %             | Preferred     | QL                               |
| RESTASIS OPHTHALMIC EMULSION                              | Preferred     | QL                               |
| VERKAZIA OPHTHALMIC EMULSION                              | Non-Preferred | PA                               |
| VEVYE OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| XIIDRA OPHTHALMIC SOLUTION                                | Preferred     | QL                               |
| <b>Eent Drugs, Miscellaneous</b>                          |               |                                  |
| acetic acid otic solution                                 | Formulary     |                                  |
| ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %           | Formulary     | OTC                              |
| ALTACHLORE OPHTHALMIC OINTMENT                            | Formulary     | OTC                              |
| ALTACHLORE OPHTHALMIC SOLUTION                            | Formulary     | OTC                              |
| altamist spray nasal solution                             | Formulary     | OTC                              |
| apraclonidine hcl ophthalmic solution                     | Non-Preferred | PA                               |
| artificial tears ophthalmic solution 0.1-0.3 %            | Formulary     | OTC; QL                          |
| artificial tears ophthalmic solution 1 %                  | Formulary     | OTC                              |
| artificial tears pf ophthalmic solution                   | Formulary     | OTC                              |
| AYR SALINE NASAL DROPS NASAL SOLUTION                     | Formulary     | OTC                              |
| BABY AYR SALINE NASAL SOLUTION                            | Formulary     | OTC                              |
| cromolyn sodium inhalation nebulization solution          | Formulary     | QL                               |
| cromolyn sodium ophthalmic solution                       | Preferred     | 90 Day Supply                    |
| cvs dry-eye relief nighttime ophthalmic ointment          | Formulary     | OTC                              |
| cvs eye lubricant ophthalmic ointment                     | Formulary     | OTC                              |
| deep sea nasal spray nasal solution                       | Formulary     | OTC                              |
| eq restore plus lubricant eye ophthalmic solution         | Formulary     | OTC                              |
| EQ RESTORE PM OPHTHALMIC OINTMENT                         | Formulary     | OTC                              |
| eq restore tears ophthalmic solution                      | Formulary     | OTC; QL                          |
| eq saline nasal spray nasal solution                      | Formulary     | OTC                              |
| for sty relief ophthalmic ointment                        | Formulary     | OTC                              |
| GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %           | Formulary     | OTC; QL                          |
| gnp eye drops long lasting ophthalmic solution            | Formulary     | OTC                              |
| gnp nasal moisturizing nasal solution                     | Formulary     | OTC                              |
| hydrocortisone-acetic acid otic solution                  | Formulary     |                                  |
| IOPIDINE OPHTHALMIC SOLUTION 1 %                          | Non-Preferred | PA                               |
| lubricant eye drops pf ophthalmic solution                | Formulary     | OTC                              |
| lubricating eye drops ophthalmic solution 0.4-0.3 %       | Formulary     | OTC                              |
| lubricating tears eye drops ophthalmic solution 0.1-0.3 % | Formulary     | OTC                              |
| MIEBO OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| MOISTURE EYES OPHTHALMIC SOLUTION                         | Formulary     | OTC                              |
| MURO 128 OPHTHALMIC OINTMENT                              | Formulary     | OTC                              |
| MURO 128 OPHTHALMIC SOLUTION 2 %                          | Formulary     | OTC                              |
| polyvinyl alcohol ophthalmic solution                     | Formulary     | OTC                              |
| PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML       | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| REFRESH LACRI-LUBE OPHTHALMIC OINTMENT                    | Formulary     | OTC                              |
| REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %                     | Formulary     | OTC                              |
| RETAINC CMC OPHTHALMIC SOLUTION                           | Formulary     | OTC                              |
| RETAINC PM OPHTHALMIC OINTMENT                            | Formulary     | OTC                              |
| saline mist spray nasal solution                          | Formulary     | OTC                              |
| saline nasal spray nasal solution                         | Formulary     | OTC                              |
| sb saline nose nasal solution                             | Formulary     | OTC                              |
| sodium chloride (hypertonic) ophthalmic ointment          | Formulary     | OTC                              |
| sodium chloride (hypertonic) ophthalmic solution          | Formulary     | OTC                              |
| SOOTHE HYDRATION OPHTHALMIC SOLUTION                      | Formulary     | OTC; QL                          |
| SOOTHE XP OPHTHALMIC SOLUTION                             | Formulary     | OTC; QL                          |
| SYSTANE CONTACTS OPHTHALMIC SOLUTION                      | Formulary     | OTC; QL                          |
| TRYPTIR OPHTHALMIC SOLUTION                               | Non-Preferred | PA                               |
| TYRVAYA NASAL SOLUTION                                    | Non-Preferred | PA                               |
| ULTRA FRESH OPHTHALMIC SOLUTION                           | Formulary     | OTC; QL                          |
| ULTRA FRESH PM OPHTHALMIC OINTMENT                        | Formulary     | OTC                              |
| <b>Eent Nonsteroidal Anti-Inflam. Agents</b>              |               |                                  |
| ACULAR LS OPHTHALMIC SOLUTION                             | Non-Preferred | PA; QL                           |
| ACULAR OPHTHALMIC SOLUTION                                | Non-Preferred | PA; QL                           |
| ACUVAIL OPHTHALMIC SOLUTION                               | Non-Preferred | PA                               |
| bromfenac sodium (once-daily) ophthalmic solution         | Non-Preferred | PA                               |
| bromfenac sodium ophthalmic solution 0.07 %               | Non-Preferred | PA                               |
| BROMSITE OPHTHALMIC SOLUTION                              | Non-Preferred | PA                               |
| diclofenac sodium ophthalmic solution                     | Preferred     |                                  |
| flurbiprofen oral tablet                                  | Preferred     |                                  |
| flurbiprofen sodium ophthalmic solution                   | Non-Preferred | PA                               |
| ILEVRO OPHTHALMIC SUSPENSION                              | Non-Preferred | PA                               |
| ketorolac tromethamine ophthalmic solution 0.4 %          | Preferred     | QL                               |
| ketorolac tromethamine ophthalmic solution 0.5 %          | Preferred     | 90 Day Supply; QL                |
| ketorolac tromethamine oral tablet                        | Preferred     |                                  |
| NEVANAC OPHTHALMIC SUSPENSION                             | Non-Preferred | PA                               |
| PROLENSA OPHTHALMIC SOLUTION                              | Non-Preferred | PA                               |
| <b>Local Anesthetics (Eent)</b>                           |               |                                  |
| ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL                 | Formulary     | OTC                              |
| cvs oral anesthetic max str mouth/throat gel              | Formulary     | OTC                              |
| intense toothache pain relief mouth/throat gel            | Formulary     | OTC                              |
| lidocaine viscous hcl mouth/throat solution               | Formulary     |                                  |
| oral analgesic max st mouth/throat gel                    | Formulary     | OTC                              |
| <b>Miotics</b>                                            |               |                                  |
| pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 % | Non-Preferred | PA                               |
| pilocarpine hcl oral tablet 5 mg                          | Formulary     | 90 Day Supply; QL                |
| VUITY OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| <b>Mydriatics</b>                                         |               |                                  |
| 4-WAY FAST ACTING NASAL SOLUTION                          | Formulary     | OTC                              |
| cyclopentolate hcl ophthalmic solution 1 %                | Preferred     | 90 Day Supply                    |
| ephedrine nose drops nasal solution                       | Formulary     | OTC                              |
| HOMATROPAIRE OPHTHALMIC SOLUTION                          | Formulary     |                                  |
| nasal four nasal solution                                 | Formulary     | OTC                              |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 %         | Formulary     |                                  |
| ra nose drops extra strength nasal solution               | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                              | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------|---------------|----------------------------------|
| sinus relief extra strength nasal solution        | Formulary     | OTC                              |
| WAL-FOUR NASAL SOLUTION                           | Formulary     | OTC                              |
| <b>Osmotic Agents</b>                             |               |                                  |
| urea external cream 40 %                          | Formulary     |                                  |
| <b>Prostaglandin Analogs</b>                      |               |                                  |
| bimatoprost ophthalmic solution 0.03 %            | Non-Preferred | PA                               |
| DURYSTA INTRAOCULAR IMPLANT                       | Non-Preferred | PA                               |
| IDOSE TR INTRAOCULAR IMPLANT                      | Non-Preferred | PA                               |
| IYUZEH OPHTHALMIC SOLUTION                        | Non-Preferred | PA                               |
| latanoprost ophthalmic solution                   | Preferred     | 90 Day Supply; QL                |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                | Non-Preferred | PA                               |
| ROCKLATAN OPHTHALMIC SOLUTION                     | Non-Preferred | PA                               |
| tafluprost (pf) ophthalmic solution               | Non-Preferred | PA                               |
| TRAVATAN Z OPHTHALMIC SOLUTION                    | Preferred     | QL                               |
| travoprost (bak free) ophthalmic solution         | Non-Preferred | PA; QL                           |
| VYZULTA OPHTHALMIC SOLUTION                       | Non-Preferred | PA                               |
| XALATAN OPHTHALMIC SOLUTION                       | Non-Preferred | PA; QL                           |
| XELPROS OPHTHALMIC EMULSION                       | Non-Preferred | PA                               |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %              | Non-Preferred | PA                               |
| <b>Rho Kinase Inhibitors</b>                      |               |                                  |
| RHOPRESSA OPHTHALMIC SOLUTION                     | Non-Preferred | PA                               |
| ROCKLATAN OPHTHALMIC SOLUTION                     | Non-Preferred | PA                               |
| <b>Vasoconstrictors</b>                           |               |                                  |
| 12 hour decongestant nasal solution               | Formulary     | OTC                              |
| 12 hour nasal relief spray nasal solution         | Formulary     | OTC                              |
| 12 hour nasal spray nasal solution                | Formulary     | OTC                              |
| 4-WAY FAST ACTING NASAL SOLUTION                  | Formulary     | OTC                              |
| ADRENALIN NASAL SOLUTION                          | Formulary     |                                  |
| AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION        | Formulary     | OTC                              |
| anefrin spray nasal solution                      | Formulary     | OTC                              |
| cvs nasal mist nasal solution                     | Formulary     | OTC                              |
| ephrine nose drops nasal solution                 | Formulary     | OTC                              |
| long acting nasal spray nasal solution            | Formulary     | OTC                              |
| MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION     | Formulary     | OTC                              |
| nasal decongestant spray nasal solution           | Formulary     | OTC                              |
| nasal four nasal solution                         | Formulary     | OTC                              |
| nasal spray extra moisturizing nasal solution     | Formulary     | OTC                              |
| nasal spray nasal solution 0.05 %                 | Formulary     | OTC                              |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | Formulary     |                                  |
| px original nasal spray nasal solution            | Formulary     | OTC                              |
| QLEARQUIL NASAL SOLUTION                          | Formulary     | OTC                              |
| ra nose drops extra strength nasal solution       | Formulary     | OTC                              |
| sinus relief extra strength nasal solution        | Formulary     | OTC                              |
| sinus relief nasal solution                       | Formulary     | OTC                              |
| sm nasal spray sinus nasal solution               | Formulary     | OTC                              |
| VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION      | Formulary     | OTC                              |
| VICKS SINEX MOISTURIZING NASAL SOLUTION           | Formulary     | OTC                              |
| WAL-FOUR NASAL SOLUTION                           | Formulary     | OTC                              |
| <b>Gastrointestinal Drugs</b>                     |               |                                  |
| <b>5-Ht3 Receptor Antagonists</b>                 |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                           | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------|---------------|----------------------------------|
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED                     | Non-Preferred | PA                               |
| AKYNZEO ORAL CAPSULE                                           | Non-Preferred | PA                               |
| ANZEMET ORAL TABLET 50 MG                                      | Non-Preferred | PA                               |
| granisetron hcl oral tablet                                    | Non-Preferred | PA                               |
| ondansetron hcl oral solution 4 mg/5ml                         | Preferred     | 90 Day Supply; QL                |
| ondansetron hcl oral tablet 24 mg                              | Preferred     |                                  |
| ondansetron hcl oral tablet 4 mg, 8 mg                         | Preferred     | 90 Day Supply; QL                |
| ondansetron oral tablet dispersible 4 mg, 8 mg                 | Preferred     | 90 Day Supply; QL                |
| SANCUSO TRANSDERMAL PATCH                                      | Non-Preferred | PA                               |
| <b>Antacids And Adsorbents</b>                                 |               |                                  |
| activated vegetable charcoal oral capsule                      | Formulary     | OTC                              |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION                       | Formulary     | OTC                              |
| aluminum hydroxide gel oral suspension 320 mg/5ml              | Formulary     | OTC                              |
| antacid advanced oral suspension 400-400-40 mg/5ml             | Formulary     | OTC                              |
| antacid anti-gas max strength oral suspension                  | Formulary     | OTC                              |
| antacid calcium oral tablet chewable                           | Formulary     | OTC                              |
| antacid extra strength oral tablet chewable 750 mg             | Formulary     | OTC                              |
| antacid liquid oral suspension                                 | Formulary     | OTC                              |
| antacid m oral suspension                                      | Formulary     | OTC                              |
| antacid maximum oral tablet chewable                           | Formulary     | OTC                              |
| antacid maximum strength oral suspension 400-400-40 mg/5ml     | Formulary     | OTC                              |
| antacid soft chews oral tablet chewable                        | Formulary     | OTC                              |
| bismatrol oral suspension                                      | Formulary     | OTC                              |
| BUFFERIN ORAL TABLET                                           | Formulary     | OTC                              |
| calcium antacid extra strength oral tablet chewable            | Formulary     | OTC                              |
| calcium antacid oral tablet chewable                           | Formulary     | OTC                              |
| calcium carbonate antacid oral suspension                      | Formulary     | OTC                              |
| calcium carbonate antacid oral tablet chewable 500 mg          | Formulary     | OTC                              |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE                          | Formulary     | OTC                              |
| charcoal oral capsule 200 mg                                   | Formulary     | OTC                              |
| childrens pepto oral tablet chewable                           | Formulary     | OTC                              |
| CHILDRENS SOOTHE ORAL TABLET CHEWABLE                          | Formulary     | OTC                              |
| comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml | Formulary     | OTC                              |
| comfort gel oral suspension                                    | Formulary     | OTC                              |
| cvs anti-diarrheal oral suspension                             | Formulary     | OTC                              |
| CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE               | Formulary     | OTC                              |
| diarrhea oral suspension                                       | Formulary     | OTC                              |
| EZ CHAR ORAL SUSPENSION RECONSTITUTED 25 GM                    | Formulary     | OTC                              |
| geri-lanta oral suspension 200-200-20 mg/5ml                   | Formulary     | OTC                              |
| geri-mox oral suspension                                       | Formulary     | OTC                              |
| gnp antacid extra strength oral tablet chewable 750 mg         | Formulary     | OTC                              |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION                      | Formulary     | OTC                              |
| KERR INSTA-CHAR ORAL LIQUID                                    | Formulary     | OTC                              |
| KERR INSTA-CHAR ORAL SUSPENSION                                | Formulary     | OTC                              |
| KONVOMEPE ORAL SUSPENSION RECONSTITUTED                        | Non-Preferred | PA                               |
| mag-al plus xs oral liquid                                     | Formulary     | OTC                              |
| magnesium oxide (antacid) oral capsule                         | Formulary     | OTC                              |
| magnesium oxide -mg supplement oral tablet 250 mg              | Formulary     | OTC                              |
| mintox maximum strength oral suspension                        | Formulary     | OTC                              |
| omeprazole-sodium bicarbonate oral capsule                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| omeprazole-sodium bicarbonate oral packet                 | Non-Preferred | PA                               |
| pink bismuth oral suspension 262 mg/15ml                  | Formulary     | OTC                              |
| px antacid maximum strength oral tablet chewable          | Formulary     | OTC                              |
| px stomach relief max st oral suspension                  | Formulary     | OTC                              |
| qc antacid/anti-gas oral suspension 400-400-40 mg/5ml     | Formulary     | OTC                              |
| sm antacid advanced oral suspension                       | Formulary     | OTC                              |
| sm antacid anti-gas oral suspension                       | Formulary     | OTC                              |
| sm foaming antacid oral tablet chewable                   | Formulary     | OTC                              |
| sm smooth antacid ex st oral tablet chewable              | Formulary     | OTC                              |
| sodium bicarbonate oral tablet 650 mg                     | Formulary     | OTC                              |
| SOOTHE ORAL SUSPENSION 262 MG/15ML                        | Formulary     | OTC                              |
| tri-buffered aspirin oral tablet 325 mg                   | Formulary     | OTC                              |
| TUM-EASE ORAL TABLET CHEWABLE                             | Formulary     | OTC                              |
| TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE                  | Formulary     | OTC                              |
| <b>Antidiarrhea Agents</b>                                |               |                                  |
| anti-diarrheal oral capsule                               | Formulary     | OTC                              |
| bismatrol oral suspension                                 | Formulary     | OTC                              |
| cvs anti-diarrheal oral suspension                        | Formulary     | OTC                              |
| diamode oral tablet                                       | Formulary     | OTC                              |
| diarrhea oral suspension                                  | Formulary     | OTC                              |
| diphenoxylate-atropine oral liquid                        | Formulary     |                                  |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg           | Formulary     |                                  |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION                 | Formulary     | OTC                              |
| loperamide hcl oral capsule                               | Formulary     |                                  |
| meijer anti-diarrheal oral tablet                         | Formulary     | OTC                              |
| pink bismuth oral suspension 262 mg/15ml                  | Formulary     | OTC                              |
| px stomach relief max st oral suspension                  | Formulary     | OTC                              |
| sb anti-diarrhea oral tablet                              | Formulary     | OTC                              |
| SOOTHE ORAL SUSPENSION 262 MG/15ML                        | Formulary     | OTC                              |
| VIBERZI ORAL TABLET                                       | Non-Preferred | PA; QL                           |
| <b>Antiemetics, Miscellaneous</b>                         |               |                                  |
| LYBALVI ORAL TABLET                                       | Non-Preferred | PA                               |
| olanzapine intramuscular solution reconstituted           | Preferred     |                                  |
| olanzapine oral tablet                                    | Preferred     | 90 Day Supply                    |
| olanzapine oral tablet dispersible                        | Non-Preferred | PA                               |
| olanzapine-fluoxetine hcl oral capsule                    | Non-Preferred | PA                               |
| promethazine hcl injection solution                       | Formulary     |                                  |
| promethazine hcl oral solution 6.25 mg/5ml                | Formulary     |                                  |
| promethazine hcl oral tablet 12.5 mg, 25 mg               | Formulary     | 90 Day Supply                    |
| promethazine hcl oral tablet 50 mg                        | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg        | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG             | Formulary     |                                  |
| scopolamine transdermal patch 72 hour                     | Non-Preferred | PA                               |
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR                  | Preferred     |                                  |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED              | Non-Preferred | PA                               |
| ZYPREXA ORAL TABLET                                       | Non-Preferred | PA                               |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED   | Non-Preferred | PA                               |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                           | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------|---------------|----------------------------------|
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG                     | Non-Preferred | PA; QL                           |
| <b>Antiflatulents</b>                                          |               |                                  |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION                       | Formulary     | OTC                              |
| antacid advanced oral suspension 400-400-40 mg/5ml             | Formulary     | OTC                              |
| antacid anti-gas max strength oral suspension                  | Formulary     | OTC                              |
| antacid liquid oral suspension                                 | Formulary     | OTC                              |
| antacid m oral suspension                                      | Formulary     | OTC                              |
| antacid maximum strength oral suspension 400-400-40 mg/5ml     | Formulary     | OTC                              |
| comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml | Formulary     | OTC                              |
| comfort gel oral suspension                                    | Formulary     | OTC                              |
| cvs gas relief ultra strength oral capsule                     | Formulary     | OTC                              |
| gas relief extra strength oral tablet chewable                 | Formulary     | OTC                              |
| gas relief oral liquid                                         | Formulary     | OTC                              |
| gas relief oral tablet chewable                                | Formulary     | OTC                              |
| geri-lanta oral suspension 200-200-20 mg/5ml                   | Formulary     | OTC                              |
| geri-mox oral suspension                                       | Formulary     | OTC                              |
| gnp gas relief oral tablet chewable                            | Formulary     | OTC                              |
| LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION                     | Formulary     | OTC                              |
| mag-al plus xs oral liquid                                     | Formulary     | OTC                              |
| mintox maximum strength oral suspension                        | Formulary     | OTC                              |
| qc antacid/anti-gas oral suspension 400-400-40 mg/5ml          | Formulary     | OTC                              |
| ra gas relief ultra strength oral capsule                      | Formulary     | OTC                              |
| simethicone oral capsule 180 mg                                | Formulary     | OTC                              |
| simethicone oral suspension 40 mg/0.6ml                        | Formulary     | OTC                              |
| simethicone oral tablet chewable                               | Formulary     | OTC                              |
| sm antacid advanced oral suspension                            | Formulary     | OTC                              |
| sm antacid anti-gas oral suspension                            | Formulary     | OTC                              |
| <b>Antihistamines (Gi Drugs)</b>                               |               |                                  |
| BONJESTA ORAL TABLET EXTENDED RELEASE                          | Non-Preferred | PA                               |
| COMPRO RECTAL SUPPOSITORY                                      | Formulary     |                                  |
| cvs motion sickness ii oral tablet                             | Formulary     | OTC                              |
| DICLEGIS ORAL TABLET DELAYED RELEASE                           | Preferred     |                                  |
| doxylamine-pyridoxine oral tablet delayed release              | Non-Preferred | PA                               |
| meclizine hcl oral tablet 12.5 mg, 25 mg                       | Formulary     |                                  |
| meclizine hcl oral tablet chewable                             | Formulary     |                                  |
| motion sickness relief oral tablet chewable                    | Formulary     | OTC                              |
| motion-time oral tablet chewable                               | Formulary     | OTC                              |
| prochlorperazine edisylate injection solution 10 mg/2ml        | Formulary     |                                  |
| prochlorperazine maleate oral tablet                           | Formulary     |                                  |
| prochlorperazine rectal suppository                            | Formulary     |                                  |
| sm motion sickness oral tablet 25 mg                           | Formulary     | OTC                              |
| travel-ease oral tablet 25 mg                                  | Formulary     | OTC                              |
| <b>Anti-Inflammatory Agents (Gi Drugs)</b>                     |               |                                  |
| alosetron hcl oral tablet                                      | Non-Preferred | PA; QL                           |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE                 | Non-Preferred | PA                               |
| AZULFIDINE ORAL TABLET                                         | Non-Preferred | PA                               |
| balsalazide disodium oral capsule                              | Preferred     | QL                               |
| CANASA RECTAL SUPPOSITORY                                      | Non-Preferred | PA                               |
| DIPENTUM ORAL CAPSULE                                          | Non-Preferred | PA                               |
| LIALDA ORAL TABLET DELAYED RELEASE                             | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------|---------------|----------------------------------|
| LOTRONEX ORAL TABLET                                   | Non-Preferred | PA; QL                           |
| mesalamine er oral capsule extended release            | Non-Preferred | PA; QL                           |
| mesalamine er oral capsule extended release 24 hour    | Non-Preferred | PA                               |
| mesalamine oral capsule delayed release                | Non-Preferred | PA                               |
| mesalamine oral tablet delayed release 1.2 gm          | Preferred     | 90 Day Supply                    |
| mesalamine oral tablet delayed release 800 mg          | Non-Preferred | PA                               |
| mesalamine rectal enema                                | Non-Preferred | PA                               |
| mesalamine rectal suppository                          | Preferred     | QL                               |
| mesalamine-cleanser rectal kit                         | Non-Preferred | PA                               |
| PENTASA ORAL CAPSULE EXTENDED RELEASE                  | Preferred     | QL                               |
| ROWASA RECTAL KIT                                      | Preferred     |                                  |
| SFROWASA RECTAL ENEMA                                  | Preferred     |                                  |
| sulfasalazine oral tablet                              | Preferred     | 90 Day Supply                    |
| sulfasalazine oral tablet delayed release              | Preferred     | 90 Day Supply                    |
| <b>Antiulcer Agents And Acid Suppressants</b>          |               |                                  |
| aluminum hydroxide gel oral suspension 320 mg/5ml      | Formulary     | OTC                              |
| amoxicillin oral capsule                               | Formulary     |                                  |
| amoxicillin oral suspension reconstituted              | Formulary     |                                  |
| amoxicillin oral tablet                                | Formulary     |                                  |
| amoxicillin oral tablet chewable 125 mg, 250 mg        | Formulary     |                                  |
| antacid calcium oral tablet chewable                   | Formulary     | OTC                              |
| antacid extra strength oral tablet chewable 750 mg     | Formulary     | OTC                              |
| antacid maximum oral tablet chewable                   | Formulary     | OTC                              |
| antacid soft chews oral tablet chewable                | Formulary     | OTC                              |
| bismatrol oral suspension                              | Formulary     | OTC                              |
| calcium antacid extra strength oral tablet chewable    | Formulary     | OTC                              |
| calcium antacid oral tablet chewable                   | Formulary     | OTC                              |
| calcium carbonate antacid oral suspension              | Formulary     | OTC                              |
| calcium carbonate antacid oral tablet chewable 500 mg  | Formulary     | OTC                              |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE                  | Formulary     | OTC                              |
| childrens pepto oral tablet chewable                   | Formulary     | OTC                              |
| CHILDRENS SOOTHE ORAL TABLET CHEWABLE                  | Formulary     | OTC                              |
| clarithromycin er oral tablet extended release 24 hour | Non-Preferred | PA                               |
| clarithromycin oral suspension reconstituted           | Non-Preferred | PA                               |
| clarithromycin oral tablet                             | Preferred     | QL                               |
| cvs anti-diarrheal oral suspension                     | Formulary     | OTC                              |
| CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE       | Formulary     | OTC                              |
| diarrhea oral suspension                               | Formulary     | OTC                              |
| gnp antacid extra strength oral tablet chewable 750 mg | Formulary     | OTC                              |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION              | Formulary     | OTC                              |
| magnesium oxide (antacid) oral capsule                 | Formulary     | OTC                              |
| magnesium oxide -mg supplement oral tablet 250 mg      | Formulary     | OTC                              |
| metronidazole oral capsule                             | Formulary     |                                  |
| metronidazole oral tablet 250 mg, 500 mg               | Formulary     |                                  |
| pink bismuth oral suspension 262 mg/15ml               | Formulary     | OTC                              |
| px antacid maximum strength oral tablet chewable       | Formulary     | OTC                              |
| px stomach relief max st oral suspension               | Formulary     | OTC                              |
| sm smooth antacid ex st oral tablet chewable           | Formulary     | OTC                              |
| sodium bicarbonate oral tablet 650 mg                  | Formulary     | OTC                              |
| SOOTHE ORAL SUSPENSION 262 MG/15ML                     | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                    | Tier      | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| tetracycline hcl oral capsule                           | Formulary |                                  |
| TUM-EASE ORAL TABLET CHEWABLE                           | Formulary | OTC                              |
| TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE                | Formulary | OTC                              |
| <b>Cathartics And Laxatives</b>                         |           |                                  |
| ALOPHEN ORAL TABLET DELAYED RELEASE                     | Formulary | OTC                              |
| bisacodyl ec oral tablet delayed release                | Formulary | OTC                              |
| BUFFERIN ORAL TABLET                                    | Formulary | OTC                              |
| chocolated laxative oral tablet chewable                | Formulary | OTC                              |
| CITRUCEL ORAL TABLET                                    | Formulary | OTC                              |
| CLEARLAX ORAL POWDER                                    | Formulary | OTC; QL                          |
| cvs chocolate laxative pieces oral tablet chewable      | Formulary | OTC                              |
| cvs fiber oral capsule                                  | Formulary | OTC                              |
| cvs gentle laxative womens oral tablet delayed release  | Formulary | OTC                              |
| cvs glycerin adult rectal suppository 2 gm              | Formulary | OTC                              |
| cvs laxative dietary supplement oral tablet             | Formulary | OTC                              |
| cvs natural daily fiber oral powder                     | Formulary | OTC                              |
| CVS PURELAX ORAL PACKET                                 | Formulary | OTC                              |
| CVS PURELAX ORAL POWDER                                 | Formulary | OTC; QL                          |
| cvs senna-extra oral tablet                             | Formulary | OTC                              |
| cvs stool softener oral capsule 50 mg                   | Formulary | OTC                              |
| docusate sodium oral capsule                            | Formulary | OTC                              |
| DOCUSOL MINI RECTAL ENEMA                               | Formulary | OTC                              |
| docuzen oral tablet                                     | Formulary | OTC                              |
| dss oral capsule 250 mg                                 | Formulary | OTC                              |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE                    | Formulary | OTC                              |
| enema pediatric rectal enema                            | Formulary | OTC                              |
| enema rectal enema 7-19 gm/118ml                        | Formulary | OTC                              |
| ENEMEEZ MINI RECTAL ENEMA                               | Formulary | OTC                              |
| eq daily fiber oral capsule                             | Formulary | OTC                              |
| eq fiber therapy oral tablet 625 mg                     | Formulary | OTC                              |
| eq smooth texture fiber oral powder                     | Formulary | OTC                              |
| EVAC-U-GEN ORAL TABLET                                  | Formulary | OTC                              |
| fiber oral tablet                                       | Formulary | OTC                              |
| fiber therapy oral tablet                               | Formulary | OTC                              |
| fiber-lax oral tablet                                   | Formulary | OTC                              |
| FLEET BISACODYL RECTAL ENEMA                            | Formulary | OTC                              |
| FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA                 | Formulary | OTC                              |
| FLEET MINI ENEMA RECTAL ENEMA                           | Formulary | OTC                              |
| FLEET PEDIATRIC RECTAL ENEMA                            | Formulary | OTC                              |
| gavilax oral packet 8.5 gm                              | Formulary | OTC; QL                          |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED                  | Formulary |                                  |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED                  | Formulary |                                  |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | Formulary |                                  |
| gentle laxative oral tablet delayed release             | Formulary | OTC                              |
| gentle laxative rectal suppository                      | Formulary | OTC                              |
| gentlelax oral powder                                   | Formulary | OTC; QL                          |
| geri-kot oral tablet                                    | Formulary | OTC                              |
| GLYCOLAX ORAL POWDER                                    | Formulary | OTC; QL                          |
| GNP CLEARLAX ORAL PACKET                                | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                    | Tier      | Coverage Requirements and Limits |
|---------------------------------------------------------|-----------|----------------------------------|
| gnp fiber-caps oral tablet                              | Formulary | OTC                              |
| gnp natural fiber oral capsule                          | Formulary | OTC                              |
| gnp natural fiber oral powder 28.3 %                    | Formulary | OTC                              |
| HEALTHYLAX ORAL PACKET                                  | Formulary | OTC                              |
| hm stool softener/laxative oral tablet                  | Formulary | OTC                              |
| KLS LAXACLEAR ORAL POWDER                               | Formulary | OTC; QL                          |
| laxacin oral tablet                                     | Formulary | OTC                              |
| laxative rectal suppository                             | Formulary | OTC                              |
| magnesium citrate oral solution 1.745 gm/30ml           | Formulary | OTC                              |
| medi-laxx oral capsule                                  | Formulary | OTC                              |
| METAMUCIL ORAL POWDER 48.57 %                           | Formulary | OTC                              |
| milk of magnesia oral suspension 400 mg/5ml             | Formulary | OTC                              |
| mineral oil heavy oil                                   | Formulary |                                  |
| mineral oil heavy oral oil                              | Formulary |                                  |
| mineral oil light oil                                   | Formulary |                                  |
| mineral oil oral oil                                    | Formulary | OTC                              |
| natural psyllium seed oral powder                       | Formulary | OTC                              |
| natural senna laxative oral tablet 8.6 mg               | Formulary | OTC                              |
| PEDIA-LAX ORAL LIQUID                                   | Formulary | OTC                              |
| PEDIA-LAX ORAL TABLET CHEWABLE                          | Formulary | OTC                              |
| peg 3350 oral packet                                    | Formulary | OTC                              |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | Formulary |                                  |
| peg-3350/electrolytes oral solution reconstituted       | Formulary |                                  |
| PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE          | Formulary | OTC                              |
| PHILLIPS ORAL TABLET                                    | Formulary | OTC                              |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE                    | Formulary | OTC                              |
| polyethylene glycol 3350 oral powder                    | Formulary | OTC; QL                          |
| polyethylene glycol 3350 powder                         | Formulary | QL                               |
| qc fiber laxative oral capsule                          | Formulary | OTC                              |
| qc natural vegetable oral powder                        | Formulary | OTC                              |
| qc natura-lax oral powder                               | Formulary | OTC; QL                          |
| ra col-rite oral capsule 100 mg, 250 mg                 | Formulary | OTC                              |
| ra glycerin adult rectal suppository                    | Formulary | OTC                              |
| ra laxative oral powder                                 | Formulary | OTC; QL                          |
| ra mineral oil oral oil                                 | Formulary | OTC                              |
| ra multihealth fiber oral powder                        | Formulary | OTC                              |
| ra p col-rite oral tablet                               | Formulary | OTC                              |
| REGULOID ORAL CAPSULE 400 MG                            | Formulary | OTC                              |
| senexon-s oral tablet                                   | Formulary | OTC                              |
| senna oral syrup 176 mg/5ml, 26.4 mg/15ml, 8.8 mg/5ml   | Formulary | OTC                              |
| senna oral tablet 8.6 mg                                | Formulary | OTC                              |
| senna-docusate sodium oral tablet                       | Formulary | OTC                              |
| senna-lax oral tablet                                   | Formulary | OTC                              |
| senna-plus oral tablet                                  | Formulary | OTC                              |
| senna-s oral tablet                                     | Formulary | OTC                              |
| senna-time s oral tablet                                | Formulary | OTC                              |
| sennosides-docusate sodium oral tablet                  | Formulary | OTC                              |
| sm enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml      | Formulary | OTC                              |
| sm fiber laxative oral tablet 500 mg                    | Formulary | OTC                              |
| sm fiber oral powder 43 %, 58.6 %                       | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                      | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| sm fiber powder oral powder 25 %                                                                                                                                          | Formulary     | OTC                              |
| sm glycerin pediatric rectal suppository                                                                                                                                  | Formulary     | OTC                              |
| sm laxative rectal suppository                                                                                                                                            | Formulary     | OTC                              |
| sm senna-s oral tablet                                                                                                                                                    | Formulary     | OTC                              |
| SMOOTH LAX ORAL PACKET                                                                                                                                                    | Formulary     | OTC                              |
| SMOOTH LAX ORAL POWDER                                                                                                                                                    | Formulary     | OTC; QL                          |
| sod phos mono-sod phos dibasic rectal enema                                                                                                                               | Formulary     | OTC                              |
| SOLUBLE FIBER THERAPY ORAL POWDER                                                                                                                                         | Formulary     | OTC                              |
| sorbitol solution 70 %                                                                                                                                                    | Formulary     |                                  |
| stimulant laxative oral tablet                                                                                                                                            | Formulary     | OTC                              |
| stool softener oral capsule 100 mg                                                                                                                                        | Formulary     | OTC                              |
| stool softener plus laxative oral tablet                                                                                                                                  | Formulary     | OTC                              |
| THE MAGIC BULLET RECTAL SUPPOSITORY                                                                                                                                       | Formulary     | OTC                              |
| tri-buffered aspirin oral tablet 325 mg                                                                                                                                   | Formulary     | OTC                              |
| UNIFIBER ORAL POWDER                                                                                                                                                      | Formulary     | OTC                              |
| WAL-MUCIL ORAL CAPSULE                                                                                                                                                    | Formulary     | OTC                              |
| WAL-MUCIL ORAL POWDER 43 %, 48.57 %, 58.6 %                                                                                                                               | Formulary     | OTC                              |
| womans laxative oral tablet delayed release                                                                                                                               | Formulary     | OTC                              |
| <b>Chloride Channel Activators</b>                                                                                                                                        |               |                                  |
| AMITIZA ORAL CAPSULE                                                                                                                                                      | Non-Preferred | PA                               |
| lubiprostone oral capsule                                                                                                                                                 | Preferred     | 90 Day Supply; QL                |
| <b>Cholelitholytic Agents</b>                                                                                                                                             |               |                                  |
| ursodiol oral capsule 300 mg                                                                                                                                              | Formulary     | 90 Day Supply                    |
| ursodiol oral tablet                                                                                                                                                      | Formulary     | 90 Day Supply                    |
| <b>Digestants</b>                                                                                                                                                         |               |                                  |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                              | Preferred     |                                  |
| cvs dairy relief ex st oral tablet                                                                                                                                        | Formulary     | OTC                              |
| eq dairy digestive fast acting oral tablet chewable                                                                                                                       | Formulary     | OTC                              |
| eql dairy digest fast acting oral tablet                                                                                                                                  | Formulary     | OTC                              |
| gnp dairy relief oral tablet                                                                                                                                              | Formulary     | OTC                              |
| lactase enzyme oral tablet 3000 unit                                                                                                                                      | Formulary     | OTC                              |
| lactose fast acting relief oral tablet                                                                                                                                    | Formulary     | OTC                              |
| lactose fast acting relief oral tablet chewable                                                                                                                           | Formulary     | OTC                              |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                            | Non-Preferred | PA                               |
| ra dairy aid oral tablet                                                                                                                                                  | Formulary     | OTC                              |
| ra dairy relief fast acting oral tablet chewable                                                                                                                          | Formulary     | OTC                              |
| sm ultra dairy digestive oral tablet                                                                                                                                      | Formulary     | OTC                              |
| VIOKACE ORAL TABLET                                                                                                                                                       | Non-Preferred | PA                               |
| 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 | Preferred     |                                  |
| <b>Dopamine Receptor Antagonists</b>                                                                                                                                      |               |                                  |
| droperidol injection solution                                                                                                                                             | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg                                                                                                                        | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG                                                                                                                             | Formulary     |                                  |
| <b>Gi Drugs, Miscellaneous</b>                                                                                                                                            |               |                                  |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                                                                                           | Non-Preferred | PA                               |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                                                                                           | Non-Preferred | PA                               |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                                                                   | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                             | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------------|
| ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT                                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT                                      | Non-Preferred | PA                               |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml | Non-Preferred | PA                               |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit                   | Preferred     | QL                               |
| adalimumab-bwwd subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-bwwd subcutaneous solution prefilled syringe                          | Non-Preferred | PA                               |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous auto-injector kit                                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous prefilled syringe kit                               | Non-Preferred | PA                               |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| AMITIZA ORAL CAPSULE                                                             | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML        | Non-Preferred | PA                               |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                                        | Non-Preferred | PA                               |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS KIT                                                | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT                                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                               | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                        | Non-Preferred | PA                               |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT                                | Non-Preferred | PA                               |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                           | Preferred     | QL                               |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED                                       | Non-Preferred | PA                               |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                  | Non-Preferred | PA                               |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR                                       | Non-Preferred | PA                               |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                            | Non-Preferred | PA                               |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                  | Non-Preferred | PA                               |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                     | Non-Preferred | PA                               |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT                                         | Non-Preferred | PA                               |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                    | Non-Preferred | PA; Specialty; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                                       | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                               | Non-Preferred | PA; Specialty                    |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                             | Non-Preferred | PA; Specialty; QL                |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                              | Non-Preferred | PA                               |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML       | Non-Preferred | PA                               |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                            | Non-Preferred | PA                               |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                   | Non-Preferred | PA                               |
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                    | Non-Preferred | PA                               |
| HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                         | Non-Preferred | PA                               |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                       | Non-Preferred | PA                               |
| IBSRELA ORAL TABLET                                                                                      | Non-Preferred | PA; QL                           |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA                               |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                    | Non-Preferred | PA                               |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                                                             | Non-Preferred | PA                               |
| infliximab intravenous solution reconstituted                                                            | Preferred     |                                  |
| LINZESS ORAL CAPSULE                                                                                     | Preferred     | QL                               |
| lubiprostone oral capsule                                                                                | Preferred     | 90 Day Supply; QL                |
| MOTEGRITY ORAL TABLET                                                                                    | Non-Preferred | PA; QL                           |
| MOVANTIK ORAL TABLET                                                                                     | Non-Preferred | PA; QL                           |
| OMVOH INTRAVENOUS SOLUTION                                                                               | Non-Preferred | PA                               |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                                                      | Non-Preferred | PA                               |
| orlistat oral capsule                                                                                    | Non-Preferred | PA; QL                           |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                                                              | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED                                                             | Non-Preferred | PA                               |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML                                              | Non-Preferred | PA                               |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                          | Non-Preferred | PA                               |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML                                      | Non-Preferred | PA                               |
| SIMPONI ARIA INTRAVENOUS SOLUTION                                                                        | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                              | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | Non-Preferred | PA; Specialty                    |
| SKYRIZI INTRAVENOUS SOLUTION                                                                             | Non-Preferred | PA                               |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML                                                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                               | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------|---------------|----------------------------------|
| STELARA INTRAVENOUS SOLUTION                                       | Non-Preferred | PA                               |
| SYMPROIC ORAL TABLET                                               | Non-Preferred | PA                               |
| TRULANCE ORAL TABLET                                               | Non-Preferred | PA; QL                           |
| ustekinumab intravenous solution                                   | Non-Preferred | PA                               |
| VIBERZI ORAL TABLET                                                | Non-Preferred | PA; QL                           |
| XENICAL ORAL CAPSULE                                               | Non-Preferred | PA; QL                           |
| XPHOZAH ORAL TABLET 30 MG                                          | Non-Preferred | PA                               |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | Non-Preferred | PA                               |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT            | Non-Preferred | PA                               |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                   | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                   | Non-Preferred | PA                               |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT           | Non-Preferred | PA                               |
| <b>Guanylate Cyclase C (Gcc) Recept Agonist</b>                    |               |                                  |
| LINZESS ORAL CAPSULE                                               | Preferred     | QL                               |
| TRULANCE ORAL TABLET                                               | Non-Preferred | PA; QL                           |
| <b>Histamine H2-Antagonists</b>                                    |               |                                  |
| acid controller max st oral tablet                                 | Formulary     | 90 Day Supply; OTC               |
| acid reducer maximum strength oral tablet 20 mg                    | Formulary     | 90 Day Supply; OTC               |
| cimetidine oral tablet 200 mg                                      | Formulary     |                                  |
| eql heartburn prevention oral tablet 10 mg                         | Formulary     | OTC                              |
| eql heartburn prevention oral tablet 20 mg                         | Formulary     | 90 Day Supply; OTC               |
| famotidine maximum strength oral tablet                            | Formulary     | 90 Day Supply; OTC               |
| famotidine oral suspension reconstituted                           | Formulary     |                                  |
| famotidine oral tablet 10 mg                                       | Formulary     | OTC                              |
| famotidine oral tablet 20 mg, 40 mg                                | Formulary     | 90 Day Supply                    |
| gnp acid reducer max st oral tablet                                | Formulary     | 90 Day Supply; OTC               |
| heartburn relief max st oral tablet 20 mg                          | Formulary     | 90 Day Supply; OTC               |
| heartburn relief oral tablet 10 mg                                 | Formulary     | OTC                              |
| ibuprofen-famotidine oral tablet                                   | Non-Preferred | PA                               |
| kls acid controller max st oral tablet                             | Formulary     | 90 Day Supply; OTC               |
| px acid reducer oral tablet 200 mg                                 | Formulary     | OTC                              |
| sm acid reducer oral tablet 10 mg                                  | Formulary     | OTC                              |
| <b>Immunomodulatory Agents (56:44)</b>                             |               |                                  |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED                         | Non-Preferred | PA                               |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | Non-Preferred | PA                               |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | Non-Preferred | PA                               |
| OMVOH INTRAVENOUS SOLUTION                                         | Non-Preferred | PA                               |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                | Non-Preferred | PA                               |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML            | Non-Preferred | PA                               |
| VELSIPITY ORAL TABLET                                              | Non-Preferred | PA; QL                           |
| <b>Lipotropic Agents</b>                                           |               |                                  |
| mega multiple/chelated mineral oral tablet                         | Formulary     | OTC                              |
| multi-vitamin hp/minerals oral capsule                             | Formulary     | OTC                              |
| scopolamine transdermal patch 72 hour                              | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------|---------------|----------------------------------|
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR                 | Preferred     |                                  |
| <b>Neurokinin-1 Receptor Antagonists</b>                 |               |                                  |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED               | Non-Preferred | PA                               |
| AKYNZEO ORAL CAPSULE                                     | Non-Preferred | PA                               |
| aprepitant oral capsule                                  | Formulary     | QL                               |
| aprepitant oral capsule therapy pack                     | Formulary     | QL                               |
| <b>Opioid Antagonists (56:18)</b>                        |               |                                  |
| MOVANTIK ORAL TABLET                                     | Non-Preferred | PA; QL                           |
| SYMPROIC ORAL TABLET                                     | Non-Preferred | PA                               |
| <b>Prokinetic Agents</b>                                 |               |                                  |
| GIMOTI NASAL SOLUTION                                    | Non-Preferred | PA                               |
| metoclopramide hcl oral solution 5 mg/5ml                | Formulary     |                                  |
| metoclopramide hcl oral tablet                           | Formulary     | 90 Day Supply                    |
| metoclopramide hcl oral tablet dispersible 5 mg          | Non-Preferred | PA                               |
| <b>Prostaglandins</b>                                    |               |                                  |
| ARTHROTEC ORAL TABLET DELAYED RELEASE                    | Non-Preferred | PA                               |
| diclofenac-misoprostol oral tablet delayed release       | Non-Preferred | PA                               |
| misoprostol oral tablet                                  | Formulary     |                                  |
| <b>Protectants</b>                                       |               |                                  |
| sucralfate oral suspension                               | Formulary     | QL                               |
| sucralfate oral tablet                                   | Formulary     |                                  |
| <b>Proton-Pump Inhibitors</b>                            |               |                                  |
| acid reducer oral capsule delayed release                | Preferred     | 90 Day Supply; OTC; QL           |
| cvs lansoprazole oral tablet delayed release dispersible | Non-Preferred | OTC                              |
| DEXILANT ORAL CAPSULE DELAYED RELEASE                    | Non-Preferred | PA                               |
| dexlansoprazole oral capsule delayed release             | Non-Preferred | PA                               |
| esomeprazole magnesium oral capsule delayed release      | Preferred     | 90 Day Supply; QL                |
| esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg   | Non-Preferred | PA                               |
| gnp esomeprazole magnesium oral capsule delayed release  | Preferred     | 90 Day Supply; OTC; QL           |
| gnp lansoprazole oral capsule delayed release            | Preferred     | 90 Day Supply; OTC; QL           |
| gnp omeprazole oral tablet delayed release               | Preferred     | OTC                              |
| GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE      | Preferred     | 90 Day Supply; OTC; QL           |
| goodsense lansoprazole oral capsule delayed release      | Preferred     | 90 Day Supply; OTC; QL           |
| kls esomeprazole magnesium oral capsule delayed release  | Preferred     | 90 Day Supply; OTC; QL           |
| kls lansoprazole oral capsule delayed release            | Preferred     | 90 Day Supply; OTC; QL           |
| kls omeprazole oral tablet delayed release               | Preferred     | OTC                              |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED                   | Non-Preferred | PA                               |
| kp omeprazole magnesium oral capsule delayed release     | Preferred     | 90 Day Supply; OTC               |
| lansoprazole oral capsule delayed release                | Preferred     | 90 Day Supply; QL                |
| lansoprazole oral tablet delayed release dispersible     | Non-Preferred | PA                               |
| naproxen-esomeprazole mg oral tablet delayed release     | Non-Preferred | PA                               |
| naproxen-esomeprazole oral tablet delayed release        | Non-Preferred | PA                               |
| NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE     | Non-Preferred | PA; OTC                          |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE                 | Non-Preferred | PA; OTC                          |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE                  | Non-Preferred | PA; OTC                          |
| NEXIUM ORAL CAPSULE DELAYED RELEASE                      | Non-Preferred | PA                               |
| NEXIUM ORAL PACKET                                       | Preferred     |                                  |
| omeprazole magnesium oral capsule delayed release        | Preferred     | 90 Day Supply; OTC               |
| omeprazole magnesium oral tablet delayed release         | Preferred     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                    | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| omeprazole oral capsule delayed release 10 mg, 40 mg                                                    | Preferred     | 90 Day Supply                    |
| omeprazole oral capsule delayed release 20 mg                                                           | Preferred     | 90 Day Supply; QL                |
| omeprazole oral tablet delayed release                                                                  | Preferred     | OTC                              |
| omeprazole oral tablet delayed release dispersible                                                      | Preferred     | OTC                              |
| omeprazole-sodium bicarbonate oral capsule                                                              | Non-Preferred | PA                               |
| omeprazole-sodium bicarbonate oral packet                                                               | Non-Preferred | PA                               |
| pantoprazole sodium oral packet                                                                         | Non-Preferred | PA                               |
| pantoprazole sodium oral tablet delayed release                                                         | Preferred     | 90 Day Supply; QL                |
| PREVACID 24HR ORAL CAPSULE DELAYED RELEASE                                                              | Non-Preferred | PA; OTC                          |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG                                                             | Non-Preferred | PA                               |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE                                                | Non-Preferred | PA                               |
| PRILOSEC ORAL PACKET                                                                                    | Non-Preferred | PA                               |
| PROTONIX ORAL PACKET                                                                                    | Non-Preferred | PA                               |
| PROTONIX ORAL TABLET DELAYED RELEASE                                                                    | Non-Preferred | PA; QL                           |
| qc esomeprazole magnesium oral capsule delayed release                                                  | Preferred     | 90 Day Supply; OTC; QL           |
| qc omeprazole magnesium oral capsule delayed release                                                    | Preferred     | 90 Day Supply; OTC; QL           |
| rabeprazole sodium oral tablet delayed release                                                          | Non-Preferred | PA                               |
| YOSPRALA ORAL TABLET DELAYED RELEASE                                                                    | Non-Preferred | PA                               |
| <b>Heavy Metal Antagonists</b>                                                                          |               |                                  |
| <b>Heavy Metal Antagonists</b>                                                                          |               |                                  |
| CHEMET ORAL CAPSULE                                                                                     | Formulary     |                                  |
| <b>Hormones And Synthetic Substitutes</b>                                                               |               |                                  |
| <b>Adrenals</b>                                                                                         |               |                                  |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | Preferred     | QL                               |
| ADVAIR HFA INHALATION AEROSOL                                                                           | Preferred     | QL                               |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                     | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                     | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                      | Non-Preferred | PA                               |
| AIRSUPRA INHALATION AEROSOL                                                                             | Non-Preferred | PA                               |
| ALVESCO INHALATION AEROSOL SOLUTION                                                                     | Non-Preferred | PA                               |
| AQUANIL HC EXTERNAL LOTION                                                                              | Formulary     | OTC                              |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                              | Preferred     | QL                               |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                      | Preferred     | QL                               |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                       | Preferred     | QL                               |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT          | Preferred     | QL                               |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                       | Preferred     | QL                               |
| ASMANEX HFA INHALATION AEROSOL                                                                          | Preferred     | QL                               |
| beta hc external lotion                                                                                 | Formulary     | OTC                              |
| betamethasone dipropionate aug external cream                                                           | Formulary     |                                  |
| betamethasone dipropionate aug external ointment                                                        | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| betamethasone dipropionate external cream                                                                                                                           | Formulary     |                                  |
| betamethasone dipropionate external lotion                                                                                                                          | Formulary     |                                  |
| betamethasone dipropionate external ointment                                                                                                                        | Formulary     |                                  |
| betamethasone valerate external cream                                                                                                                               | Formulary     |                                  |
| betamethasone valerate external lotion                                                                                                                              | Formulary     |                                  |
| betamethasone valerate external ointment                                                                                                                            | Formulary     |                                  |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH                                              | Non-Preferred | PA                               |
| BREYNA INHALATION AEROSOL                                                                                                                                           | Non-Preferred | PA                               |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                                                                                             | Non-Preferred | PA                               |
| budesonide er oral tablet extended release 24 hour                                                                                                                  | Non-Preferred | PA                               |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml                                                                                                            | Preferred     | 90 Day Supply; AL                |
| budesonide inhalation suspension 1 mg/2ml                                                                                                                           | Preferred     | AL                               |
| budesonide oral capsule delayed release particles                                                                                                                   | Non-Preferred | PA                               |
| budesonide-formoterol fumarate inhalation aerosol                                                                                                                   | Non-Preferred | PA                               |
| CORTIZONE-10 EXTERNAL OINTMENT                                                                                                                                      | Formulary     | OTC                              |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION                                                                                                                           | Formulary     | OTC                              |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM                                                                                                                       | Formulary     | OTC                              |
| CORTIZONE-10 PLUS EXTERNAL CREAM                                                                                                                                    | Formulary     | OTC                              |
| CORTIZONE-10/ALOE EXTERNAL CREAM                                                                                                                                    | Formulary     | OTC                              |
| cvs cortisone intense healing external cream                                                                                                                        | Formulary     | OTC                              |
| cvs cortisone maximum strength external cream                                                                                                                       | Formulary     | OTC                              |
| cvs cortisone maximum strength external ointment                                                                                                                    | Formulary     | OTC                              |
| cvs eczema anti-itch external cream                                                                                                                                 | Formulary     | OTC                              |
| DERMAREST ECZEMA EXTERNAL LOTION                                                                                                                                    | Formulary     | OTC                              |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE                                                                                                                             | Formulary     | 90 Day Supply                    |
| dexamethasone oral elixir                                                                                                                                           | Formulary     | 90 Day Supply                    |
| dexamethasone oral solution                                                                                                                                         | Formulary     |                                  |
| dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 6 mg                                                                                                       | Formulary     | 90 Day Supply                    |
| dexamethasone oral tablet 1 mg, 4 mg                                                                                                                                | Preferred     | 90 Day Supply                    |
| DULERA INHALATION AEROSOL                                                                                                                                           | Preferred     | QL                               |
| eqi anti-itch maximum strength external cream                                                                                                                       | Formulary     | OTC                              |
| fludrocortisone acetate oral tablet                                                                                                                                 | Formulary     | 90 Day Supply                    |
| flunisolide nasal solution 25 mcg/act (0.025%)                                                                                                                      | Non-Preferred | PA                               |
| fluticasone furoate ellipta inhalation aerosol powder breath activated                                                                                              | Non-Preferred | PA; QL                           |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act                                                            | Non-Preferred | PA                               |
| fluticasone propionate diskus inhalation aerosol powder breath activated                                                                                            | Non-Preferred | PA; QL                           |
| fluticasone propionate hfa inhalation aerosol                                                                                                                       | Preferred     | QL                               |
| fluticasone propionate nasal suspension                                                                                                                             | Preferred     | 90 Day Supply; QL                |
| fluticasone-salmeterol inhalation aerosol                                                                                                                           | Non-Preferred | PA                               |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose | Non-Preferred | PA; QL                           |
| fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act                                                     | Non-Preferred | PA                               |
| gnp fluticasone propionate nasal suspension                                                                                                                         | Preferred     | 90 Day Supply; OTC; QL           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                           | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------|---------------|----------------------------------|
| hydrocortisone (perianal) external cream 2.5 %                 | Formulary     |                                  |
| hydrocortisone external cream 0.5 %                            | Formulary     | OTC                              |
| hydrocortisone external cream 1 %, 2.5 %                       | Formulary     |                                  |
| hydrocortisone external lotion 1 %                             | Formulary     | OTC                              |
| hydrocortisone external lotion 2.5 %                           | Formulary     |                                  |
| hydrocortisone external ointment 0.5 %                         | Formulary     | OTC                              |
| hydrocortisone external ointment 1 %, 2.5 %                    | Formulary     |                                  |
| hydrocortisone max st external cream                           | Formulary     | OTC                              |
| hydrocortisone oral tablet                                     | Formulary     | 90 Day Supply                    |
| hydrocortisone rectal enema                                    | Formulary     | QL                               |
| hydrocortisone valerate external cream                         | Formulary     | QL                               |
| hydrocortisone/aloe max str external cream                     | Formulary     | OTC                              |
| hydrocortisone-acetic acid otic solution                       | Formulary     |                                  |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM                          | Formulary     | OTC                              |
| MEDROL ORAL TABLET 2 MG                                        | Formulary     |                                  |
| methylprednisolone oral tablet                                 | Formulary     |                                  |
| methylprednisolone oral tablet therapy pack                    | Formulary     |                                  |
| mometasone furoate external cream                              | Formulary     |                                  |
| mometasone furoate external ointment                           | Formulary     |                                  |
| mometasone furoate external solution                           | Formulary     |                                  |
| mometasone furoate nasal suspension                            | Preferred     |                                  |
| MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM                  | Formulary     | OTC                              |
| OMNARIS NASAL SUSPENSION                                       | Non-Preferred | PA                               |
| PEDIAPRED ORAL SOLUTION                                        | Formulary     |                                  |
| PRED MILD OPHTHALMIC SUSPENSION                                | Formulary     |                                  |
| prednisolone acetate ophthalmic suspension                     | Preferred     |                                  |
| prednisolone oral solution                                     | Formulary     | 90 Day Supply                    |
| prednisolone sodium phosphate ophthalmic solution              | Non-Preferred | PA                               |
| prednisolone sodium phosphate oral solution 15 mg/5ml          | Formulary     | 90 Day Supply                    |
| prednisolone sodium phosphate oral solution 5 mg/5ml           | Formulary     |                                  |
| PREDNISONE INTENSOL ORAL CONCENTRATE                           | Formulary     |                                  |
| prednisone oral solution                                       | Formulary     |                                  |
| prednisone oral tablet                                         | Formulary     | 90 Day Supply                    |
| prednisone oral tablet therapy pack 5 mg (21)                  | Formulary     |                                  |
| PREPARATION H EXTERNAL CREAM 1 %                               | Formulary     | OTC                              |
| PREPARATION H SOOTHING RELIEF EXTERNAL CREAM                   | Formulary     | OTC                              |
| PROCTOFOAM HC EXTERNAL FOAM                                    | Formulary     |                                  |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Preferred     | QL                               |
| PULMICORT INHALATION SUSPENSION                                | Non-Preferred | PA; AL                           |
| px hydrocream external cream                                   | Formulary     | OTC                              |
| qc allergy relief nasal suspension                             | Formulary     | 90 Day Supply; OTC; QL           |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION                         | Non-Preferred | PA                               |
| QNASL NASAL AEROSOL SOLUTION                                   | Non-Preferred | PA                               |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED              | Preferred     |                                  |
| ra anti-itch maximum strength external ointment                | Formulary     | OTC                              |
| RYALTRIS NASAL SUSPENSION                                      | Non-Preferred | PA                               |
| SINUVA NASAL IMPLANT                                           | Non-Preferred | PA                               |
| sm allergy relief nasal suspension                             | Formulary     | 90 Day Supply; OTC; QL           |
| SYMBICORT INHALATION AEROSOL                                   | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                                    | Non-Preferred | PA                               |
| triamcinolone acetonide external cream                                                                        | Formulary     |                                  |
| triamcinolone acetonide external lotion                                                                       | Formulary     |                                  |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %                                               | Formulary     |                                  |
| TRIDERM EXTERNAL CREAM 0.5 %                                                                                  | Formulary     |                                  |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                                                     | Non-Preferred | PA                               |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED                                                       | Non-Preferred | PA; QL                           |
| XHANCE NASAL EXHALER SUSPENSION                                                                               | Non-Preferred | PA                               |
| <b>Alpha-Glucosidase Inhibitors</b>                                                                           |               |                                  |
| acarbose oral tablet                                                                                          | Preferred     | 90 Day Supply                    |
| miglitol oral tablet                                                                                          | Non-Preferred | PA                               |
| <b>Amylinomimetics</b>                                                                                        |               |                                  |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                              | Preferred     | PA                               |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                               | Preferred     | PA                               |
| <b>Androgens</b>                                                                                              |               |                                  |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)                                                            | Non-Preferred | PA                               |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML                                                            | Formulary     | PA                               |
| TESTIM TRANSDERMAL GEL                                                                                        | Preferred     | PA                               |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml                                            | Formulary     | PA                               |
| testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)                   | Preferred     | PA                               |
| testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%) | Non-Preferred | PA                               |
| VOGELXO PUMP TRANSDERMAL GEL                                                                                  | Non-Preferred | PA                               |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)                                                                        | Non-Preferred | PA                               |
| <b>Antidiabetic Agents, Miscellaneous</b>                                                                     |               |                                  |
| colesevelam hcl oral packet                                                                                   | Non-Preferred | PA                               |
| colesevelam hcl oral tablet                                                                                   | Non-Preferred | PA                               |
| mifepristone oral tablet 300 mg                                                                               | Formulary     | PA; QL                           |
| WELCHOL ORAL PACKET                                                                                           | Non-Preferred | PA                               |
| WELCHOL ORAL TABLET                                                                                           | Non-Preferred | PA                               |
| <b>Antiestrogens</b>                                                                                          |               |                                  |
| letrozole oral tablet                                                                                         | Formulary     | PA; 90 Day Supply; QL            |
| <b>Antigonadotropins</b>                                                                                      |               |                                  |
| AFTERA ORAL TABLET                                                                                            | Formulary     | OTC                              |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)                                                            | Non-Preferred | PA                               |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML                                                            | Formulary     | PA                               |
| ECONTRA ONE-STEP ORAL TABLET                                                                                  | Formulary     | OTC                              |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE                                                                      | Preferred     | EDS                              |
| levonorgestrel oral tablet 1.5 mg                                                                             | Formulary     | OTC                              |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY                                                 | Preferred     | EDS                              |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY                                        | Preferred     | EDS                              |
| MY CHOICE ORAL TABLET                                                                                         | Formulary     | OTC                              |
| MY WAY ORAL TABLET                                                                                            | Formulary     | OTC                              |
| NEW DAY ORAL TABLET                                                                                           | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| NEXPLANON SUBCUTANEOUS IMPLANT                                                                                | Preferred     | EDS                              |
| OPCICON ONE-STEP ORAL TABLET                                                                                  | Formulary     | OTC                              |
| OPTION 2 ORAL TABLET                                                                                          | Formulary     | OTC                              |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE                                                                        | Preferred     | EDS                              |
| SLYND ORAL TABLET                                                                                             | Preferred     | EDS; QL                          |
| TESTIM TRANSDERMAL GEL                                                                                        | Preferred     | PA                               |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml                                            | Formulary     | PA                               |
| testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)                   | Preferred     | PA                               |
| testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%) | Non-Preferred | PA                               |
| VOGELXO PUMP TRANSDERMAL GEL                                                                                  | Non-Preferred | PA                               |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)                                                                        | Non-Preferred | PA                               |
| <b>Antihypoglycemic Agents, Miscellaneous</b>                                                                 |               |                                  |
| cvs glucose oral gel 40 %                                                                                     | Formulary     | OTC                              |
| DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG                                                                           | Formulary     | OTC; QL                          |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE                                                                          | Formulary     | OTC; QL                          |
| DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE                                                              | Formulary     | OTC; QL                          |
| diazoxide oral suspension                                                                                     | Non-Preferred | PA                               |
| glucose oral gel 40 %                                                                                         | Formulary     | OTC                              |
| glucose oral tablet chewable 4 gm                                                                             | Formulary     | OTC; QL                          |
| GLUTOSE 15 ORAL GEL                                                                                           | Formulary     | OTC                              |
| GLUTOSE 45 ORAL GEL                                                                                           | Formulary     | OTC                              |
| PROGLYCEM ORAL SUSPENSION                                                                                     | Preferred     |                                  |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM                                                                    | Formulary     | OTC; QL                          |
| <b>Antiparathyroid Agents</b>                                                                                 |               |                                  |
| calcitonin (salmon) nasal solution                                                                            | Preferred     |                                  |
| <b>Antithyroid Agents</b>                                                                                     |               |                                  |
| methimazole oral tablet                                                                                       | Formulary     | 90 Day Supply                    |
| propylthiouracil oral tablet                                                                                  | Formulary     | 90 Day Supply                    |
| <b>Biguanides</b>                                                                                             |               |                                  |
| alogliptin-metformin hcl oral tablet                                                                          | Non-Preferred | PA                               |
| dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg                      | Non-Preferred | PA                               |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour                                           | Non-Preferred | PA                               |
| glipizide-metformin hcl oral tablet                                                                           | Formulary     | 90 Day Supply; QL                |
| glyburide-metformin oral tablet                                                                               | Formulary     | 90 Day Supply; QL                |
| INVOKAMET ORAL TABLET                                                                                         | Non-Preferred | PA                               |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                             | Non-Preferred | PA                               |
| JANUMET ORAL TABLET                                                                                           | Preferred     | QL                               |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                               | Preferred     | QL                               |
| JENTADUETO ORAL TABLET                                                                                        | Preferred     |                                  |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                            | Preferred     | QL                               |
| metformin hcl er oral tablet extended release 24 hour                                                         | Formulary     | 90 Day Supply; QL                |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg                                                             | Formulary     | 90 Day Supply; QL                |
| pioglitazone hcl-metformin hcl oral tablet                                                                    | Non-Preferred | PA                               |
| saxagliptin-metformin er oral tablet extended release 24 hour                                                 | Non-Preferred | PA                               |
| SEGLUROMET ORAL TABLET                                                                                        | Non-Preferred | PA                               |
| sitagliptin base-metformin hcl oral tablet                                                                    | Non-Preferred | PA; QL                           |
| SYNJARDY ORAL TABLET                                                                                          | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                    | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------|---------------|----------------------------------|
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR        | Preferred     | QL                               |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR        | Non-Preferred | PA                               |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Preferred     | QL                               |
| ZITUVIMET ORAL TABLET                                   | Non-Preferred | PA; QL                           |
| ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR       | Non-Preferred | PA; QL                           |
| <b>Contraceptives</b>                                   |               |                                  |
| AFIRMELLE ORAL TABLET                                   | Preferred     | EDS; QL                          |
| AFTERA ORAL TABLET                                      | Formulary     | OTC                              |
| ALTAVERA ORAL TABLET                                    | Preferred     | EDS; QL                          |
| alyacen 1/35 oral tablet                                | Preferred     | EDS; QL                          |
| alyacen 7/7/7 oral tablet                               | Preferred     | EDS; QL                          |
| AMETHIA ORAL TABLET                                     | Preferred     | EDS; QL                          |
| AMETHYST ORAL TABLET                                    | Preferred     | EDS; QL                          |
| ANNOVERA VAGINAL RING                                   | Preferred     | EDS                              |
| APRI ORAL TABLET                                        | Preferred     | EDS; QL                          |
| ARANELLE ORAL TABLET                                    | Preferred     | EDS; QL                          |
| ASHLYNA ORAL TABLET                                     | Preferred     | EDS; QL                          |
| AUBRA EQ ORAL TABLET                                    | Preferred     | EDS; QL                          |
| AUROVELA 1.5/30 ORAL TABLET                             | Preferred     | EDS; QL                          |
| AUROVELA 1/20 ORAL TABLET                               | Preferred     | EDS; QL                          |
| AUROVELA 24 FE ORAL TABLET                              | Preferred     | EDS; QL                          |
| AUROVELA FE 1.5/30 ORAL TABLET                          | Preferred     | EDS; QL                          |
| AUROVELA FE 1/20 ORAL TABLET                            | Preferred     | EDS; QL                          |
| AVIANE ORAL TABLET                                      | Preferred     | EDS; QL                          |
| AYUNA ORAL TABLET                                       | Preferred     | EDS; QL                          |
| AZURETTE ORAL TABLET                                    | Preferred     | EDS; QL                          |
| BALCOLTRA ORAL TABLET                                   | Preferred     | EDS; QL                          |
| BALZIVA ORAL TABLET                                     | Preferred     | EDS; QL                          |
| BEYAZ ORAL TABLET                                       | Preferred     | EDS; QL                          |
| BLISOVI 24 FE ORAL TABLET                               | Preferred     | EDS; QL                          |
| BLISOVI FE 1.5/30 ORAL TABLET                           | Preferred     | EDS; QL                          |
| BLISOVI FE 1/20 ORAL TABLET                             | Preferred     | EDS; QL                          |
| briellyn oral tablet                                    | Preferred     | EDS; QL                          |
| CAMILA ORAL TABLET                                      | Preferred     | EDS; QL                          |
| CAMRESE LO ORAL TABLET                                  | Preferred     | EDS; QL                          |
| CAMRESE ORAL TABLET                                     | Preferred     | EDS; QL                          |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE                    | Preferred     | EDS; QL                          |
| CHATEAL EQ ORAL TABLET                                  | Preferred     | EDS; QL                          |
| CRYSSELLE ORAL TABLET                                   | Formulary     | EDS; QL                          |
| CRYSSELLE-28 ORAL TABLET                                | Preferred     | EDS; QL                          |
| CYRED EQ ORAL TABLET                                    | Preferred     | EDS; QL                          |
| DASETTA 1/35 (28) ORAL TABLET                           | Preferred     | EDS; QL                          |
| DASETTA 7/7/7 ORAL TABLET                               | Preferred     | EDS; QL                          |
| DAYSEE ORAL TABLET                                      | Preferred     | EDS; QL                          |
| DEBLITANE ORAL TABLET                                   | Preferred     | EDS; QL                          |
| DELYLA ORAL TABLET                                      | Preferred     | EDS; QL                          |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML         | Preferred     | EDS; QL                          |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Preferred     | EDS                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                            | Tier      | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | Preferred | EDS                              |
| desogestrel-ethinyl estradiol oral tablet                       | Preferred | EDS; QL                          |
| DOLISHALE ORAL TABLET                                           | Preferred | EDS; QL                          |
| drospiren-eth estrad-levomefol oral tablet                      | Preferred | EDS; QL                          |
| drospirenone-ethinyl estradiol oral tablet                      | Preferred | EDS; QL                          |
| ECONTRA ONE-STEP ORAL TABLET                                    | Formulary | OTC                              |
| ELINEST ORAL TABLET                                             | Preferred | EDS; QL                          |
| ELLA ORAL TABLET                                                | Formulary | QL                               |
| ELURYNG VAGINAL RING                                            | Preferred | EDS                              |
| ENILLORING VAGINAL RING                                         | Preferred | EDS; QL                          |
| ENPRESSE-28 ORAL TABLET                                         | Preferred | EDS; QL                          |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                              | Preferred | EDS; QL                          |
| ERRIN ORAL TABLET                                               | Preferred | EDS; QL                          |
| ESTARYLLA ORAL TABLET                                           | Preferred | EDS; QL                          |
| ethynodiol diac-eth estradiol oral tablet                       | Preferred | EDS; QL                          |
| etonogestrel-ethinyl estradiol vaginal ring                     | Preferred | EDS                              |
| FALMINA ORAL TABLET                                             | Preferred | EDS; QL                          |
| FINZALA ORAL TABLET CHEWABLE                                    | Preferred | EDS; QL                          |
| GALBRIELA ORAL TABLET CHEWABLE                                  | Formulary | EDS                              |
| GEMMILY ORAL CAPSULE                                            | Preferred | EDS; QL                          |
| GENERESS FE ORAL TABLET CHEWABLE                                | Preferred | EDS; QL                          |
| HAILEY 1.5/30 ORAL TABLET                                       | Preferred | EDS; QL                          |
| HAILEY 24 FE ORAL TABLET                                        | Preferred | EDS; QL                          |
| HAILEY FE 1.5/30 ORAL TABLET                                    | Preferred | EDS; QL                          |
| HAILEY FE 1/20 ORAL TABLET                                      | Preferred | EDS; QL                          |
| HALOETTE VAGINAL RING                                           | Preferred | EDS; QL                          |
| HEATHER ORAL TABLET                                             | Preferred | EDS; QL                          |
| ICLEVIA ORAL TABLET                                             | Preferred | EDS; QL                          |
| INCASSIA ORAL TABLET                                            | Preferred | EDS; QL                          |
| INTROVALE ORAL TABLET                                           | Preferred | EDS; QL                          |
| ISIBLOOM ORAL TABLET                                            | Preferred | EDS; QL                          |
| JAIMIESS ORAL TABLET                                            | Preferred | EDS; QL                          |
| JASMIEL ORAL TABLET                                             | Preferred | EDS; QL                          |
| JENCYCLA ORAL TABLET                                            | Preferred | EDS; QL                          |
| JOLESSA ORAL TABLET                                             | Preferred | EDS; QL                          |
| JOYEAX ORAL TABLET                                              | Preferred | EDS; QL                          |
| JULEBER ORAL TABLET                                             | Preferred | EDS; QL                          |
| JUNEL 1.5/30 ORAL TABLET                                        | Preferred | EDS; QL                          |
| JUNEL 1/20 ORAL TABLET                                          | Preferred | EDS; QL                          |
| JUNEL FE 1.5/30 ORAL TABLET                                     | Preferred | EDS; QL                          |
| JUNEL FE 1/20 ORAL TABLET                                       | Preferred | EDS; QL                          |
| JUNEL FE 24 ORAL TABLET                                         | Preferred | EDS; QL                          |
| KAITLIB FE ORAL TABLET CHEWABLE                                 | Preferred | EDS; QL                          |
| KALLIGA ORAL TABLET                                             | Preferred | EDS; QL                          |
| KARIVA ORAL TABLET                                              | Preferred | EDS; QL                          |
| KELNOR 1/35 ORAL TABLET                                         | Preferred | EDS; QL                          |
| KELNOR 1/50 ORAL TABLET                                         | Preferred | EDS; QL                          |
| KURVELO ORAL TABLET                                             | Preferred | EDS; QL                          |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE                        | Preferred | EDS                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                   | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------------|-----------|----------------------------------|
| LARIN 1.5/30 ORAL TABLET                                               | Preferred | EDS; QL                          |
| LARIN 1/20 ORAL TABLET                                                 | Preferred | EDS; QL                          |
| LARIN 24 FE ORAL TABLET                                                | Preferred | EDS; QL                          |
| LARIN FE 1.5/30 ORAL TABLET                                            | Preferred | EDS; QL                          |
| LARIN FE 1/20 ORAL TABLET                                              | Preferred | EDS; QL                          |
| LAYOLIS FE ORAL TABLET CHEWABLE                                        | Preferred | EDS; QL                          |
| LEENA ORAL TABLET                                                      | Preferred | EDS; QL                          |
| LESSINA ORAL TABLET                                                    | Preferred | EDS; QL                          |
| LEVONEST ORAL TABLET                                                   | Preferred | EDS; QL                          |
| levonorgest-eth est & eth est oral tablet                              | Preferred | EDS; QL                          |
| levonorgest-eth estrad 91-day oral tablet                              | Preferred | EDS; QL                          |
| levonorgest-eth estradiol-iron oral tablet                             | Preferred | EDS; QL                          |
| levonorgestrel oral tablet 1.5 mg                                      | Formulary | OTC                              |
| levonorgestrel-ethinyl estrad oral tablet                              | Preferred | EDS; QL                          |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg      | Preferred | EDS; QL                          |
| LEVORA 0.15/30 (28) ORAL TABLET                                        | Preferred | EDS; QL                          |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY          | Preferred | EDS                              |
| LO LOESTRIN FE ORAL TABLET                                             | Preferred | EDS; QL                          |
| LOESTRIN 1.5/30 (21) ORAL TABLET                                       | Preferred | EDS; QL                          |
| LOESTRIN 1/20 (21) ORAL TABLET                                         | Preferred | EDS; QL                          |
| LOESTRIN FE 1.5/30 ORAL TABLET                                         | Preferred | EDS; QL                          |
| LOESTRIN FE 1/20 ORAL TABLET                                           | Preferred | EDS; QL                          |
| LOJAIMIESS ORAL TABLET                                                 | Preferred | EDS; QL                          |
| LORYNA ORAL TABLET                                                     | Preferred | EDS; QL                          |
| LOW-OGESTREL ORAL TABLET                                               | Preferred | EDS; QL                          |
| LO-ZUMANDIMINE ORAL TABLET                                             | Preferred | EDS; QL                          |
| LUIZZA 1.5/30 ORAL TABLET                                              | Formulary | EDS                              |
| LUTERA ORAL TABLET                                                     | Preferred | EDS; QL                          |
| LYLEQ ORAL TABLET                                                      | Preferred | EDS; QL                          |
| LYZA ORAL TABLET                                                       | Preferred | EDS; QL                          |
| marlissa oral tablet                                                   | Preferred | EDS; QL                          |
| medroxyprogesterone acetate intramuscular suspension                   | Preferred | EDS; QL                          |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | Preferred | EDS; QL                          |
| MELEYA ORAL TABLET                                                     | Formulary | EDS                              |
| MERZEE ORAL CAPSULE                                                    | Preferred | EDS; QL                          |
| MIBELAS 24 FE ORAL TABLET CHEWABLE                                     | Preferred | EDS; QL                          |
| MICROGESTIN 1.5/30 ORAL TABLET                                         | Preferred | EDS; QL                          |
| MICROGESTIN 1/20 ORAL TABLET                                           | Preferred | EDS; QL                          |
| MICROGESTIN 24 FE ORAL TABLET                                          | Preferred | EDS; QL                          |
| MICROGESTIN FE 1.5/30 ORAL TABLET                                      | Preferred | EDS; QL                          |
| MICROGESTIN FE 1/20 ORAL TABLET                                        | Preferred | EDS; QL                          |
| MILI ORAL TABLET                                                       | Preferred | EDS; QL                          |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE                                   | Preferred | EDS; QL                          |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY | Preferred | EDS                              |
| MONO-LINYAH ORAL TABLET                                                | Preferred | EDS; QL                          |
| MY CHOICE ORAL TABLET                                                  | Formulary | OTC                              |
| MY WAY ORAL TABLET                                                     | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier      | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| NATAZIA ORAL TABLET                                               | Preferred | EDS; QL                          |
| NECON 0.5/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NECON 1/35 (28) ORAL TABLET                                       | Preferred | EDS; QL                          |
| NEW DAY ORAL TABLET                                               | Formulary | OTC                              |
| NEXPLANON SUBCUTANEOUS IMPLANT                                    | Preferred | EDS                              |
| NEXTSTELLIS ORAL TABLET                                           | Preferred | EDS; QL                          |
| NIKKI ORAL TABLET                                                 | Preferred | EDS; QL                          |
| NORA-BE ORAL TABLET                                               | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral capsule                           | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet chewable                   | Preferred | EDS; QL                          |
| norethindrone acet-ethinyl est oral tablet                        | Preferred | EDS; QL                          |
| norethindrone oral tablet                                         | Preferred | EDS; QL                          |
| norethindron-ethinyl estrad-fe oral tablet                        | Preferred | EDS; QL                          |
| norethin-eth estradiol-fe oral tablet chewable                    | Preferred | EDS; QL                          |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg             | Preferred | EDS; QL                          |
| norgestim-eth estrad triphasic oral tablet                        | Preferred | EDS; QL                          |
| NORLYDA ORAL TABLET                                               | Preferred | EDS; QL                          |
| NORLYROC ORAL TABLET                                              | Preferred | EDS; QL                          |
| NORTREL 0.5/35 (28) ORAL TABLET                                   | Preferred | EDS; QL                          |
| NORTREL 1/35 (21) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 1/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 7/7/7 ORAL TABLET                                         | Preferred | EDS; QL                          |
| NUVARING VAGINAL RING                                             | Preferred | EDS; QL                          |
| NYLIA 1/35 ORAL TABLET                                            | Preferred | EDS; QL                          |
| NYLIA 7/7/7 ORAL TABLET                                           | Preferred | EDS; QL                          |
| NYMYO ORAL TABLET                                                 | Preferred | EDS; QL                          |
| OCELLA ORAL TABLET                                                | Preferred | EDS; QL                          |
| OPCICON ONE-STEP ORAL TABLET                                      | Formulary | OTC                              |
| OPILL ORAL TABLET                                                 | Preferred | EDS; OTC; QL                     |
| OPTION 2 ORAL TABLET                                              | Formulary | OTC                              |
| ORSYTHIA ORAL TABLET                                              | Preferred | EDS; QL                          |
| ORTHO TRI-CYCLEN LO ORAL TABLET                                   | Preferred | EDS; QL                          |
| PHILITH ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIMTREA ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIRMELLA 7/7/7 ORAL TABLET                                        | Preferred | EDS; QL                          |
| PORTIA-28 ORAL TABLET                                             | Preferred | EDS; QL                          |
| RECLIPSEN ORAL TABLET                                             | Preferred | EDS; QL                          |
| RIVELSA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SAFYRAL ORAL TABLET                                               | Preferred | EDS; QL                          |
| SETLAKIN ORAL TABLET                                              | Preferred | EDS; QL                          |
| SHAROBEL ORAL TABLET                                              | Preferred | EDS; QL                          |
| SIMLIYA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SIMPESSE ORAL TABLET                                              | Preferred | EDS; QL                          |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE                            | Preferred | EDS                              |
| SLYND ORAL TABLET                                                 | Preferred | EDS; QL                          |
| SOLIA ORAL TABLET                                                 | Preferred | EDS; QL                          |
| SPRINTEC 28 ORAL TABLET                                           | Preferred | EDS; QL                          |
| SRONYX ORAL TABLET                                                | Preferred | EDS; QL                          |
| SYEDA ORAL TABLET                                                 | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                         | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|---------------|----------------------------------|
| TARINA 24 FE ORAL TABLET                                                     | Preferred     | EDS; QL                          |
| TARINA FE 1/20 EQ ORAL TABLET                                                | Preferred     | EDS; QL                          |
| TAYSOFY ORAL CAPSULE                                                         | Preferred     | EDS; QL                          |
| TAYTULLA ORAL CAPSULE                                                        | Preferred     | EDS; QL                          |
| TILIA FE ORAL TABLET                                                         | Preferred     | EDS; QL                          |
| TRI FEMYNOR ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| TRI-ESTARYLLA ORAL TABLET                                                    | Preferred     | EDS; QL                          |
| TRI-LEGEST FE ORAL TABLET                                                    | Preferred     | EDS; QL                          |
| TRI-LINYAH ORAL TABLET                                                       | Preferred     | EDS; QL                          |
| TRI-LO-ESTARYLLA ORAL TABLET                                                 | Preferred     | EDS; QL                          |
| TRI-LO-MARZIA ORAL TABLET                                                    | Preferred     | EDS; QL                          |
| TRI-LO-MILI ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| TRI-LO-SPRINTEC ORAL TABLET                                                  | Preferred     | EDS; QL                          |
| TRI-MILI ORAL TABLET                                                         | Preferred     | EDS; QL                          |
| TRINESSA (28) ORAL TABLET                                                    | Preferred     | EDS; QL                          |
| TRI-NYMYO ORAL TABLET                                                        | Preferred     | EDS; QL                          |
| TRI-SPRINTEC ORAL TABLET                                                     | Preferred     | EDS; QL                          |
| TRIVORA (28) ORAL TABLET                                                     | Preferred     | EDS; QL                          |
| TRI-VYLIBRA LO ORAL TABLET                                                   | Preferred     | EDS; QL                          |
| TRI-VYLIBRA ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| TURQOZ ORAL TABLET                                                           | Preferred     | EDS; QL                          |
| TWIRLA TRANSDERMAL PATCH WEEKLY                                              | Preferred     | EDS; QL                          |
| TYBLUME ORAL TABLET CHEWABLE                                                 | Preferred     | EDS; QL                          |
| TYDEMY ORAL TABLET                                                           | Preferred     | EDS; QL                          |
| VALTYA 1/35 ORAL TABLET                                                      | Formulary     | EDS                              |
| VELIVET ORAL TABLET                                                          | Preferred     | EDS                              |
| VESTURA ORAL TABLET                                                          | Preferred     | EDS; QL                          |
| VIENVA ORAL TABLET                                                           | Preferred     | EDS; QL                          |
| violele oral tablet                                                          | Preferred     | EDS; QL                          |
| VOLNEA ORAL TABLET                                                           | Preferred     | EDS; QL                          |
| VYFEMLA ORAL TABLET                                                          | Preferred     | EDS; QL                          |
| VYLIBRA ORAL TABLET                                                          | Preferred     | EDS; QL                          |
| WERA ORAL TABLET                                                             | Preferred     | EDS; QL                          |
| WYMZYA FE ORAL TABLET CHEWABLE                                               | Preferred     | EDS; QL                          |
| XULANE TRANSDERMAL PATCH WEEKLY                                              | Preferred     | EDS; QL                          |
| YASMIN 28 ORAL TABLET                                                        | Preferred     | EDS; QL                          |
| YAZ ORAL TABLET                                                              | Preferred     | EDS; QL                          |
| ZAFEMY TRANSDERMAL PATCH WEEKLY                                              | Preferred     | EDS; QL                          |
| ZOVIA 1/35 (28) ORAL TABLET                                                  | Preferred     | EDS; QL                          |
| ZUMANDIMINE ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| <b>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</b>                              |               |                                  |
| alogliptin benzoate oral tablet                                              | Non-Preferred | PA                               |
| alogliptin-metformin hcl oral tablet                                         | Non-Preferred | PA                               |
| alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg | Non-Preferred | PA                               |
| BRYNOVIN ORAL SOLUTION                                                       | Non-Preferred | PA                               |
| GLYXAMBI ORAL TABLET                                                         | Non-Preferred | PA                               |
| JANUMET ORAL TABLET                                                          | Preferred     | QL                               |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                              | Preferred     | QL                               |
| JANUVIA ORAL TABLET                                                          | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| JENTADUETO ORAL TABLET                                        | Preferred     |                                  |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR            | Preferred     | QL                               |
| QTERN ORAL TABLET                                             | Non-Preferred | PA                               |
| saxagliptin hcl oral tablet                                   | Non-Preferred | PA                               |
| saxagliptin-metformin er oral tablet extended release 24 hour | Non-Preferred | PA                               |
| sitagliptin base-metformin hcl oral tablet                    | Non-Preferred | PA; QL                           |
| sitagliptin oral tablet                                       | Non-Preferred | PA; QL                           |
| STEGLUJAN ORAL TABLET                                         | Non-Preferred | PA                               |
| TRADJENTA ORAL TABLET                                         | Preferred     |                                  |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR              | Non-Preferred | PA                               |
| ZITUVIMET ORAL TABLET                                         | Non-Preferred | PA; QL                           |
| ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR             | Non-Preferred | PA; QL                           |
| ZITUVIO ORAL TABLET                                           | Non-Preferred | PA; QL                           |
| <b>Estrogen Agonist-Antagonists</b>                           |               |                                  |
| EVISTA ORAL TABLET                                            | Non-Preferred | PA                               |
| FARESTON ORAL TABLET                                          | Formulary     | PA                               |
| raloxifene hcl oral tablet                                    | Preferred     | 90 Day Supply                    |
| tamoxifen citrate oral tablet                                 | Formulary     | 90 Day Supply                    |
| toremifene citrate oral tablet                                | Formulary     | PA                               |
| <b>Estrogens</b>                                              |               |                                  |
| AFIRMELLE ORAL TABLET                                         | Preferred     | EDS; QL                          |
| ALTAVERA ORAL TABLET                                          | Preferred     | EDS; QL                          |
| alyacen 1/35 oral tablet                                      | Preferred     | EDS; QL                          |
| alyacen 7/7/7 oral tablet                                     | Preferred     | EDS; QL                          |
| AMABELZ ORAL TABLET                                           | Formulary     |                                  |
| AMETHIA ORAL TABLET                                           | Preferred     | EDS; QL                          |
| AMETHYST ORAL TABLET                                          | Preferred     | EDS; QL                          |
| ANNOVERA VAGINAL RING                                         | Preferred     | EDS                              |
| APRI ORAL TABLET                                              | Preferred     | EDS; QL                          |
| ARANELLE ORAL TABLET                                          | Preferred     | EDS; QL                          |
| ASHLYNA ORAL TABLET                                           | Preferred     | EDS; QL                          |
| AUBRA EQ ORAL TABLET                                          | Preferred     | EDS; QL                          |
| AUROVELA 1.5/30 ORAL TABLET                                   | Preferred     | EDS; QL                          |
| AUROVELA 1/20 ORAL TABLET                                     | Preferred     | EDS; QL                          |
| AUROVELA 24 FE ORAL TABLET                                    | Preferred     | EDS; QL                          |
| AUROVELA FE 1.5/30 ORAL TABLET                                | Preferred     | EDS; QL                          |
| AUROVELA FE 1/20 ORAL TABLET                                  | Preferred     | EDS; QL                          |
| AVIANE ORAL TABLET                                            | Preferred     | EDS; QL                          |
| AYUNA ORAL TABLET                                             | Preferred     | EDS; QL                          |
| AZURETTE ORAL TABLET                                          | Preferred     | EDS; QL                          |
| BALCOLTRA ORAL TABLET                                         | Preferred     | EDS; QL                          |
| BALZIVA ORAL TABLET                                           | Preferred     | EDS; QL                          |
| BEYAZ ORAL TABLET                                             | Preferred     | EDS; QL                          |
| BLISOVI 24 FE ORAL TABLET                                     | Preferred     | EDS; QL                          |
| BLISOVI FE 1.5/30 ORAL TABLET                                 | Preferred     | EDS; QL                          |
| BLISOVI FE 1/20 ORAL TABLET                                   | Preferred     | EDS; QL                          |
| briellyn oral tablet                                          | Preferred     | EDS; QL                          |
| CAMRESE LO ORAL TABLET                                        | Preferred     | EDS; QL                          |
| CAMRESE ORAL TABLET                                           | Preferred     | EDS; QL                          |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE                          | Preferred     | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                              | Tier      | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CHATEAL EQ ORAL TABLET                                                                            | Preferred | EDS; QL                          |
| CRYSSELLE ORAL TABLET                                                                             | Formulary | EDS; QL                          |
| CRYSSELLE-28 ORAL TABLET                                                                          | Preferred | EDS; QL                          |
| CYRED EQ ORAL TABLET                                                                              | Preferred | EDS; QL                          |
| DASETTA 1/35 (28) ORAL TABLET                                                                     | Preferred | EDS; QL                          |
| DASETTA 7/7/7 ORAL TABLET                                                                         | Preferred | EDS; QL                          |
| DAYSEE ORAL TABLET                                                                                | Preferred | EDS; QL                          |
| DELYLA ORAL TABLET                                                                                | Preferred | EDS; QL                          |
| desogestrel-ethinyl estradiol oral tablet                                                         | Preferred | EDS; QL                          |
| DOLISHALE ORAL TABLET                                                                             | Preferred | EDS; QL                          |
| drospiren-eth estrad-levomefol oral tablet                                                        | Preferred | EDS; QL                          |
| drospirenone-ethinyl estradiol oral tablet                                                        | Preferred | EDS; QL                          |
| ELINEST ORAL TABLET                                                                               | Preferred | EDS; QL                          |
| ELURYNG VAGINAL RING                                                                              | Preferred | EDS                              |
| ENILLORING VAGINAL RING                                                                           | Preferred | EDS; QL                          |
| ENPRESSE-28 ORAL TABLET                                                                           | Preferred | EDS; QL                          |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                                                | Preferred | EDS; QL                          |
| ESTARYLLA ORAL TABLET                                                                             | Preferred | EDS; QL                          |
| ESTRACE ORAL TABLET 2 MG                                                                          | Formulary | QL                               |
| estradiol oral tablet 0.5 mg                                                                      | Formulary | 90 Day Supply                    |
| estradiol oral tablet 1 mg, 2 mg                                                                  | Formulary | 90 Day Supply; QL                |
| estradiol transdermal patch twice weekly 0.025 mg/24hr                                            | Formulary |                                  |
| estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | Formulary | QL                               |
| estradiol transdermal patch weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr        | Formulary | 90 Day Supply; QL                |
| estradiol transdermal patch weekly 0.0375 mg/24hr, 0.06 mg/24hr                                   | Formulary | 90 Day Supply                    |
| estradiol vaginal cream 0.01 %                                                                    | Formulary | QL                               |
| estradiol vaginal tablet                                                                          | Formulary | QL                               |
| estradiol-norethindrone acet oral tablet                                                          | Formulary |                                  |
| ethynodiol diac-eth estradiol oral tablet                                                         | Preferred | EDS; QL                          |
| etonogestrel-ethinyl estradiol vaginal ring                                                       | Preferred | EDS                              |
| FALMINA ORAL TABLET                                                                               | Preferred | EDS; QL                          |
| FINZALA ORAL TABLET CHEWABLE                                                                      | Preferred | EDS; QL                          |
| FYAVOLV ORAL TABLET                                                                               | Formulary |                                  |
| GALBRIELA ORAL TABLET CHEWABLE                                                                    | Formulary | EDS                              |
| GEMMILY ORAL CAPSULE                                                                              | Preferred | EDS; QL                          |
| GENERESS FE ORAL TABLET CHEWABLE                                                                  | Preferred | EDS; QL                          |
| HAILEY 1.5/30 ORAL TABLET                                                                         | Preferred | EDS; QL                          |
| HAILEY 24 FE ORAL TABLET                                                                          | Preferred | EDS; QL                          |
| HAILEY FE 1.5/30 ORAL TABLET                                                                      | Preferred | EDS; QL                          |
| HAILEY FE 1/20 ORAL TABLET                                                                        | Preferred | EDS; QL                          |
| HALOETTE VAGINAL RING                                                                             | Preferred | EDS; QL                          |
| ICLEVIA ORAL TABLET                                                                               | Preferred | EDS; QL                          |
| INTROVALE ORAL TABLET                                                                             | Preferred | EDS; QL                          |
| ISIBLOOM ORAL TABLET                                                                              | Preferred | EDS; QL                          |
| JAIMIESS ORAL TABLET                                                                              | Preferred | EDS; QL                          |
| JASMIEL ORAL TABLET                                                                               | Preferred | EDS; QL                          |
| JINTELI ORAL TABLET                                                                               | Formulary |                                  |
| JOLESSA ORAL TABLET                                                                               | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier      | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| JOYEAUX ORAL TABLET                                               | Preferred | EDS; QL                          |
| JULEBER ORAL TABLET                                               | Preferred | EDS; QL                          |
| JUNEL 1.5/30 ORAL TABLET                                          | Preferred | EDS; QL                          |
| JUNEL 1/20 ORAL TABLET                                            | Preferred | EDS; QL                          |
| JUNEL FE 1.5/30 ORAL TABLET                                       | Preferred | EDS; QL                          |
| JUNEL FE 1/20 ORAL TABLET                                         | Preferred | EDS; QL                          |
| JUNEL FE 24 ORAL TABLET                                           | Preferred | EDS; QL                          |
| KAITLIB FE ORAL TABLET CHEWABLE                                   | Preferred | EDS; QL                          |
| KALLIGA ORAL TABLET                                               | Preferred | EDS; QL                          |
| KARIVA ORAL TABLET                                                | Preferred | EDS; QL                          |
| KELNOR 1/35 ORAL TABLET                                           | Preferred | EDS; QL                          |
| KELNOR 1/50 ORAL TABLET                                           | Preferred | EDS; QL                          |
| KURVELO ORAL TABLET                                               | Preferred | EDS; QL                          |
| LARIN 1.5/30 ORAL TABLET                                          | Preferred | EDS; QL                          |
| LARIN 1/20 ORAL TABLET                                            | Preferred | EDS; QL                          |
| LARIN 24 FE ORAL TABLET                                           | Preferred | EDS; QL                          |
| LARIN FE 1.5/30 ORAL TABLET                                       | Preferred | EDS; QL                          |
| LARIN FE 1/20 ORAL TABLET                                         | Preferred | EDS; QL                          |
| LAYOLIS FE ORAL TABLET CHEWABLE                                   | Preferred | EDS; QL                          |
| LEENA ORAL TABLET                                                 | Preferred | EDS; QL                          |
| LESSINA ORAL TABLET                                               | Preferred | EDS; QL                          |
| LEVONEST ORAL TABLET                                              | Preferred | EDS; QL                          |
| levonorgest-eth est & eth est oral tablet                         | Preferred | EDS; QL                          |
| levonorgest-eth estrad 91-day oral tablet                         | Preferred | EDS; QL                          |
| levonorgest-eth estradiol-iron oral tablet                        | Preferred | EDS; QL                          |
| levonorgestrel-ethinyl estrad oral tablet                         | Preferred | EDS; QL                          |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg | Preferred | EDS; QL                          |
| LEVORA 0.15/30 (28) ORAL TABLET                                   | Preferred | EDS; QL                          |
| LO LOESTRIN FE ORAL TABLET                                        | Preferred | EDS; QL                          |
| LOESTRIN 1.5/30 (21) ORAL TABLET                                  | Preferred | EDS; QL                          |
| LOESTRIN 1/20 (21) ORAL TABLET                                    | Preferred | EDS; QL                          |
| LOESTRIN FE 1.5/30 ORAL TABLET                                    | Preferred | EDS; QL                          |
| LOESTRIN FE 1/20 ORAL TABLET                                      | Preferred | EDS; QL                          |
| LOJAIMI ESS ORAL TABLET                                           | Preferred | EDS; QL                          |
| LORYNA ORAL TABLET                                                | Preferred | EDS; QL                          |
| LOW-OGESTREL ORAL TABLET                                          | Preferred | EDS; QL                          |
| LO-ZUMANDIMINE ORAL TABLET                                        | Preferred | EDS; QL                          |
| LUIZZA 1.5/30 ORAL TABLET                                         | Formulary | EDS                              |
| LUTERA ORAL TABLET                                                | Preferred | EDS; QL                          |
| marlissa oral tablet                                              | Preferred | EDS; QL                          |
| MERZEE ORAL CAPSULE                                               | Preferred | EDS; QL                          |
| MIBELAS 24 FE ORAL TABLET CHEWABLE                                | Preferred | EDS; QL                          |
| MICROGESTIN 1.5/30 ORAL TABLET                                    | Preferred | EDS; QL                          |
| MICROGESTIN 1/20 ORAL TABLET                                      | Preferred | EDS; QL                          |
| MICROGESTIN 24 FE ORAL TABLET                                     | Preferred | EDS; QL                          |
| MICROGESTIN FE 1.5/30 ORAL TABLET                                 | Preferred | EDS; QL                          |
| MICROGESTIN FE 1/20 ORAL TABLET                                   | Preferred | EDS; QL                          |
| MILI ORAL TABLET                                                  | Preferred | EDS; QL                          |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE                              | Preferred | EDS; QL                          |
| MONO-LINYAH ORAL TABLET                                           | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier      | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| NATAZIA ORAL TABLET                                               | Preferred | EDS; QL                          |
| NECON 0.5/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NECON 1/35 (28) ORAL TABLET                                       | Preferred | EDS; QL                          |
| NEXTSTELLIS ORAL TABLET                                           | Preferred | EDS; QL                          |
| NIKKI ORAL TABLET                                                 | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral capsule                           | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet chewable                   | Preferred | EDS; QL                          |
| norethindrone acet-ethinyl est oral tablet                        | Preferred | EDS; QL                          |
| norethindrone-eth estradiol oral tablet                           | Formulary |                                  |
| norethindron-ethinyl estrad-fe oral tablet                        | Preferred | EDS; QL                          |
| norethin-eth estradiol-fe oral tablet chewable                    | Preferred | EDS; QL                          |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg             | Preferred | EDS; QL                          |
| norgestim-eth estrad triphasic oral tablet                        | Preferred | EDS; QL                          |
| NORTREL 0.5/35 (28) ORAL TABLET                                   | Preferred | EDS; QL                          |
| NORTREL 1/35 (21) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 1/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 7/7/7 ORAL TABLET                                         | Preferred | EDS; QL                          |
| NUVARING VAGINAL RING                                             | Preferred | EDS; QL                          |
| NYLIA 1/35 ORAL TABLET                                            | Preferred | EDS; QL                          |
| NYLIA 7/7/7 ORAL TABLET                                           | Preferred | EDS; QL                          |
| NYMYO ORAL TABLET                                                 | Preferred | EDS; QL                          |
| OCELLA ORAL TABLET                                                | Preferred | EDS; QL                          |
| ORSYTHIA ORAL TABLET                                              | Preferred | EDS; QL                          |
| ORTHO TRI-CYCLEN LO ORAL TABLET                                   | Preferred | EDS; QL                          |
| PHILITH ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIMTREA ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIRMELLA 7/7/7 ORAL TABLET                                        | Preferred | EDS; QL                          |
| PORTIA-28 ORAL TABLET                                             | Preferred | EDS; QL                          |
| PREMARIN ORAL TABLET                                              | Formulary | ST                               |
| PREMARIN VAGINAL CREAM                                            | Formulary |                                  |
| RECLIPSEN ORAL TABLET                                             | Preferred | EDS; QL                          |
| RIVELSA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SAFYRAL ORAL TABLET                                               | Preferred | EDS; QL                          |
| SETLAKIN ORAL TABLET                                              | Preferred | EDS; QL                          |
| SIMLIYA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SIMPESSE ORAL TABLET                                              | Preferred | EDS; QL                          |
| SOLIA ORAL TABLET                                                 | Preferred | EDS; QL                          |
| SPRINTEC 28 ORAL TABLET                                           | Preferred | EDS; QL                          |
| SRONYX ORAL TABLET                                                | Preferred | EDS; QL                          |
| SYEDA ORAL TABLET                                                 | Preferred | EDS; QL                          |
| TARINA 24 FE ORAL TABLET                                          | Preferred | EDS; QL                          |
| TARINA FE 1/20 EQ ORAL TABLET                                     | Preferred | EDS; QL                          |
| TAYSOFY ORAL CAPSULE                                              | Preferred | EDS; QL                          |
| TAYTULLA ORAL CAPSULE                                             | Preferred | EDS; QL                          |
| TILIA FE ORAL TABLET                                              | Preferred | EDS; QL                          |
| TRI FEMYNOR ORAL TABLET                                           | Preferred | EDS; QL                          |
| TRI-ESTARYLLA ORAL TABLET                                         | Preferred | EDS; QL                          |
| TRI-LEGEST FE ORAL TABLET                                         | Preferred | EDS; QL                          |
| TRI-LINYAH ORAL TABLET                                            | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                        | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------|---------------|----------------------------------|
| TRI-LO-ESTARYLLA ORAL TABLET                                | Preferred     | EDS; QL                          |
| TRI-LO-MARZIA ORAL TABLET                                   | Preferred     | EDS; QL                          |
| TRI-LO-MILI ORAL TABLET                                     | Preferred     | EDS; QL                          |
| TRI-LO-SPRINTEC ORAL TABLET                                 | Preferred     | EDS; QL                          |
| TRI-MILI ORAL TABLET                                        | Preferred     | EDS; QL                          |
| TRINESSA (28) ORAL TABLET                                   | Preferred     | EDS; QL                          |
| TRI-NYMYO ORAL TABLET                                       | Preferred     | EDS; QL                          |
| TRI-SPRINTEC ORAL TABLET                                    | Preferred     | EDS; QL                          |
| TRIVORA (28) ORAL TABLET                                    | Preferred     | EDS; QL                          |
| TRI-VYLIBRA LO ORAL TABLET                                  | Preferred     | EDS; QL                          |
| TRI-VYLIBRA ORAL TABLET                                     | Preferred     | EDS; QL                          |
| TURQOZ ORAL TABLET                                          | Preferred     | EDS; QL                          |
| TWIRLA TRANSDERMAL PATCH WEEKLY                             | Preferred     | EDS; QL                          |
| TYBLUME ORAL TABLET CHEWABLE                                | Preferred     | EDS; QL                          |
| TYDEMY ORAL TABLET                                          | Preferred     | EDS; QL                          |
| VALTYA 1/35 ORAL TABLET                                     | Formulary     | EDS                              |
| VELIVET ORAL TABLET                                         | Preferred     | EDS                              |
| VESTURA ORAL TABLET                                         | Preferred     | EDS; QL                          |
| VIENVA ORAL TABLET                                          | Preferred     | EDS; QL                          |
| violele oral tablet                                         | Preferred     | EDS; QL                          |
| VOLNEA ORAL TABLET                                          | Preferred     | EDS; QL                          |
| VYFEMLA ORAL TABLET                                         | Preferred     | EDS; QL                          |
| VYLIBRA ORAL TABLET                                         | Preferred     | EDS; QL                          |
| WERA ORAL TABLET                                            | Preferred     | EDS; QL                          |
| WYMZYA FE ORAL TABLET CHEWABLE                              | Preferred     | EDS; QL                          |
| XULANE TRANSDERMAL PATCH WEEKLY                             | Preferred     | EDS; QL                          |
| YASMIN 28 ORAL TABLET                                       | Preferred     | EDS; QL                          |
| YAZ ORAL TABLET                                             | Preferred     | EDS; QL                          |
| YUVAFEM VAGINAL TABLET                                      | Formulary     | QL                               |
| ZAFEMY TRANSDERMAL PATCH WEEKLY                             | Preferred     | EDS; QL                          |
| ZOVIA 1/35 (28) ORAL TABLET                                 | Preferred     | EDS; QL                          |
| ZUMANDIMINE ORAL TABLET                                     | Preferred     | EDS; QL                          |
| <b>Glycogenolytic Agents</b>                                |               |                                  |
| BAQSIMI ONE PACK NASAL POWDER                               | Preferred     | QL                               |
| BAQSIMI TWO PACK NASAL POWDER                               | Preferred     | QL                               |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED           | Formulary     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg    | Preferred     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg/ml | Non-Preferred | PA                               |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | Non-Preferred | PA                               |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | Non-Preferred | PA                               |
| GVOKE KIT SUBCUTANEOUS SOLUTION                             | Non-Preferred | PA                               |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Preferred     |                                  |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Preferred     |                                  |
| <b>Incretin Mimetics</b>                                    |               |                                  |
| exenatide subcutaneous solution pen-injector                | Non-Preferred | PA                               |
| liraglutide subcutaneous solution pen-injector              | Non-Preferred | PA; QL                           |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                      | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------|---------------|----------------------------------|
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR                               | Non-Preferred | PA                               |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | Preferred     | QL                               |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML           | Preferred     | QL                               |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR                    | Preferred     | QL                               |
| RYBELSUS ORAL TABLET                                                      | Non-Preferred | PA                               |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                | Preferred     | PA; QL                           |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                | Non-Preferred | PA                               |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | Preferred     | QL                               |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR                              | Non-Preferred | PA                               |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                | Preferred     | QL                               |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                | Preferred     | PA; QL                           |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR                               | Non-Preferred | PA                               |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | Non-Preferred | PA                               |
| <b>Intermediate-Acting Insulins</b>                                       |               |                                  |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                | Preferred     | OTC; QL                          |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION                                     | Preferred     | OTC; QL                          |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                    | Non-Preferred | PA; OTC; QL                      |
| HUMULIN N SUBCUTANEOUS SUSPENSION                                         | Preferred     | OTC; QL                          |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR         | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION                              | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION                                     | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR             | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                    | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION                                  | Preferred     | OTC; QL                          |
| NOVOLIN N SUBCUTANEOUS SUSPENSION                                         | Preferred     | OTC; QL                          |
| <b>Long-Acting Insulins</b>                                               |               |                                  |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | Non-Preferred | PA; QL                           |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                     | Non-Preferred | PA; QL                           |
| insulin degludec flextouch subcutaneous solution pen-injector             | Non-Preferred | PA; QL                           |
| insulin degludec subcutaneous solution                                    | Non-Preferred | PA; QL                           |
| insulin glargine max solostar subcutaneous solution pen-injector          | Non-Preferred | PA                               |
| insulin glargine solostar subcutaneous solution pen-injector              | Non-Preferred | PA                               |
| insulin glargine-yfgn subcutaneous solution                               | Non-Preferred | PA; QL                           |
| insulin glargine-yfgn subcutaneous solution pen-injector                  | Preferred     | QL                               |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                        | Preferred     | QL                               |
| LANTUS SUBCUTANEOUS SOLUTION                                              | Preferred     | QL                               |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                      | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                 | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION                                                                 | Non-Preferred | PA; QL                           |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                    | Non-Preferred | PA; QL                           |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                           | Non-Preferred | PA                               |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                               | Non-Preferred | PA; QL                           |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                   | Non-Preferred | PA; QL                           |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                 | Non-Preferred | PA; QL                           |
| TRESIBA SUBCUTANEOUS SOLUTION                                                                        | Non-Preferred | PA; QL                           |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                          | Non-Preferred | PA                               |
| <b>Parathyroid Agents</b>                                                                            |               |                                  |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                           | Non-Preferred | PA                               |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML                                                           | Preferred     | PA                               |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                            | Preferred     | PA                               |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml                       | Non-Preferred | PA                               |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                            | Non-Preferred | PA                               |
| <b>Parathyroid And Antiparathyroid Agents</b>                                                        |               |                                  |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML                                                           | Preferred     | PA                               |
| <b>Pituitary</b>                                                                                     |               |                                  |
| desmopressin ace spray refrig nasal solution                                                         | Formulary     | QL                               |
| desmopressin acetate oral tablet 0.1 mg                                                              | Preferred     | 90 Day Supply; QL; AL            |
| desmopressin acetate oral tablet 0.2 mg                                                              | Formulary     | 90 Day Supply; QL; AL            |
| desmopressin acetate spray nasal solution                                                            | Formulary     | QL                               |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE                                                  | Non-Preferred | PA                               |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG  | Non-Preferred | PA                               |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                                                                    | Non-Preferred | PA                               |
| GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG                                                  | Non-Preferred | PA                               |
| HUMATROPE INJECTION CARTRIDGE                                                                        | Non-Preferred | PA                               |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG                                        | Non-Preferred | PA                               |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                            | Non-Preferred | PA                               |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR                                               | Preferred     | PA                               |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE                                                            | Non-Preferred | PA                               |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                        | Non-Preferred | PA                               |
| SAIZEN INJECTION SOLUTION RECONSTITUTED                                                              | Non-Preferred | PA                               |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                        | Non-Preferred | PA                               |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Non-Preferred | PA                               |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                           | Non-Preferred | PA                               |
| ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED                                       | Preferred     | PA                               |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED                                                         | Preferred     | PA                               |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                         | Non-Preferred | PA                               |
| <b>Progestins</b>                                                                                    |               |                                  |
| AFIRMELLE ORAL TABLET                                                                                | Preferred     | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                            | Tier      | Coverage Requirements and Limits |
|-----------------------------------------------------------------|-----------|----------------------------------|
| AFTERA ORAL TABLET                                              | Formulary | OTC                              |
| ALTAVERA ORAL TABLET                                            | Preferred | EDS; QL                          |
| alyacen 1/35 oral tablet                                        | Preferred | EDS; QL                          |
| alyacen 7/7/7 oral tablet                                       | Preferred | EDS; QL                          |
| AMABELZ ORAL TABLET                                             | Formulary |                                  |
| AMETHIA ORAL TABLET                                             | Preferred | EDS; QL                          |
| AMETHYST ORAL TABLET                                            | Preferred | EDS; QL                          |
| ANNOVERA VAGINAL RING                                           | Preferred | EDS                              |
| APRI ORAL TABLET                                                | Preferred | EDS; QL                          |
| ARANELLE ORAL TABLET                                            | Preferred | EDS; QL                          |
| ASHLYNA ORAL TABLET                                             | Preferred | EDS; QL                          |
| AUBRA EQ ORAL TABLET                                            | Preferred | EDS; QL                          |
| AUROVELA 1.5/30 ORAL TABLET                                     | Preferred | EDS; QL                          |
| AUROVELA 1/20 ORAL TABLET                                       | Preferred | EDS; QL                          |
| AUROVELA 24 FE ORAL TABLET                                      | Preferred | EDS; QL                          |
| AUROVELA FE 1.5/30 ORAL TABLET                                  | Preferred | EDS; QL                          |
| AUROVELA FE 1/20 ORAL TABLET                                    | Preferred | EDS; QL                          |
| AVIANE ORAL TABLET                                              | Preferred | EDS; QL                          |
| AYUNA ORAL TABLET                                               | Preferred | EDS; QL                          |
| AZURETTE ORAL TABLET                                            | Preferred | EDS; QL                          |
| BALCOLTRA ORAL TABLET                                           | Preferred | EDS; QL                          |
| BALZIVA ORAL TABLET                                             | Preferred | EDS; QL                          |
| BEYAZ ORAL TABLET                                               | Preferred | EDS; QL                          |
| BLISOVI 24 FE ORAL TABLET                                       | Preferred | EDS; QL                          |
| BLISOVI FE 1.5/30 ORAL TABLET                                   | Preferred | EDS; QL                          |
| BLISOVI FE 1/20 ORAL TABLET                                     | Preferred | EDS; QL                          |
| briellyn oral tablet                                            | Preferred | EDS; QL                          |
| CAMILA ORAL TABLET                                              | Preferred | EDS; QL                          |
| CAMRESE LO ORAL TABLET                                          | Preferred | EDS; QL                          |
| CAMRESE ORAL TABLET                                             | Preferred | EDS; QL                          |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE                            | Preferred | EDS; QL                          |
| CHATEAL EQ ORAL TABLET                                          | Preferred | EDS; QL                          |
| CRYSELLE ORAL TABLET                                            | Formulary | EDS; QL                          |
| CRYSELLE-28 ORAL TABLET                                         | Preferred | EDS; QL                          |
| CYRED EQ ORAL TABLET                                            | Preferred | EDS; QL                          |
| DASETTA 1/35 (28) ORAL TABLET                                   | Preferred | EDS; QL                          |
| DASETTA 7/7/7 ORAL TABLET                                       | Preferred | EDS; QL                          |
| DAYSEE ORAL TABLET                                              | Preferred | EDS; QL                          |
| DEBLITANE ORAL TABLET                                           | Preferred | EDS; QL                          |
| DELYLA ORAL TABLET                                              | Preferred | EDS; QL                          |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML                 | Preferred | EDS; QL                          |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE         | Preferred | EDS                              |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | Preferred | EDS                              |
| desogestrel-ethinyl estradiol oral tablet                       | Preferred | EDS; QL                          |
| DOLISHALE ORAL TABLET                                           | Preferred | EDS; QL                          |
| drospiren-eth estrad-levomefol oral tablet                      | Preferred | EDS; QL                          |
| drospirenone-ethinyl estradiol oral tablet                      | Preferred | EDS; QL                          |
| ECONTRA ONE-STEP ORAL TABLET                                    | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                        | Tier      | Coverage Requirements and Limits |
|---------------------------------------------|-----------|----------------------------------|
| ELINEST ORAL TABLET                         | Preferred | EDS; QL                          |
| ELLA ORAL TABLET                            | Formulary | QL                               |
| ELURYNG VAGINAL RING                        | Preferred | EDS                              |
| ENILLORING VAGINAL RING                     | Preferred | EDS; QL                          |
| ENPRESSE-28 ORAL TABLET                     | Preferred | EDS; QL                          |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG          | Preferred | EDS; QL                          |
| ERRIN ORAL TABLET                           | Preferred | EDS; QL                          |
| ESTARYLLA ORAL TABLET                       | Preferred | EDS; QL                          |
| estradiol-norethindrone acet oral tablet    | Formulary |                                  |
| ethynodiol diac-eth estradiol oral tablet   | Preferred | EDS; QL                          |
| etonogestrel-ethinyl estradiol vaginal ring | Preferred | EDS                              |
| FALMINA ORAL TABLET                         | Preferred | EDS; QL                          |
| FINZALA ORAL TABLET CHEWABLE                | Preferred | EDS; QL                          |
| FYAVOLV ORAL TABLET                         | Formulary |                                  |
| GALBRIELA ORAL TABLET CHEWABLE              | Formulary | EDS                              |
| GEMMILY ORAL CAPSULE                        | Preferred | EDS; QL                          |
| GENERESS FE ORAL TABLET CHEWABLE            | Preferred | EDS; QL                          |
| HAILEY 1.5/30 ORAL TABLET                   | Preferred | EDS; QL                          |
| HAILEY 24 FE ORAL TABLET                    | Preferred | EDS; QL                          |
| HAILEY FE 1.5/30 ORAL TABLET                | Preferred | EDS; QL                          |
| HAILEY FE 1/20 ORAL TABLET                  | Preferred | EDS; QL                          |
| HALOETTE VAGINAL RING                       | Preferred | EDS; QL                          |
| HEATHER ORAL TABLET                         | Preferred | EDS; QL                          |
| ICLEVIA ORAL TABLET                         | Preferred | EDS; QL                          |
| INCASSIA ORAL TABLET                        | Preferred | EDS; QL                          |
| INTROVALE ORAL TABLET                       | Preferred | EDS; QL                          |
| ISIBLOOM ORAL TABLET                        | Preferred | EDS; QL                          |
| JAIMIESS ORAL TABLET                        | Preferred | EDS; QL                          |
| JASMIEL ORAL TABLET                         | Preferred | EDS; QL                          |
| JENCYCLA ORAL TABLET                        | Preferred | EDS; QL                          |
| JINTELI ORAL TABLET                         | Formulary |                                  |
| JOLESSA ORAL TABLET                         | Preferred | EDS; QL                          |
| JOYEAUX ORAL TABLET                         | Preferred | EDS; QL                          |
| JULEBER ORAL TABLET                         | Preferred | EDS; QL                          |
| JUNEL 1.5/30 ORAL TABLET                    | Preferred | EDS; QL                          |
| JUNEL 1/20 ORAL TABLET                      | Preferred | EDS; QL                          |
| JUNEL FE 1.5/30 ORAL TABLET                 | Preferred | EDS; QL                          |
| JUNEL FE 1/20 ORAL TABLET                   | Preferred | EDS; QL                          |
| JUNEL FE 24 ORAL TABLET                     | Preferred | EDS; QL                          |
| KAITLIB FE ORAL TABLET CHEWABLE             | Preferred | EDS; QL                          |
| KALLIGA ORAL TABLET                         | Preferred | EDS; QL                          |
| KARIVA ORAL TABLET                          | Preferred | EDS; QL                          |
| KELNOR 1/35 ORAL TABLET                     | Preferred | EDS; QL                          |
| KELNOR 1/50 ORAL TABLET                     | Preferred | EDS; QL                          |
| KURVELO ORAL TABLET                         | Preferred | EDS; QL                          |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE    | Preferred | EDS                              |
| LARIN 1.5/30 ORAL TABLET                    | Preferred | EDS; QL                          |
| LARIN 1/20 ORAL TABLET                      | Preferred | EDS; QL                          |
| LARIN 24 FE ORAL TABLET                     | Preferred | EDS; QL                          |
| LARIN FE 1.5/30 ORAL TABLET                 | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                   | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------|---------------|----------------------------------|
| LARIN FE 1/20 ORAL TABLET                                              | Preferred     | EDS; QL                          |
| LAYOLIS FE ORAL TABLET CHEWABLE                                        | Preferred     | EDS; QL                          |
| LEENA ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| LESSINA ORAL TABLET                                                    | Preferred     | EDS; QL                          |
| LEVONEST ORAL TABLET                                                   | Preferred     | EDS; QL                          |
| levonorgest-eth est & eth est oral tablet                              | Preferred     | EDS; QL                          |
| levonorgest-eth estrad 91-day oral tablet                              | Preferred     | EDS; QL                          |
| levonorgest-eth estradiol-iron oral tablet                             | Preferred     | EDS; QL                          |
| levonorgestrel oral tablet 1.5 mg                                      | Formulary     | OTC                              |
| levonorgestrel-ethinyl estrad oral tablet                              | Preferred     | EDS; QL                          |
| levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg      | Preferred     | EDS; QL                          |
| LEVORA 0.15/30 (28) ORAL TABLET                                        | Preferred     | EDS; QL                          |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY          | Preferred     | EDS                              |
| LO LOESTRIN FE ORAL TABLET                                             | Preferred     | EDS; QL                          |
| LOESTRIN 1.5/30 (21) ORAL TABLET                                       | Preferred     | EDS; QL                          |
| LOESTRIN 1/20 (21) ORAL TABLET                                         | Preferred     | EDS; QL                          |
| LOESTRIN FE 1.5/30 ORAL TABLET                                         | Preferred     | EDS; QL                          |
| LOESTRIN FE 1/20 ORAL TABLET                                           | Preferred     | EDS; QL                          |
| LOJAIMIESS ORAL TABLET                                                 | Preferred     | EDS; QL                          |
| LORYNA ORAL TABLET                                                     | Preferred     | EDS; QL                          |
| LOW-OGESTREL ORAL TABLET                                               | Preferred     | EDS; QL                          |
| LO-ZUMANDIMINE ORAL TABLET                                             | Preferred     | EDS; QL                          |
| LUIZZA 1.5/30 ORAL TABLET                                              | Formulary     | EDS                              |
| LUTERA ORAL TABLET                                                     | Preferred     | EDS; QL                          |
| LYLEQ ORAL TABLET                                                      | Preferred     | EDS; QL                          |
| LYZA ORAL TABLET                                                       | Preferred     | EDS; QL                          |
| marlissa oral tablet                                                   | Preferred     | EDS; QL                          |
| medroxyprogesterone acetate intramuscular suspension                   | Preferred     | EDS; QL                          |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | Preferred     | EDS; QL                          |
| medroxyprogesterone acetate oral tablet 10 mg                          | Formulary     | 90 Day Supply; QL                |
| medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg                   | Formulary     | 90 Day Supply                    |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml                | Preferred     | QL                               |
| megestrol acetate oral suspension 625 mg/5ml                           | Non-Preferred | PA                               |
| megestrol acetate oral tablet                                          | Preferred     | 90 Day Supply                    |
| MELEYA ORAL TABLET                                                     | Formulary     | EDS                              |
| MERZEE ORAL CAPSULE                                                    | Preferred     | EDS; QL                          |
| MIBELAS 24 FE ORAL TABLET CHEWABLE                                     | Preferred     | EDS; QL                          |
| MICROGESTIN 1.5/30 ORAL TABLET                                         | Preferred     | EDS; QL                          |
| MICROGESTIN 1/20 ORAL TABLET                                           | Preferred     | EDS; QL                          |
| MICROGESTIN 24 FE ORAL TABLET                                          | Preferred     | EDS; QL                          |
| MICROGESTIN FE 1.5/30 ORAL TABLET                                      | Preferred     | EDS; QL                          |
| MICROGESTIN FE 1/20 ORAL TABLET                                        | Preferred     | EDS; QL                          |
| MILI ORAL TABLET                                                       | Preferred     | EDS; QL                          |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE                                   | Preferred     | EDS; QL                          |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY | Preferred     | EDS                              |
| MONO-LINYAH ORAL TABLET                                                | Preferred     | EDS; QL                          |
| MY CHOICE ORAL TABLET                                                  | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier      | Coverage Requirements and Limits |
|-------------------------------------------------------------------|-----------|----------------------------------|
| MY WAY ORAL TABLET                                                | Formulary | OTC                              |
| NATAZIA ORAL TABLET                                               | Preferred | EDS; QL                          |
| NECON 0.5/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NECON 1/35 (28) ORAL TABLET                                       | Preferred | EDS; QL                          |
| NEW DAY ORAL TABLET                                               | Formulary | OTC                              |
| NEXPLANON SUBCUTANEOUS IMPLANT                                    | Preferred | EDS                              |
| NEXTSTELLIS ORAL TABLET                                           | Preferred | EDS; QL                          |
| NIKKI ORAL TABLET                                                 | Preferred | EDS; QL                          |
| NORA-BE ORAL TABLET                                               | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral capsule                           | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | Preferred | EDS; QL                          |
| norethin ace-eth estrad-fe oral tablet chewable                   | Preferred | EDS; QL                          |
| norethindrone acetate oral tablet                                 | Formulary |                                  |
| norethindrone acet-ethinyl est oral tablet                        | Preferred | EDS; QL                          |
| norethindrone oral tablet                                         | Preferred | EDS; QL                          |
| norethindrone-eth estradiol oral tablet                           | Formulary |                                  |
| norethindron-ethinyl estrad-fe oral tablet                        | Preferred | EDS; QL                          |
| norethin-eth estradiol-fe oral tablet chewable                    | Preferred | EDS; QL                          |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg             | Preferred | EDS; QL                          |
| norgestim-eth estrad triphasic oral tablet                        | Preferred | EDS; QL                          |
| NORLYDA ORAL TABLET                                               | Preferred | EDS; QL                          |
| NORLYROC ORAL TABLET                                              | Preferred | EDS; QL                          |
| NORTREL 0.5/35 (28) ORAL TABLET                                   | Preferred | EDS; QL                          |
| NORTREL 1/35 (21) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 1/35 (28) ORAL TABLET                                     | Preferred | EDS; QL                          |
| NORTREL 7/7/7 ORAL TABLET                                         | Preferred | EDS; QL                          |
| NUVARING VAGINAL RING                                             | Preferred | EDS; QL                          |
| NYLIA 1/35 ORAL TABLET                                            | Preferred | EDS; QL                          |
| NYLIA 7/7/7 ORAL TABLET                                           | Preferred | EDS; QL                          |
| NYMYO ORAL TABLET                                                 | Preferred | EDS; QL                          |
| OCELLA ORAL TABLET                                                | Preferred | EDS; QL                          |
| OPCICON ONE-STEP ORAL TABLET                                      | Formulary | OTC                              |
| OPILL ORAL TABLET                                                 | Preferred | EDS; OTC; QL                     |
| OPTION 2 ORAL TABLET                                              | Formulary | OTC                              |
| ORSYTHIA ORAL TABLET                                              | Preferred | EDS; QL                          |
| ORTHO TRI-CYCLEN LO ORAL TABLET                                   | Preferred | EDS; QL                          |
| PHILITH ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIMTREA ORAL TABLET                                               | Preferred | EDS; QL                          |
| PIRMELLA 7/7/7 ORAL TABLET                                        | Preferred | EDS; QL                          |
| PORTIA-28 ORAL TABLET                                             | Preferred | EDS; QL                          |
| RECLIPSEN ORAL TABLET                                             | Preferred | EDS; QL                          |
| RIVELSA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SAFYRAL ORAL TABLET                                               | Preferred | EDS; QL                          |
| SETLAKIN ORAL TABLET                                              | Preferred | EDS; QL                          |
| SHAROBEL ORAL TABLET                                              | Preferred | EDS; QL                          |
| SIMLIYA ORAL TABLET                                               | Preferred | EDS; QL                          |
| SIMPESSE ORAL TABLET                                              | Preferred | EDS; QL                          |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE                            | Preferred | EDS                              |
| SLYND ORAL TABLET                                                 | Preferred | EDS; QL                          |
| SOLIA ORAL TABLET                                                 | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------|---------------|----------------------------------|
| SPRINTEC 28 ORAL TABLET                             | Preferred     | EDS; QL                          |
| SRONYX ORAL TABLET                                  | Preferred     | EDS; QL                          |
| SYEDA ORAL TABLET                                   | Preferred     | EDS; QL                          |
| TARINA 24 FE ORAL TABLET                            | Preferred     | EDS; QL                          |
| TARINA FE 1/20 EQ ORAL TABLET                       | Preferred     | EDS; QL                          |
| TAYSOFY ORAL CAPSULE                                | Preferred     | EDS; QL                          |
| TAYTULLA ORAL CAPSULE                               | Preferred     | EDS; QL                          |
| TILIA FE ORAL TABLET                                | Preferred     | EDS; QL                          |
| TRI FEMYNOR ORAL TABLET                             | Preferred     | EDS; QL                          |
| TRI-ESTARYLLA ORAL TABLET                           | Preferred     | EDS; QL                          |
| TRI-LEGEST FE ORAL TABLET                           | Preferred     | EDS; QL                          |
| TRI-LINYAH ORAL TABLET                              | Preferred     | EDS; QL                          |
| TRI-LO-ESTARYLLA ORAL TABLET                        | Preferred     | EDS; QL                          |
| TRI-LO-MARZIA ORAL TABLET                           | Preferred     | EDS; QL                          |
| TRI-LO-MILI ORAL TABLET                             | Preferred     | EDS; QL                          |
| TRI-LO-SPRINTEC ORAL TABLET                         | Preferred     | EDS; QL                          |
| TRI-MILI ORAL TABLET                                | Preferred     | EDS; QL                          |
| TRINESSA (28) ORAL TABLET                           | Preferred     | EDS; QL                          |
| TRI-NYMYO ORAL TABLET                               | Preferred     | EDS; QL                          |
| TRI-SPRINTEC ORAL TABLET                            | Preferred     | EDS; QL                          |
| TRIVORA (28) ORAL TABLET                            | Preferred     | EDS; QL                          |
| TRI-VYLIBRA LO ORAL TABLET                          | Preferred     | EDS; QL                          |
| TRI-VYLIBRA ORAL TABLET                             | Preferred     | EDS; QL                          |
| TURQOZ ORAL TABLET                                  | Preferred     | EDS; QL                          |
| TWIRLA TRANSDERMAL PATCH WEEKLY                     | Preferred     | EDS; QL                          |
| TYBLUME ORAL TABLET CHEWABLE                        | Preferred     | EDS; QL                          |
| TYDEMY ORAL TABLET                                  | Preferred     | EDS; QL                          |
| VALTYA 1/35 ORAL TABLET                             | Formulary     | EDS                              |
| VELIVET ORAL TABLET                                 | Preferred     | EDS                              |
| VESTURA ORAL TABLET                                 | Preferred     | EDS; QL                          |
| VIENVA ORAL TABLET                                  | Preferred     | EDS; QL                          |
| viorele oral tablet                                 | Preferred     | EDS; QL                          |
| VOLNEA ORAL TABLET                                  | Preferred     | EDS; QL                          |
| VYFEMLA ORAL TABLET                                 | Preferred     | EDS; QL                          |
| VYLIBRA ORAL TABLET                                 | Preferred     | EDS; QL                          |
| WERA ORAL TABLET                                    | Preferred     | EDS; QL                          |
| WYMZYA FE ORAL TABLET CHEWABLE                      | Preferred     | EDS; QL                          |
| XULANE TRANSDERMAL PATCH WEEKLY                     | Preferred     | EDS; QL                          |
| YASMIN 28 ORAL TABLET                               | Preferred     | EDS; QL                          |
| YAZ ORAL TABLET                                     | Preferred     | EDS; QL                          |
| ZAFEMY TRANSDERMAL PATCH WEEKLY                     | Preferred     | EDS; QL                          |
| ZOVIA 1/35 (28) ORAL TABLET                         | Preferred     | EDS; QL                          |
| ZUMANDIMINE ORAL TABLET                             | Preferred     | EDS; QL                          |
| <b>Rapid-Acting Insulins</b>                        |               |                                  |
| ADMELOG INJECTION SOLUTION                          | Non-Preferred | PA; QL                           |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Non-Preferred | PA; QL                           |
| ADMELOG SUBCUTANEOUS SOLUTION                       | Non-Preferred | PA; QL                           |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                            | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | Non-Preferred | PA                               |
| APIDRA INJECTION SOLUTION                                                                                                                       | Non-Preferred | PA; QL                           |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                              | Non-Preferred | PA; QL                           |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                              | Non-Preferred | PA; QL                           |
| FIASP INJECTION SOLUTION                                                                                                                        | Non-Preferred | PA; QL                           |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE                                                                                                   | Non-Preferred | PA; QL                           |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE                                                                                                  | Non-Preferred | PA; QL                           |
| FIASP SUBCUTANEOUS SOLUTION                                                                                                                     | Non-Preferred | PA; QL                           |
| HUMALOG INJECTION SOLUTION                                                                                                                      | Preferred     | QL                               |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                       | Preferred     | QL                               |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                                                                  | Preferred     | QL                               |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML                                                                                  | Non-Preferred | PA; QL                           |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                                                                                  | Preferred     | QL                               |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION                                                                                                       | Preferred     | QL                               |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                                                                                  | Preferred     | QL                               |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION                                                                                                       | Preferred     | QL                               |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE                                                                                                         | Preferred     | QL                               |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                            | Non-Preferred | PA; QL                           |
| insulin asp prot & asp flexpen subcutaneous suspension pen-injector                                                                             | Preferred     | QL                               |
| insulin aspart flexpen subcutaneous solution pen-injector                                                                                       | Preferred     | QL                               |
| insulin aspart injection solution                                                                                                               | Preferred     | QL                               |
| insulin aspart penfill subcutaneous solution cartridge                                                                                          | Preferred     | QL                               |
| insulin aspart prot & aspart subcutaneous suspension                                                                                            | Preferred     | QL                               |
| insulin aspart subcutaneous solution                                                                                                            | Preferred     | QL                               |
| insulin lispro (1 unit dial) subcutaneous solution pen-injector                                                                                 | Preferred     | QL                               |
| insulin lispro injection solution                                                                                                               | Preferred     | QL                               |
| insulin lispro junior kwikpen subcutaneous solution pen-injector                                                                                | Preferred     | QL                               |
| insulin lispro prot & lispro subcutaneous suspension pen-injector                                                                               | Non-Preferred | PA; QL                           |
| insulin lispro subcutaneous solution                                                                                                            | Preferred     | QL                               |
| LYUMJEV INJECTION SOLUTION                                                                                                                      | Non-Preferred | PA; QL                           |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                              | Non-Preferred | PA; QL                           |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                            | Non-Preferred | PA                               |
| MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                             | Non-Preferred | PA; QL                           |
| MERILOG SUBCUTANEOUS SOLUTION                                                                                                                   | Non-Preferred | PA; QL                           |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR                                                                               | Preferred     | QL                               |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                       | Preferred     | QL                               |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                              | Preferred     | QL                               |
| NOVOLOG INJECTION SOLUTION                                                                                                                      | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                     | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------|---------------|----------------------------------|
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                           | Preferred     | QL                               |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION                                         | Preferred     | QL                               |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION                                                | Preferred     | QL                               |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE                                          | Preferred     | QL                               |
| NOVOLOG RELION INJECTION SOLUTION                                                        | Preferred     | QL                               |
| NOVOLOG RELION SUBCUTANEOUS SOLUTION                                                     | Preferred     | QL                               |
| <b>Short-Acting Insulins</b>                                                             |               |                                  |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                               | Preferred     | OTC; QL                          |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION                                                    | Preferred     | OTC; QL                          |
| HUMULIN R INJECTION SOLUTION                                                             | Preferred     | OTC; QL                          |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION                                     | Preferred     | QL                               |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                               | Preferred     | QL                               |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR                        | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                               | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION                                             | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION                                                    | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR                                        | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR                                 | Non-Preferred | PA; OTC; QL                      |
| NOVOLIN R INJECTION SOLUTION                                                             | Preferred     | OTC; QL                          |
| NOVOLIN R RELION INJECTION SOLUTION                                                      | Preferred     | OTC; QL                          |
| <b>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</b>                                           |               |                                  |
| dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg | Non-Preferred | PA                               |
| dapagliflozin oral tablet                                                                | Non-Preferred | PA                               |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour                      | Non-Preferred | PA                               |
| dapagliflozin propanediol oral tablet                                                    | Non-Preferred | PA                               |
| FARXIGA ORAL TABLET                                                                      | Preferred     |                                  |
| GLYXAMBI ORAL TABLET                                                                     | Non-Preferred | PA                               |
| INPEFA ORAL TABLET                                                                       | Non-Preferred | PA                               |
| INVOKAMET ORAL TABLET                                                                    | Non-Preferred | PA                               |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                        | Non-Preferred | PA                               |
| INVOKANA ORAL TABLET                                                                     | Non-Preferred | PA                               |
| JARDIANCE ORAL TABLET                                                                    | Preferred     |                                  |
| QTERN ORAL TABLET                                                                        | Non-Preferred | PA                               |
| SEGLUROMET ORAL TABLET                                                                   | Non-Preferred | PA                               |
| STEGLATRO ORAL TABLET                                                                    | Non-Preferred | PA                               |
| STEGLUJAN ORAL TABLET                                                                    | Non-Preferred | PA                               |
| SYNJARDY ORAL TABLET                                                                     | Preferred     | QL                               |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                         | Preferred     | QL                               |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                         | Non-Preferred | PA                               |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                           | Preferred     | QL                               |
| <b>Somatotropin Agonists</b>                                                             |               |                                  |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE                                      | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | Non-Preferred | PA                               |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                                                                   | Non-Preferred | PA                               |
| GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG                                                 | Non-Preferred | PA                               |
| HUMATROPE INJECTION CARTRIDGE                                                                       | Non-Preferred | PA                               |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG                                       | Non-Preferred | PA                               |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR                                              | Preferred     | PA                               |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE                                                           | Non-Preferred | PA                               |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                       | Non-Preferred | PA                               |
| SAIZEN INJECTION SOLUTION RECONSTITUTED                                                             | Non-Preferred | PA                               |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                       | Non-Preferred | PA                               |
| ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED                                      | Preferred     | PA                               |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED                                                        | Preferred     | PA                               |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED                                                        | Non-Preferred | PA                               |
| <b>Sulfonylureas</b>                                                                                |               |                                  |
| DUETACT ORAL TABLET                                                                                 | Non-Preferred | PA                               |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                                                            | Formulary     | 90 Day Supply; QL                |
| glipizide er oral tablet extended release 24 hour                                                   | Formulary     | 90 Day Supply; QL                |
| glipizide oral tablet 10 mg, 5 mg                                                                   | Formulary     | 90 Day Supply; QL                |
| glipizide xl oral tablet extended release 24 hour 10 mg                                             | Formulary     | 90 Day Supply; QL                |
| glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg                                      | Formulary     | 90 Day Supply                    |
| glipizide-metformin hcl oral tablet                                                                 | Formulary     | 90 Day Supply; QL                |
| glyburide micronized oral tablet 1.5 mg, 6 mg                                                       | Formulary     | 90 Day Supply; QL                |
| glyburide micronized oral tablet 3 mg                                                               | Preferred     | 90 Day Supply; QL                |
| glyburide oral tablet                                                                               | Formulary     | 90 Day Supply; QL                |
| glyburide-metformin oral tablet                                                                     | Formulary     | 90 Day Supply; QL                |
| pioglitazone hcl-glimepiride oral tablet                                                            | Non-Preferred | PA                               |
| <b>Thiazolidinediones</b>                                                                           |               |                                  |
| ACTOPLUS MET ORAL TABLET 15-850 MG                                                                  | Non-Preferred | PA                               |
| alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg                        | Non-Preferred | PA                               |
| DUETACT ORAL TABLET                                                                                 | Non-Preferred | PA                               |
| pioglitazone hcl oral tablet                                                                        | Preferred     | 90 Day Supply; QL                |
| pioglitazone hcl-glimepiride oral tablet                                                            | Non-Preferred | PA                               |
| pioglitazone hcl-metformin hcl oral tablet                                                          | Non-Preferred | PA                               |
| <b>Thyroid Agents</b>                                                                               |               |                                  |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG                              | Formulary     |                                  |
| LEVO-T ORAL TABLET                                                                                  | Formulary     |                                  |
| levothyroxine sodium oral tablet                                                                    | Formulary     | 90 Day Supply                    |
| LEVOXYL ORAL TABLET                                                                                 | Formulary     |                                  |
| liothyronine sodium oral tablet                                                                     | Formulary     | 90 Day Supply                    |
| NP THYROID ORAL TABLET                                                                              | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Formulary     |                                  |
| thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg                                                              | Formulary     | 90 Day Supply                    |
| <b>Immunomodulatory Agents (90:00)</b>                                                                              |               |                                  |
| <b>Amino Acid Polymers</b>                                                                                          |               |                                  |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                                                           | Preferred     | PA; Specialty                    |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                                                           | Non-Preferred | PA; Specialty                    |
| glatiramer acetate subcutaneous solution prefilled syringe                                                          | Non-Preferred | PA; Specialty                    |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                     | Non-Preferred | PA; Specialty                    |
| <b>Antimetabolites</b>                                                                                              |               |                                  |
| AUBAGIO ORAL TABLET                                                                                                 | Non-Preferred | PA; Specialty                    |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                                                                        | Non-Preferred | PA                               |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                                                                         | Non-Preferred | PA                               |
| teriflunomide oral tablet                                                                                           | Preferred     | PA; 90 Day Supply; QL            |
| <b>Antimetabolites, Immunosupp Therapy Misc</b>                                                                     |               |                                  |
| AZASAN ORAL TABLET                                                                                                  | Non-Preferred | PA                               |
| azathioprine oral tablet 50 mg                                                                                      | Preferred     | 90 Day Supply                    |
| CELLCEPT ORAL CAPSULE                                                                                               | Non-Preferred | PA                               |
| IMURAN ORAL TABLET                                                                                                  | Non-Preferred | PA                               |
| mycophenolate mofetil oral capsule                                                                                  | Formulary     | 90 Day Supply                    |
| <b>Bone-Modifying Agents</b>                                                                                        |               |                                  |
| BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                     | Non-Preferred | PA                               |
| BILPREVDA SUBCUTANEOUS SOLUTION                                                                                     | Non-Preferred | PA                               |
| BOMYNTRA SUBCUTANEOUS SOLUTION                                                                                      | Non-Preferred | PA                               |
| BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                    | Non-Preferred | PA                               |
| CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                  | Non-Preferred | PA                               |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                     | Non-Preferred | PA                               |
| JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                    | Non-Preferred | PA                               |
| OSENVLT SUBCUTANEOUS SOLUTION                                                                                       | Non-Preferred | PA                               |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                      | Non-Preferred | PA; Specialty                    |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                    | Non-Preferred | PA                               |
| WYOST SUBCUTANEOUS SOLUTION                                                                                         | Non-Preferred | PA                               |
| XGEVA SUBCUTANEOUS SOLUTION                                                                                         | Non-Preferred | PA                               |
| <b>Calcineurin Inhibitors, Misc (90:28)</b>                                                                         |               |                                  |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                                                   | Non-Preferred | PA                               |
| CEQUA OPHTHALMIC SOLUTION                                                                                           | Non-Preferred | PA                               |
| cyclosporine (pf) ophthalmic emulsion                                                                               | Non-Preferred | PA                               |
| cyclosporine modified oral capsule                                                                                  | Preferred     |                                  |
| cyclosporine modified oral solution                                                                                 | Preferred     |                                  |
| cyclosporine ophthalmic emulsion                                                                                    | Non-Preferred | PA                               |
| cyclosporine oral capsule                                                                                           | Preferred     |                                  |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| NEORAL ORAL CAPSULE                                       | Non-Preferred | PA                               |
| NEORAL ORAL SOLUTION                                      | Non-Preferred | PA                               |
| PROGRAF ORAL CAPSULE                                      | Non-Preferred | PA                               |
| PROGRAF ORAL PACKET                                       | Non-Preferred | PA                               |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %             | Preferred     | QL                               |
| RESTASIS OPHTHALMIC EMULSION                              | Preferred     | QL                               |
| SANDIMMUNE ORAL CAPSULE                                   | Non-Preferred | PA                               |
| SANDIMMUNE ORAL SOLUTION                                  | Non-Preferred | PA                               |
| tacrolimus external ointment                              | Formulary     | PA                               |
| tacrolimus oral capsule                                   | Preferred     | 90 Day Supply                    |
| VERKAZIA OPHTHALMIC EMULSION                              | Non-Preferred | PA                               |
| VEVYE OPHTHALMIC SOLUTION                                 | Non-Preferred | PA                               |
| <b>Complement Inhibitor Agents (90:20)</b>                |               |                                  |
| TAVNEOS ORAL CAPSULE                                      | Non-Preferred | PA                               |
| <b>Disease-Modifying Antirheumat Drugs Misc</b>           |               |                                  |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED                | Non-Preferred | PA                               |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR           | Non-Preferred | PA                               |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR                | Non-Preferred | PA                               |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | Non-Preferred | PA; Specialty                    |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED                | Non-Preferred | PA; Specialty                    |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA; Specialty                    |
| <b>Disease-Modifying Antirheumatic Drugs</b>              |               |                                  |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                 | Non-Preferred | PA                               |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE            | Non-Preferred | PA                               |
| AZULFIDINE ORAL TABLET                                    | Non-Preferred | PA                               |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT     | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT       | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT     | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                        | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                 | Non-Preferred | PA                               |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT         | Non-Preferred | PA                               |
| hydroxychloroquine sulfate oral tablet 200 mg             | Formulary     | 90 Day Supply                    |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED              | Non-Preferred | PA                               |
| infliximab intravenous solution reconstituted             | Preferred     |                                  |
| methotrexate sodium oral tablet                           | Formulary     |                                  |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED               | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED              | Non-Preferred | PA                               |
| sulfasalazine oral tablet                                 | Preferred     | 90 Day Supply                    |
| sulfasalazine oral tablet delayed release                 | Preferred     | 90 Day Supply                    |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR      | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML     | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Non-Preferred | PA                               |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT          | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT          | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                     | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|---------------|----------------------------------|
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                 | Non-Preferred | PA                               |
| <b>Fumarates</b>                                                         |               |                                  |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE                                   | Non-Preferred | PA                               |
| dimethyl fumarate oral capsule delayed release                           | Preferred     | PA; 90 Day Supply                |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | Non-Preferred | PA                               |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE                                   | Non-Preferred | PA; Specialty                    |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK                      | Non-Preferred | PA; Specialty                    |
| VUMERITY ORAL CAPSULE DELAYED RELEASE                                    | Non-Preferred | PA; Specialty                    |
| <b>Immunomodulatory Agents (90:00)</b>                                   |               |                                  |
| cyclophosphamide oral capsule                                            | Formulary     |                                  |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg    | Non-Preferred | PA                               |
| mercaptopurine oral tablet                                               | Formulary     |                                  |
| ZORTRESS ORAL TABLET                                                     | Non-Preferred | PA                               |
| <b>Interferons</b>                                                       |               |                                  |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                               | Preferred     | PA; Specialty                    |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                     | Preferred     | PA; Specialty                    |
| BETASERON SUBCUTANEOUS KIT                                               | Preferred     | PA; Specialty                    |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                 | Preferred     | Specialty; QL                    |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                       | Preferred     | PA; Specialty                    |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR        | Preferred     | PA; Specialty                    |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                            | Preferred     | PA; Specialty                    |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | Preferred     | PA; Specialty                    |
| <b>Interleukin Inhibitor Agents, Misc</b>                                |               |                                  |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR                               | Preferred     | PA                               |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                           | Preferred     | PA                               |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                               | Preferred     | PA                               |
| <b>Interleukin-Mediated Agents, Misc</b>                                 |               |                                  |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                       | Non-Preferred | PA; Specialty                    |
| ACTEMRA INTRAVENOUS SOLUTION                                             | Non-Preferred | PA; Specialty                    |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | Non-Preferred | PA; Specialty                    |
| AVTOZMA INTRAVENOUS SOLUTION                                             | Non-Preferred | PA                               |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| COSENTYX INTRAVENOUS SOLUTION                                            | Non-Preferred | PA                               |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR         | Non-Preferred | PA                               |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML    | Non-Preferred | PA                               |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Non-Preferred | PA                               |
| IMULDOSA INTRAVENOUS SOLUTION                                            | Non-Preferred | PA                               |
| IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Non-Preferred | PA                               |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | Non-Preferred | PA; Specialty                    |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | Non-Preferred | PA; Specialty                    |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | Non-Preferred | PA                               |
| OTULFI INTRAVENOUS SOLUTION                                              | Non-Preferred | PA                               |
| OTULFI SUBCUTANEOUS SOLUTION                                             | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------|---------------|----------------------------------|
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| PYZCHIVA INTRAVENOUS SOLUTION                            | Preferred     |                                  |
| PYZCHIVA SUBCUTANEOUS SOLUTION                           | Preferred     |                                  |
| PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | Preferred     |                                  |
| SELARSDI INTRAVENOUS SOLUTION                            | Non-Preferred | PA                               |
| SELARSDI SUBCUTANEOUS SOLUTION                           | Non-Preferred | PA                               |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | Non-Preferred | PA                               |
| STELARA INTRAVENOUS SOLUTION                             | Non-Preferred | PA                               |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                | Non-Preferred | PA                               |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | Non-Preferred | PA                               |
| STEQUEYMA INTRAVENOUS SOLUTION                           | Preferred     |                                  |
| STEQUEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | Preferred     |                                  |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | Non-Preferred | PA                               |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE            | Non-Preferred | PA                               |
| TOFIDENCE INTRAVENOUS SOLUTION                           | Non-Preferred | PA                               |
| TYENNE INTRAVENOUS SOLUTION                              | Non-Preferred | PA                               |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Non-Preferred | PA                               |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| ustekinumab intravenous solution                         | Non-Preferred | PA                               |
| ustekinumab subcutaneous solution                        | Non-Preferred | PA                               |
| ustekinumab subcutaneous solution prefilled syringe      | Non-Preferred | PA                               |
| ustekinumab-aekn subcutaneous solution prefilled syringe | Non-Preferred | PA                               |
| ustekinumab-ttwe intravenous solution                    | Non-Preferred | PA                               |
| ustekinumab-ttwe subcutaneous solution                   | Non-Preferred | PA                               |
| WEZLANA INTRAVENOUS SOLUTION                             | Non-Preferred | PA                               |
| WEZLANA SUBCUTANEOUS SOLUTION                            | Non-Preferred | PA                               |
| WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | Non-Preferred | PA                               |
| YESINTEK INTRAVENOUS SOLUTION                            | Preferred     |                                  |
| YESINTEK SUBCUTANEOUS SOLUTION                           | Preferred     |                                  |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | Preferred     |                                  |
| <b>Janus Kinase Inhibitors, Miscellaneous</b>            |               |                                  |
| OLUMIANT ORAL TABLET 1 MG, 2 MG                          | Non-Preferred | PA; Specialty                    |
| RINVOQ LQ ORAL SOLUTION                                  | Non-Preferred | PA; Specialty                    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG        | Non-Preferred | PA; Specialty                    |
| XELJANZ ORAL SOLUTION                                    | Non-Preferred | Specialty; QL                    |
| XELJANZ ORAL TABLET 10 MG                                | Preferred     | QL                               |
| XELJANZ ORAL TABLET 5 MG                                 | Preferred     | Specialty; QL                    |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Non-Preferred | Specialty; QL                    |
| <b>Monocarboxylic Acid Amide Agents</b>                  |               |                                  |
| leflunomide oral tablet                                  | Formulary     | 90 Day Supply                    |
| <b>Monoclonal Antibodies (90:04)</b>                     |               |                                  |
| BRIUMVI INTRAVENOUS SOLUTION                             | Non-Preferred | PA                               |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | Non-Preferred | PA                               |
| LEMTRADA INTRAVENOUS SOLUTION                            | Non-Preferred | PA                               |
| <b>Monoclonal Antibodies (90:10)</b>                     |               |                                  |
| LEMTRADA INTRAVENOUS SOLUTION                            | Non-Preferred | PA                               |
| <b>Monoclonal Antibodies (90:12)</b>                     |               |                                  |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | Non-Preferred | PA                               |
| UPLIZNA INTRAVENOUS SOLUTION                             | Non-Preferred | PA                               |
| <b>Mtor Inhibitors, Miscellaneous</b>                    |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                             | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------------|
| sirolimus oral solution                                                          | Preferred     |                                  |
| sirolimus oral tablet                                                            | Preferred     |                                  |
| <b>Phosphodiesterase-4 Inhibitors, Misc</b>                                      |               |                                  |
| OTEZLA ORAL TABLET                                                               | Preferred     | QL                               |
| OTEZLA ORAL TABLET THERAPY PACK                                                  | Preferred     | QL                               |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                   | Non-Preferred | PA                               |
| <b>Sphingosine 1-Phosphate (S1p) Agents</b>                                      |               |                                  |
| fingolimod hcl oral capsule                                                      | Preferred     | PA; QL                           |
| GILENYA ORAL CAPSULE                                                             | Non-Preferred | PA; Specialty; QL                |
| MAYZENT ORAL TABLET 0.25 MG, 2 MG                                                | Non-Preferred | PA                               |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK                                    | Non-Preferred | PA                               |
| TASCENSO ODT ORAL TABLET DISPERSIBLE                                             | Non-Preferred | PA                               |
| <b>Tumor Necrosis Factor Inhibitors, Misc</b>                                    |               |                                  |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                  | Non-Preferred | PA                               |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                  | Non-Preferred | PA                               |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT                                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT                                      | Non-Preferred | PA                               |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml | Non-Preferred | PA                               |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit                           | Preferred     | QL                               |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit                   | Preferred     | QL                               |
| adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit                    | Preferred     | QL                               |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit                    | Preferred     | QL                               |
| adalimumab-bwwd subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-bwwd subcutaneous solution prefilled syringe                          | Non-Preferred | PA                               |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous auto-injector kit                                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous prefilled syringe kit                               | Non-Preferred | PA                               |
| adalimumab-ryvk (1 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML        | Non-Preferred | PA                               |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                                                                | Non-Preferred | PA                               |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                    | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT                                                      | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                                                    | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                                       | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                | Non-Preferred | PA                               |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT                                                        | Non-Preferred | PA                               |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                           | Preferred     | QL                               |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                   | Preferred     | QL                               |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE                                                              | Preferred     | Specialty; QL                    |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                                                 | Preferred     | QL                               |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                           | Preferred     | Specialty; QL                    |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                     | Preferred     | Specialty; QL                    |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                    | Non-Preferred | PA                               |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | Non-Preferred | PA                               |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                             | Non-Preferred | PA                               |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                 | Non-Preferred | PA                               |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                                       | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                               | Non-Preferred | PA; Specialty                    |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                             | Non-Preferred | PA; Specialty; QL                |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                              | Non-Preferred | PA                               |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML       | Non-Preferred | PA                               |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                            | Non-Preferred | PA                               |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                   | Non-Preferred | PA                               |
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                    | Non-Preferred | PA                               |
| HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                         | Non-Preferred | PA                               |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                       | Non-Preferred | PA                               |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA                               |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                    | Non-Preferred | PA                               |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                                                             | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                               | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------|---------------|----------------------------------|
| infliximab intravenous solution reconstituted                      | Preferred     |                                  |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                        | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED                       | Non-Preferred | PA                               |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML        | Non-Preferred | PA                               |
| SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT            | Non-Preferred | PA                               |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                    | Non-Preferred | PA                               |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT            | Non-Preferred | PA                               |
| SIMPONI ARIA INTRAVENOUS SOLUTION                                  | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                        | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | Non-Preferred | PA; Specialty                    |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | Non-Preferred | PA                               |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT            | Non-Preferred | PA                               |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                   | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                   | Non-Preferred | PA                               |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT           | Non-Preferred | PA                               |
| <b>Local Anesthetics</b>                                           |               |                                  |
| <b>Local Anesthetics</b>                                           |               |                                  |
| ZTLIDO EXTERNAL PATCH                                              | Non-Preferred | PA                               |
| <b>Miscellaneous Therapeutic Agents</b>                            |               |                                  |
| <b>5-Alpha-Reductase Inhibitors</b>                                |               |                                  |
| AVODART ORAL CAPSULE                                               | Non-Preferred | PA                               |
| dutasteride oral capsule                                           | Preferred     | 90 Day Supply                    |
| dutasteride-tamsulosin hcl oral capsule                            | Non-Preferred | PA                               |
| ENTADFI ORAL CAPSULE                                               | Non-Preferred | PA                               |
| finasteride oral tablet 5 mg                                       | Preferred     | 90 Day Supply; QL                |
| JALYN ORAL CAPSULE                                                 | Non-Preferred | PA                               |
| PROSCAR ORAL TABLET                                                | Non-Preferred | PA; QL                           |
| <b>5-Alpha-Reductase Inhibitors (92:04)</b>                        |               |                                  |
| AVODART ORAL CAPSULE                                               | Non-Preferred | PA                               |
| disulfiram oral tablet                                             | Formulary     |                                  |
| dutasteride oral capsule                                           | Preferred     | 90 Day Supply                    |
| dutasteride-tamsulosin hcl oral capsule                            | Non-Preferred | PA                               |
| ENTADFI ORAL CAPSULE                                               | Non-Preferred | PA                               |
| finasteride oral tablet 5 mg                                       | Preferred     | 90 Day Supply; QL                |
| JALYN ORAL CAPSULE                                                 | Non-Preferred | PA                               |
| naltrexone hcl oral tablet                                         | Formulary     |                                  |
| PROSCAR ORAL TABLET                                                | Non-Preferred | PA; QL                           |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                    | Formulary     | QL                               |
| <b>Antidotes</b>                                                   |               |                                  |
| acetylcysteine inhalation solution                                 | Formulary     |                                  |
| BAQSIMI ONE PACK NASAL POWDER                                      | Preferred     | QL                               |
| BAQSIMI TWO PACK NASAL POWDER                                      | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| CHEMET ORAL CAPSULE                                                  | Formulary     |                                  |
| FOSRENOL ORAL PACKET                                                 | Non-Preferred | PA                               |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG                | Non-Preferred | PA                               |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED                    | Formulary     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg             | Preferred     | QL                               |
| glucagon emergency injection solution reconstituted 1 mg/ml          | Non-Preferred | PA                               |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | Non-Preferred | PA                               |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | Non-Preferred | PA                               |
| GVOKE KIT SUBCUTANEOUS SOLUTION                                      | Non-Preferred | PA                               |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | Non-Preferred | PA                               |
| lanthanum carbonate oral tablet chewable                             | Non-Preferred | PA                               |
| leucovorin calcium oral tablet                                       | Formulary     | PA                               |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml                 | Preferred     |                                  |
| naloxone hcl injection solution cartridge                            | Preferred     |                                  |
| naloxone hcl injection solution prefilled syringe                    | Preferred     |                                  |
| naltrexone hcl oral tablet                                           | Formulary     |                                  |
| phytonadione oral tablet                                             | Formulary     |                                  |
| RENVELA ORAL PACKET                                                  | Non-Preferred | PA; QL                           |
| RENVELA ORAL TABLET                                                  | Non-Preferred | PA; QL                           |
| sevelamer carbonate oral packet                                      | Preferred     | 90 Day Supply                    |
| sevelamer carbonate oral tablet                                      | Preferred     | 90 Day Supply                    |
| sevelamer hcl oral tablet                                            | Non-Preferred | PA                               |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION                 | Formulary     |                                  |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION                      | Formulary     |                                  |
| SPS ORAL SUSPENSION                                                  | Formulary     |                                  |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                      | Formulary     | QL                               |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                        | Preferred     |                                  |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | Preferred     |                                  |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE                           | Non-Preferred | PA                               |
| <b>Antigout Agents</b>                                               |               |                                  |
| all day pain relief oral tablet                                      | Formulary     | OTC                              |
| all day relief oral tablet                                           | Preferred     | OTC                              |
| allopurinol oral tablet 100 mg, 300 mg                               | Formulary     | 90 Day Supply; QL                |
| colchicine oral capsule                                              | Formulary     |                                  |
| colchicine oral tablet                                               | Formulary     |                                  |
| colchicine-probenecid oral tablet                                    | Formulary     |                                  |
| gnp naproxen sodium oral capsule                                     | Preferred     | OTC                              |
| gnp naproxen sodium oral tablet                                      | Preferred     | OTC                              |
| INDOCIN ORAL SUSPENSION                                              | Formulary     |                                  |
| indomethacin er oral capsule extended release                        | Preferred     | 90 Day Supply                    |
| indomethacin oral capsule 25 mg, 50 mg                               | Preferred     | 90 Day Supply                    |
| indomethacin oral suspension                                         | Non-Preferred | PA                               |
| indomethacin rectal suppository                                      | Non-Preferred | PA                               |
| MEDIPROXEN ORAL TABLET                                               | Formulary     | OTC                              |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | Non-Preferred | PA                               |
| NAPROSYN ORAL SUSPENSION                                             | Non-Preferred | PA                               |
| naproxen dr oral tablet delayed release 500 mg                       | Preferred     | 90 Day Supply; QL                |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                              | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| naproxen oral suspension                                                                          | Non-Preferred | PA                               |
| naproxen oral tablet                                                                              | Preferred     | 90 Day Supply; QL                |
| naproxen oral tablet delayed release                                                              | Preferred     | 90 Day Supply; QL                |
| naproxen sodium er oral tablet extended release 24 hour                                           | Non-Preferred | PA                               |
| naproxen sodium oral capsule                                                                      | Preferred     | OTC                              |
| naproxen sodium oral tablet 220 mg                                                                | Preferred     | OTC                              |
| naproxen sodium oral tablet 275 mg                                                                | Preferred     |                                  |
| naproxen sodium oral tablet 550 mg                                                                | Preferred     | QL                               |
| probenecid oral tablet                                                                            | Formulary     | 90 Day Supply                    |
| <b>Antisense Oligonucleotides</b>                                                                 |               |                                  |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                      | Non-Preferred | PA                               |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                                         | Non-Preferred | PA                               |
| <b>Bone Anabolic Agents</b>                                                                       |               |                                  |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                        | Non-Preferred | PA                               |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                   | Non-Preferred | PA                               |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML                                                        | Preferred     | PA                               |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML                           | Preferred     | PA                               |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML                                          | Preferred     |                                  |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml                    | Non-Preferred | PA                               |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                         | Non-Preferred | PA                               |
| <b>Bone Resorption Inhibitors</b>                                                                 |               |                                  |
| ACTONEL ORAL TABLET 150 MG, 35 MG                                                                 | Non-Preferred | PA                               |
| alendronate sodium oral solution                                                                  | Preferred     |                                  |
| alendronate sodium oral tablet 10 mg                                                              | Formulary     | 90 Day Supply; QL                |
| alendronate sodium oral tablet 35 mg, 5 mg, 70 mg                                                 | Preferred     | 90 Day Supply; QL                |
| ATELVIA ORAL TABLET DELAYED RELEASE                                                               | Non-Preferred | PA                               |
| BINOSTO ORAL TABLET EFFERVESCENT                                                                  | Non-Preferred | PA                               |
| calcitonin (salmon) nasal solution                                                                | Preferred     |                                  |
| ESTRACE ORAL TABLET 2 MG                                                                          | Formulary     | QL                               |
| estradiol oral tablet 0.5 mg                                                                      | Formulary     | 90 Day Supply                    |
| estradiol oral tablet 1 mg, 2 mg                                                                  | Formulary     | 90 Day Supply; QL                |
| estradiol transdermal patch twice weekly 0.025 mg/24hr                                            | Formulary     |                                  |
| estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr | Formulary     | QL                               |
| estradiol transdermal patch weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr        | Formulary     | 90 Day Supply; QL                |
| estradiol transdermal patch weekly 0.0375 mg/24hr, 0.06 mg/24hr                                   | Formulary     | 90 Day Supply                    |
| estradiol vaginal cream 0.01 %                                                                    | Formulary     | QL                               |
| estradiol vaginal tablet                                                                          | Formulary     | QL                               |
| EVISTA ORAL TABLET                                                                                | Non-Preferred | PA                               |
| FOSAMAX ORAL TABLET 70 MG                                                                         | Non-Preferred | PA; QL                           |
| FOSAMAX PLUS D ORAL TABLET                                                                        | Non-Preferred | PA                               |
| ibandronate sodium oral tablet                                                                    | Preferred     | 90 Day Supply                    |
| PREMARIN ORAL TABLET                                                                              | Formulary     | ST                               |
| PREMARIN VAGINAL CREAM                                                                            | Formulary     |                                  |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                    | Non-Preferred | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------|---------------|----------------------------------|
| raloxifene hcl oral tablet                                       | Preferred     | 90 Day Supply                    |
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg        | Non-Preferred | PA                               |
| risedronate sodium oral tablet delayed release                   | Non-Preferred | PA                               |
| XGEVA SUBCUTANEOUS SOLUTION                                      | Non-Preferred | PA                               |
| YUVAFEM VAGINAL TABLET                                           | Formulary     | QL                               |
| <b>Bradykinin Receptor Antagonists</b>                           |               |                                  |
| FIRAZYR SUBCUTANEOUS SOLUTION                                    | Non-Preferred | PA                               |
| icatibant acetate subcutaneous solution prefilled syringe        | Preferred     | PA                               |
| <b>Cariostatic Agents</b>                                        |               |                                  |
| DENTA 5000 PLUS DENTAL CREAM                                     | Formulary     |                                  |
| dentagel dental gel                                              | Formulary     |                                  |
| GEL-KAM DENTAL GEL                                               | Formulary     | OTC                              |
| multivitamin/fluoride oral suspension 0.5 mg/ml                  | Formulary     | 90 Day Supply; OTC               |
| multi-vitamin/fluoride oral suspension 0.5 mg/ml                 | Formulary     | 90 Day Supply                    |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Formulary     | 90 Day Supply                    |
| multi-vitamin/fluoride/iron oral solution                        | Formulary     |                                  |
| sodium fluoride 5000 plus dental cream                           | Formulary     |                                  |
| sodium fluoride 5000 ppm dental cream                            | Formulary     |                                  |
| sodium fluoride 5000 ppm dental paste                            | Formulary     |                                  |
| sodium fluoride dental gel 1.1 %                                 | Formulary     |                                  |
| sodium fluoride mouth/throat solution                            | Formulary     |                                  |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml                  | Formulary     |                                  |
| sodium fluoride oral tablet chewable                             | Formulary     | 90 Day Supply                    |
| tri-vitamin/fluoride oral solution 0.25 mg/ml                    | Formulary     |                                  |
| <b>Complement Inhibitors</b>                                     |               |                                  |
| BERINERT INTRAVENOUS KIT                                         | Preferred     | PA                               |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED                       | Preferred     | PA                               |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED                     | Non-Preferred | PA                               |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED                      | Non-Preferred | PA                               |
| TAVNEOS ORAL CAPSULE                                             | Non-Preferred | PA                               |
| <b>Complement Inhibitors (92:32)</b>                             |               |                                  |
| BERINERT INTRAVENOUS KIT                                         | Preferred     | PA                               |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED                       | Preferred     | PA                               |
| FIRAZYR SUBCUTANEOUS SOLUTION                                    | Non-Preferred | PA                               |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED                     | Non-Preferred | PA                               |
| icatibant acetate subcutaneous solution prefilled syringe        | Preferred     | PA                               |
| KALBITOR SUBCUTANEOUS SOLUTION                                   | Non-Preferred | PA                               |
| ORLADEYO ORAL CAPSULE                                            | Non-Preferred | PA                               |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED                      | Non-Preferred | PA                               |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                   | Non-Preferred | PA                               |
| TAVNEOS ORAL CAPSULE                                             | Non-Preferred | PA                               |
| <b>Disease-Modifying Antirheumatic Agents</b>                    |               |                                  |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                  | Non-Preferred | PA                               |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                  | Non-Preferred | PA                               |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT                      | Non-Preferred | PA                               |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Non-Preferred | PA; Specialty                    |
| ACTEMRA INTRAVENOUS SOLUTION                                     | Non-Preferred | PA; Specialty                    |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                             | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------------|
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                  | Non-Preferred | PA; Specialty                    |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml | Non-Preferred | PA                               |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit                           | Preferred     | QL                               |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit                   | Preferred     | QL                               |
| adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit                    | Preferred     | QL                               |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit                    | Preferred     | QL                               |
| adalimumab-bwwd subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-bwwd subcutaneous solution prefilled syringe                          | Non-Preferred | PA                               |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous auto-injector kit                                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous prefilled syringe kit                               | Non-Preferred | PA                               |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML        | Non-Preferred | PA                               |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                                        | Non-Preferred | PA                               |
| AZASAN ORAL TABLET                                                               | Non-Preferred | PA                               |
| azathioprine oral tablet 50 mg                                                   | Preferred     | 90 Day Supply                    |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE                                   | Non-Preferred | PA                               |
| AZULFIDINE ORAL TABLET                                                           | Non-Preferred | PA                               |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS KIT                                                | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT                                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                               | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                        | Non-Preferred | PA                               |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT                                | Non-Preferred | PA                               |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                   | Non-Preferred | PA                               |
| COSENTYX INTRAVENOUS SOLUTION                                                    | Non-Preferred | PA                               |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                                    | Non-Preferred | PA                               |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                         | Non-Preferred | PA                               |
| cyclosporine modified oral capsule                                                                       | Preferred     |                                  |
| cyclosporine modified oral solution                                                                      | Preferred     |                                  |
| cyclosporine oral capsule                                                                                | Preferred     |                                  |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                           | Preferred     | QL                               |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                   | Preferred     | QL                               |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE                                                              | Preferred     | Specialty; QL                    |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                                                 | Preferred     | QL                               |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                           | Preferred     | Specialty; QL                    |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                     | Preferred     | Specialty; QL                    |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                    | Non-Preferred | PA                               |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | Non-Preferred | PA                               |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                             | Non-Preferred | PA                               |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                 | Non-Preferred | PA                               |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                                       | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                         | Non-Preferred | PA; Specialty                    |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                             | Non-Preferred | PA; Specialty; QL                |
| hydroxychloroquine sulfate oral tablet 200 mg                                                            | Formulary     | 90 Day Supply                    |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                              | Non-Preferred | PA                               |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML       | Non-Preferred | PA                               |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                            | Non-Preferred | PA                               |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                   | Non-Preferred | PA                               |
| HYRIMOZ-PED $\geq$ 40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | Non-Preferred | PA                               |
| HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                         | Non-Preferred | PA                               |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                       | Non-Preferred | PA                               |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA                               |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                    | Non-Preferred | PA                               |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                                  | Non-Preferred | PA                               |
| IMURAN ORAL TABLET                                                                                       | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------|---------------|----------------------------------|
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                        | Non-Preferred | PA                               |
| infliximab intravenous solution reconstituted                       | Preferred     |                                  |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                         | Non-Preferred | PA; Specialty                    |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Non-Preferred | PA; Specialty                    |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Non-Preferred | PA                               |
| leflunomide oral tablet                                             | Formulary     | 90 Day Supply                    |
| methotrexate sodium oral tablet                                     | Formulary     |                                  |
| NEORAL ORAL CAPSULE                                                 | Non-Preferred | PA                               |
| NEORAL ORAL SOLUTION                                                | Non-Preferred | PA                               |
| OLUMIANT ORAL TABLET 1 MG, 2 MG                                     | Non-Preferred | PA; Specialty                    |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Non-Preferred | PA; Specialty                    |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED                          | Non-Preferred | PA; Specialty                    |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Non-Preferred | PA; Specialty                    |
| OTEZLA ORAL TABLET 30 MG                                            | Preferred     | QL                               |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG                     | Preferred     | QL                               |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                         | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED                        | Non-Preferred | PA                               |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG                   | Non-Preferred | PA; Specialty                    |
| SANDIMMUNE ORAL CAPSULE                                             | Non-Preferred | PA                               |
| SANDIMMUNE ORAL SOLUTION                                            | Non-Preferred | PA                               |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML         | Non-Preferred | PA                               |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | Non-Preferred | PA                               |
| SIMPONI ARIA INTRAVENOUS SOLUTION                                   | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                         | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Non-Preferred | PA; Specialty                    |
| sulfasalazine oral tablet                                           | Preferred     | 90 Day Supply                    |
| sulfasalazine oral tablet delayed release                           | Preferred     | 90 Day Supply                    |
| TOFIDENCE INTRAVENOUS SOLUTION                                      | Non-Preferred | PA                               |
| TYENNE INTRAVENOUS SOLUTION                                         | Non-Preferred | PA                               |
| XELJANZ ORAL SOLUTION                                               | Non-Preferred | Specialty; QL                    |
| XELJANZ ORAL TABLET                                                 | Preferred     | Specialty; QL                    |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR                     | Non-Preferred | Specialty; QL                    |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                      | Non-Preferred | PA                               |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                      | Non-Preferred | PA                               |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML  | Non-Preferred | PA                               |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT             | Non-Preferred | PA                               |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                    | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                    | Non-Preferred | PA                               |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT            | Non-Preferred | PA                               |
| <b>Immunomodulatory Agents</b>                                      |               |                                  |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                             | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------|---------------|----------------------------------|
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT                                          | Non-Preferred | PA                               |
| ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT                                      | Non-Preferred | PA                               |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                               | Non-Preferred | PA; Specialty                    |
| ACTEMRA INTRAVENOUS SOLUTION                                                     | Non-Preferred | PA; Specialty                    |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                  | Non-Preferred | PA; Specialty                    |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit                    | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml | Non-Preferred | PA                               |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit                   | Preferred     | QL                               |
| adalimumab-bwwd subcutaneous solution auto-injector                              | Non-Preferred | PA                               |
| adalimumab-bwwd subcutaneous solution prefilled syringe                          | Non-Preferred | PA                               |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous auto-injector kit                                   | Non-Preferred | PA                               |
| adalimumab-fkjp subcutaneous prefilled syringe kit                               | Non-Preferred | PA                               |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit                           | Non-Preferred | PA                               |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit                   | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | Non-Preferred | PA                               |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML        | Non-Preferred | PA                               |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | Non-Preferred | PA                               |
| AUBAGIO ORAL TABLET                                                              | Non-Preferred | PA; Specialty                    |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                                       | Preferred     | PA; Specialty                    |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                             | Preferred     | PA; Specialty                    |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                                        | Non-Preferred | PA                               |
| AZASAN ORAL TABLET                                                               | Non-Preferred | PA                               |
| azathioprine oral tablet 50 mg                                                   | Preferred     | 90 Day Supply                    |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE                                   | Non-Preferred | PA                               |
| AZULFIDINE ORAL TABLET                                                           | Non-Preferred | PA                               |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE                                           | Non-Preferred | PA                               |
| BETASERON SUBCUTANEOUS KIT                                                       | Preferred     | PA; Specialty                    |
| BRIUMVI INTRAVENOUS SOLUTION                                                     | Non-Preferred | PA                               |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS KIT                                                | Non-Preferred | PA                               |
| CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT                                              | Non-Preferred | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT                            | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                     | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                                                       | Non-Preferred | PA                               |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                | Non-Preferred | PA                               |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT                                                        | Non-Preferred | PA                               |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                                                | Preferred     | PA; Specialty                    |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                                                | Non-Preferred | PA; Specialty                    |
| cyclosporine modified oral capsule                                                                       | Preferred     |                                  |
| cyclosporine modified oral solution                                                                      | Preferred     |                                  |
| cyclosporine oral capsule                                                                                | Preferred     |                                  |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                                                   | Preferred     | QL                               |
| dimethyl fumarate oral capsule delayed release                                                           | Preferred     | PA; 90 Day Supply                |
| dimethyl fumarate starter pack oral                                                                      | Non-Preferred | PA                               |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack                                 | Non-Preferred | PA                               |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE                                                              | Preferred     | Specialty; QL                    |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                                                 | Preferred     | QL                               |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                           | Preferred     | Specialty; QL                    |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                     | Preferred     | Specialty; QL                    |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                         | Non-Preferred | PA                               |
| fingolimod hcl oral capsule                                                                              | Preferred     | PA; QL                           |
| GILENYA ORAL CAPSULE                                                                                     | Non-Preferred | PA; Specialty; QL                |
| glatiramer acetate subcutaneous solution prefilled syringe                                               | Non-Preferred | PA; Specialty                    |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | Non-Preferred | PA; Specialty                    |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                    | Non-Preferred | PA                               |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                          | Non-Preferred | PA                               |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                             | Non-Preferred | PA                               |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT                                                                 | Non-Preferred | PA                               |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                                                            | Non-Preferred | PA; Specialty; QL                |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                                       | Non-Preferred | PA; Specialty; QL                |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                               | Non-Preferred | PA; Specialty                    |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                                             | Non-Preferred | PA; Specialty; QL                |
| hydroxychloroquine sulfate oral tablet 200 mg                                                            | Formulary     | 90 Day Supply                    |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                              | Non-Preferred | PA                               |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML       | Non-Preferred | PA                               |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                            | Non-Preferred | PA                               |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                   | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Non-Preferred | PA                               |
| HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR      | Non-Preferred | PA                               |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR    | Non-Preferred | PA                               |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                         | Non-Preferred | PA                               |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                 | Non-Preferred | PA                               |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT               | Non-Preferred | PA                               |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT               | Non-Preferred | PA                               |
| IMURAN ORAL TABLET                                                    | Non-Preferred | PA                               |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                          | Non-Preferred | PA                               |
| infliximab intravenous solution reconstituted                         | Preferred     |                                  |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | Non-Preferred | PA                               |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | Non-Preferred | PA                               |
| leflunomide oral tablet                                               | Formulary     | 90 Day Supply                    |
| LEMTRADA INTRAVENOUS SOLUTION                                         | Non-Preferred | PA                               |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                          | Non-Preferred | PA                               |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                           | Non-Preferred | PA                               |
| MAYZENT ORAL TABLET 0.25 MG, 2 MG                                     | Non-Preferred | PA                               |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK                         | Non-Preferred | PA                               |
| methotrexate sodium oral tablet                                       | Formulary     |                                  |
| NEORAL ORAL CAPSULE                                                   | Non-Preferred | PA                               |
| NEORAL ORAL SOLUTION                                                  | Non-Preferred | PA                               |
| OCREVUS INTRAVENOUS SOLUTION                                          | Non-Preferred | PA; Specialty                    |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION                                  | Non-Preferred | PA; Specialty                    |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Non-Preferred | PA; Specialty                    |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED                            | Non-Preferred | PA; Specialty                    |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | Non-Preferred | PA; Specialty                    |
| OTEZLA ORAL TABLET                                                    | Preferred     | QL                               |
| OTEZLA ORAL TABLET THERAPY PACK                                       | Preferred     | QL                               |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                              | Preferred     | Specialty; QL                    |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | Non-Preferred | PA; Specialty                    |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR              | Non-Preferred | PA; Specialty                    |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | Non-Preferred | PA; Specialty                    |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | Non-Preferred | PA; Specialty                    |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                           | Non-Preferred | PA; Specialty                    |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                      | Non-Preferred | PA; Specialty                    |
| PONVORY ORAL TABLET                                                   | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------|---------------|----------------------------------|
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK                       | Non-Preferred | PA                               |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                  | Preferred     | PA; Specialty                    |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | Preferred     | PA; Specialty                    |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | Preferred     | PA; Specialty                    |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | Preferred     | PA; Specialty                    |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                         | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED                        | Non-Preferred | PA                               |
| SANDIMMUNE ORAL CAPSULE                                             | Non-Preferred | PA                               |
| SANDIMMUNE ORAL SOLUTION                                            | Non-Preferred | PA                               |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML         | Non-Preferred | PA                               |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                     | Non-Preferred | PA                               |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | Non-Preferred | PA                               |
| SIMPONI ARIA INTRAVENOUS SOLUTION                                   | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                         | Non-Preferred | PA; Specialty                    |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Non-Preferred | PA; Specialty                    |
| sulfasalazine oral tablet                                           | Preferred     | 90 Day Supply                    |
| sulfasalazine oral tablet delayed release                           | Preferred     | 90 Day Supply                    |
| TASCENSO ODT ORAL TABLET DISPERSIBLE                                | Non-Preferred | PA                               |
| TECFIDERA ORAL                                                      | Non-Preferred | PA; Specialty                    |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE                              | Non-Preferred | PA; Specialty                    |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK                 | Non-Preferred | PA; Specialty                    |
| teriflunomide oral tablet                                           | Preferred     | PA; 90 Day Supply; QL            |
| TOFIDENCE INTRAVENOUS SOLUTION                                      | Non-Preferred | PA                               |
| TYENNE INTRAVENOUS SOLUTION                                         | Non-Preferred | PA                               |
| TYSABRI INTRAVENOUS CONCENTRATE                                     | Non-Preferred | PA; Specialty                    |
| UPLIZNA INTRAVENOUS SOLUTION                                        | Non-Preferred | PA                               |
| VELSIPITY ORAL TABLET                                               | Non-Preferred | PA; QL                           |
| VUMERITY ORAL CAPSULE DELAYED RELEASE                               | Non-Preferred | PA; Specialty                    |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                      | Non-Preferred | PA                               |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                      | Non-Preferred | PA                               |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML  | Non-Preferred | PA                               |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT             | Non-Preferred | PA                               |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK                | Non-Preferred | PA                               |
| ZEPOSIA ORAL CAPSULE                                                | Non-Preferred | PA                               |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                    | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                    | Non-Preferred | PA                               |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT            | Non-Preferred | PA                               |
| <b>Immunosuppressive Agents</b>                                     |               |                                  |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                   | Non-Preferred | PA                               |
| AZASAN ORAL TABLET                                                  | Non-Preferred | PA                               |
| azathioprine oral tablet 50 mg                                      | Preferred     | 90 Day Supply                    |
| CELLCEPT ORAL CAPSULE                                               | Non-Preferred | PA                               |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED                              | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                  | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------|---------------|----------------------------------|
| CELLCEPT ORAL TABLET                                  | Non-Preferred | PA; QL                           |
| cyclophosphamide oral capsule                         | Formulary     |                                  |
| cyclosporine modified oral capsule                    | Preferred     |                                  |
| cyclosporine modified oral solution                   | Preferred     |                                  |
| cyclosporine oral capsule                             | Preferred     |                                  |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR      | Non-Preferred | PA                               |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg       | Non-Preferred | PA                               |
| IMURAN ORAL TABLET                                    | Non-Preferred | PA                               |
| leflunomide oral tablet                               | Formulary     | 90 Day Supply                    |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK          | Non-Preferred | PA                               |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK           | Non-Preferred | PA                               |
| mercaptopurine oral tablet                            | Formulary     |                                  |
| methotrexate sodium oral tablet                       | Formulary     |                                  |
| mycophenolate mofetil oral capsule                    | Formulary     | 90 Day Supply                    |
| mycophenolate mofetil oral suspension reconstituted   | Non-Preferred | PA                               |
| mycophenolate mofetil oral tablet                     | Preferred     | 90 Day Supply; QL                |
| mycophenolate sodium oral tablet delayed release      | Non-Preferred | PA                               |
| MYFORTIC ORAL TABLET DELAYED RELEASE                  | Non-Preferred | PA                               |
| MYHIBBIN ORAL SUSPENSION                              | Non-Preferred | PA                               |
| NEORAL ORAL CAPSULE                                   | Non-Preferred | PA                               |
| NEORAL ORAL SOLUTION                                  | Non-Preferred | PA                               |
| pimecrolimus external cream                           | Formulary     | PA; QL                           |
| PROGRAF ORAL CAPSULE                                  | Non-Preferred | PA                               |
| PROGRAF ORAL PACKET                                   | Non-Preferred | PA                               |
| SANDIMMUNE ORAL CAPSULE                               | Non-Preferred | PA                               |
| SANDIMMUNE ORAL SOLUTION                              | Non-Preferred | PA                               |
| sirolimus oral solution                               | Preferred     |                                  |
| sirolimus oral tablet                                 | Preferred     |                                  |
| tacrolimus external ointment                          | Formulary     | PA                               |
| tacrolimus oral capsule                               | Preferred     | 90 Day Supply                    |
| ZORTRESS ORAL TABLET                                  | Non-Preferred | PA                               |
| <b>Kallikrein Inhibitors</b>                          |               |                                  |
| KALBITOR SUBCUTANEOUS SOLUTION                        | Non-Preferred | PA                               |
| ORLADEYO ORAL CAPSULE                                 | Non-Preferred | PA                               |
| TAKHZYRO SUBCUTANEOUS SOLUTION                        | Non-Preferred | PA                               |
| <b>Other Miscellaneous Therapeutic Agents</b>         |               |                                  |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR           | Non-Preferred | PA                               |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED          | Non-Preferred | PA                               |
| charcoal oral capsule 200 mg                          | Formulary     | OTC                              |
| cvs prenatal gummy oral tablet chewable 0.4-113.5 mg  | Formulary     | OTC                              |
| cvs womens prenatal+dha oral                          | Formulary     | OTC                              |
| dalfampridine er oral tablet extended release 12 hour | Non-Preferred | PA; QL                           |
| ENDARI ORAL PACKET                                    | Preferred     | PA                               |
| fish oil concentrate oral capsule 1000 mg, 300 mg     | Formulary     | OTC                              |
| fish oil oral capsule 1000 mg                         | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------|---------------|----------------------------------|
| fish oil/super potent/no burp oral capsule                    | Formulary     | OTC                              |
| genicin oral capsule                                          | Formulary     | OTC                              |
| glucosamine sulfate oral capsule 1000 mg, 500 mg, 750 mg      | Formulary     | OTC                              |
| glucosamine sulfate oral tablet 500 mg, 750 mg                | Formulary     | OTC                              |
| hyprost oral capsule                                          | Formulary     | OTC                              |
| ILARIS SUBCUTANEOUS SOLUTION                                  | Non-Preferred | PA                               |
| levocarnitine oral tablet                                     | Formulary     | 90 Day Supply                    |
| l-glutamine oral packet                                       | Non-Preferred | PA                               |
| MULTIGEN FOLIC ORAL TABLET                                    | Formulary     |                                  |
| MULTIGEN ORAL TABLET                                          | Formulary     |                                  |
| MULTIGEN PLUS ORAL TABLET                                     | Formulary     |                                  |
| omega-3 fish oil oral capsule 1000 mg, 500 mg                 | Formulary     | OTC                              |
| omega-3 oral capsule 1000 mg                                  | Formulary     | OTC                              |
| prenatal gummies/dha & fa oral tablet chewable                | Formulary     | OTC                              |
| prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg | Formulary     | OTC                              |
| PRENATAL MULTIVITAMIN + DHA ORAL                              | Formulary     | OTC                              |
| PREZCOBIX ORAL TABLET 800-150 MG                              | Formulary     |                                  |
| ra fish oil oral capsule 1000 mg                              | Formulary     | OTC                              |
| ra fish oil oral capsule delayed release 1000 mg              | Formulary     | OTC                              |
| REZUROCK ORAL TABLET                                          | Non-Preferred | PA                               |
| sb omega-3 fish oil oral capsule                              | Formulary     | OTC                              |
| sm fish oil oral capsule 1000 mg                              | Formulary     | OTC                              |
| sm one daily prenatal oral                                    | Formulary     | OTC                              |
| SUPER OMEGA-3 ORAL CAPSULE 1000 MG                            | Formulary     | OTC                              |
| SYMTUZA ORAL TABLET                                           | Formulary     | QL                               |
| SYNOVACIN ORAL CAPSULE                                        | Formulary     | OTC                              |
| THEROMEGA ORAL CAPSULE                                        | Formulary     | OTC                              |
| ULTRA OMEGA 3 ORAL CAPSULE 1000 MG                            | Formulary     | OTC                              |
| <b>Protective Agents</b>                                      |               |                                  |
| adapalene external cream                                      | Non-Preferred | PA; AL                           |
| adapalene external gel                                        | Preferred     | AL                               |
| adapalene treatment external gel                              | Preferred     | OTC; AL                          |
| adapalene-benzoyl peroxide external gel 0.1-2.5 %             | Non-Preferred | PA; AL                           |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR                   | Non-Preferred | PA                               |
| CABTREO EXTERNAL GEL                                          | Non-Preferred | PA                               |
| cvs adapalene external gel                                    | Preferred     | OTC; AL                          |
| dalfampridine er oral tablet extended release 12 hour         | Non-Preferred | PA; QL                           |
| gnp adapalene external gel                                    | Preferred     | OTC; AL                          |
| <b>Nonhormonal Contraceptives</b>                             |               |                                  |
| <b>Nonhormonal Contraceptives</b>                             |               |                                  |
| aimsco lubricated                                             | Preferred     | EDS; OTC                         |
| CAYA VAGINAL DIAPHRAGM                                        | Preferred     | EDS; QL                          |
| condoms                                                       | Preferred     | EDS; OTC                         |
| DUREX EXTRA SENSITIVE THIN DEVICE                             | Preferred     | EDS; OTC                         |
| DUREX REALFEEL DEVICE                                         | Preferred     | EDS; OTC                         |
| ENCARE VAGINAL SUPPOSITORY                                    | Preferred     | EDS; OTC                         |
| FANTASY LUBRICATED                                            | Preferred     | EDS; OTC                         |
| FANTASY LUBRICATED/SPERMICIDE                                 | Preferred     | EDS; OTC                         |
| FC2 FEMALE CONDOM                                             | Preferred     | EDS; OTC                         |
| FEMCAP VAGINAL DEVICE                                         | Preferred     | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                          | Tier      | Coverage Requirements and Limits |
|---------------------------------------------------------------|-----------|----------------------------------|
| KAMELEON LUBRICATED                                           | Preferred | EDS; OTC                         |
| kimono                                                        | Preferred | EDS; OTC                         |
| KIMONO COLORS DEVICE                                          | Preferred | EDS; OTC                         |
| KIMONO MAXX-LARGE FLARE                                       | Preferred | EDS; OTC                         |
| kimono micro thin                                             | Preferred | EDS; OTC                         |
| kimono micro thin plus                                        | Preferred | EDS; OTC                         |
| kimono plus                                                   | Preferred | EDS; OTC                         |
| kimono ps                                                     | Preferred | EDS; OTC                         |
| kimono ps plus                                                | Preferred | EDS; OTC                         |
| kimono sensation                                              | Preferred | EDS; OTC                         |
| kimono sensation plus                                         | Preferred | EDS; OTC                         |
| KIMONO SPECIAL DEVICE                                         | Preferred | EDS; OTC                         |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE                          | Preferred | EDS; OTC                         |
| K-Y ME & YOU INTENSE DEVICE                                   | Preferred | EDS; OTC                         |
| maxx                                                          | Preferred | EDS; OTC                         |
| maxx plus                                                     | Preferred | EDS; OTC                         |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM                          | Preferred | EDS; QL                          |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL                    | Preferred | EDS; OTC                         |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | Preferred | EDS                              |
| PHEXXI VAGINAL GEL                                            | Preferred | EDS                              |
| REALITY LATEX CONDOMS                                         | Preferred | EDS; OTC                         |
| REALITY LATEX/ULTRA TEXTURED DEVICE                           | Preferred | EDS; OTC                         |
| REALITY LATEX/ULTRA THIN DEVICE                               | Preferred | EDS; OTC                         |
| TODAY SPONGE VAGINAL                                          | Preferred | EDS; OTC                         |
| TRUSTEX COLOR CONDOMS + LUBE                                  | Preferred | EDS; OTC                         |
| TRUSTEX LUB/RIBBED/STUDDER                                    | Preferred | EDS; OTC                         |
| TRUSTEX LUB/SPERMICIDE EX ST                                  | Preferred | EDS; OTC                         |
| TRUSTEX LUB/SPERMICIDE XL                                     | Preferred | EDS; OTC                         |
| TRUSTEX LUBRICATED                                            | Preferred | EDS; OTC                         |
| TRUSTEX LUBRICATED EX LARGE                                   | Preferred | EDS; OTC                         |
| TRUSTEX LUBRICATED EXTRA ST                                   | Preferred | EDS; OTC                         |
| TRUSTEX LUBRICATED/SPERMICIDE                                 | Preferred | EDS; OTC                         |
| TRUSTEX NATURAL CONDOMS + LUBE                                | Preferred | EDS; OTC                         |
| TRUSTEX NON-LUBRICATED                                        | Preferred | EDS; OTC                         |
| TRUSTEX RIA LUB/SPERMICIDE                                    | Preferred | EDS; OTC                         |
| TRUSTEX RIA LUBRICATED                                        | Preferred | EDS; OTC                         |
| TRUSTEX RIA NON-LUBRICATED                                    | Preferred | EDS; OTC                         |
| TRUSTEX-NONOXYNOL-9/RIB/STUD                                  | Preferred | EDS; OTC                         |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM                        | Preferred | EDS; OTC                         |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM                        | Preferred | EDS; OTC                         |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL                         | Preferred | EDS; OTC                         |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM                      | Preferred | EDS; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                     | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|---------------|----------------------------------|
| <b>Oxytocics</b>                                                         |               |                                  |
| <b>Oxytocics</b>                                                         |               |                                  |
| METHERGINE ORAL TABLET                                                   | Formulary     | QL                               |
| methylergonovine maleate oral tablet                                     | Formulary     | QL                               |
| mifepristone oral tablet 200 mg                                          | Formulary     |                                  |
| <b>Pharmaceutical Aids</b>                                               |               |                                  |
| <b>Pharmaceutical Aids</b>                                               |               |                                  |
| cvs instant food thickener oral powder                                   | Formulary     | OTC                              |
| px hemorrhoidal rectal suppository                                       | Formulary     | OTC                              |
| ra hemorrhoidal rectal suppository                                       | Formulary     | OTC                              |
| RESOURCE THICKENUP CLEAR ORAL POWDER                                     | Formulary     | OTC                              |
| THICK NOW ORAL POWDER                                                    | Formulary     | OTC                              |
| THICKENUP CLEAR ORAL PACKET                                              | Formulary     | OTC                              |
| THICK-IT #2 ORAL POWDER                                                  | Formulary     | OTC                              |
| THICK-IT ORAL POWDER                                                     | Formulary     | OTC                              |
| <b>Respiratory Tract Agents</b>                                          |               |                                  |
| <b>Alpha And Beta Adrenergic Agonist(Respr)</b>                          |               |                                  |
| 12 hour decongestant oral tablet extended release 12 hour                | Formulary     | OTC                              |
| 12 hour nasal decongestant oral tablet extended release 12 hour          | Formulary     | OTC                              |
| ADRENALIN NASAL SOLUTION                                                 | Formulary     |                                  |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR                                  | Non-Preferred | PA; QL                           |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml              | Non-Preferred | PA; QL                           |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | Preferred     | QL                               |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR                            | Preferred     | QL                               |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR                         | Preferred     | QL                               |
| gnp nasal decongestant oral tablet                                       | Formulary     | OTC                              |
| pseudoephedrine hcl er oral tablet extended release 12 hour              | Formulary     | OTC                              |
| pseudoephedrine hcl oral tablet                                          | Formulary     | OTC                              |
| ra suphedrine oral tablet 30 mg                                          | Formulary     | OTC                              |
| ra suphedrine oral tablet extended release 12 hour                       | Formulary     | OTC                              |
| sm nasal decongestant oral tablet extended release 12 hour               | Formulary     | OTC                              |
| SUDAFED CHILDRENS ORAL LIQUID                                            | Formulary     | OTC                              |
| sudogest 12 hour oral tablet extended release 12 hour                    | Formulary     | OTC                              |
| SUDOGEST ORAL TABLET 60 MG                                               | Formulary     | OTC                              |
| WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR                    | Formulary     | OTC                              |
| WAL-PHED D ORAL TABLET                                                   | Formulary     | OTC                              |
| WAL-PHED ORAL TABLET                                                     | Formulary     | OTC                              |
| <b>Anticholinergic Agents (Respir.Tract)</b>                             |               |                                  |
| ATROVENT HFA INHALATION AEROSOL SOLUTION                                 | Preferred     |                                  |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION                           | Preferred     | QL                               |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED              | Non-Preferred | PA                               |
| hyoscyamine sulfate er oral tablet extended release 12 hour              | Formulary     |                                  |
| hyoscyamine sulfate oral tablet                                          | Formulary     |                                  |
| hyoscyamine sulfate oral tablet dispersible                              | Formulary     |                                  |
| hyoscyamine sulfate sublingual tablet sublingual                         | Formulary     |                                  |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED               | Non-Preferred | PA                               |
| ipratropium bromide inhalation solution                                  | Preferred     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                    | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------|---------------|----------------------------------|
| ipratropium bromide nasal solution                                      | Preferred     | 90 Day Supply; QL                |
| ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml            | Preferred     | 90 Day Supply                    |
| NULEV ORAL TABLET DISPERSIBLE                                           | Formulary     |                                  |
| oscimin oral tablet                                                     | Formulary     |                                  |
| oscimin sublingual tablet sublingual                                    | Formulary     |                                  |
| SPIRIVA HANDIHALER INHALATION CAPSULE                                   | Preferred     | QL                               |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT  | Preferred     | QL                               |
| tiotropium bromide inhalation capsule                                   | Non-Preferred | PA                               |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | Non-Preferred | PA; QL                           |
| YUPELRI INHALATION NEBULIZATION SOLUTION                                | Non-Preferred | PA                               |
| YUPELRI INHALATION SOLUTION                                             | Non-Preferred | PA                               |
| <b>Anti-Inflammatory Agents (Respiratory)</b>                           |               |                                  |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | Non-Preferred | PA                               |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | Non-Preferred | PA                               |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED                              | Non-Preferred | PA                               |
| <b>Antitussives</b>                                                     |               |                                  |
| aler-cap oral capsule                                                   | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET                                   | Formulary     | OTC                              |
| allergy childrens oral liquid                                           | Formulary     | OTC                              |
| BANOPHEN ORAL CAPSULE 50 MG                                             | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                                                    | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                                                    | Formulary     | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                                            | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET                                  | Formulary     | OTC                              |
| benzonatate oral capsule 100 mg, 200 mg                                 | Formulary     |                                  |
| biocotron oral liquid                                                   | Formulary     | OTC                              |
| cold/cough childrens oral liquid                                        | Formulary     | OTC                              |
| cold/cough dm childrens oral liquid                                     | Formulary     | OTC                              |
| complete allergy medicine oral capsule                                  | Formulary     | OTC                              |
| complete allergy relief oral tablet                                     | Formulary     | OTC                              |
| cough dm oral suspension extended release                               | Formulary     | OTC                              |
| cvs cough dm childrens oral suspension extended release                 | Formulary     | OTC                              |
| dextromethorphan polistirex er oral suspension extended release         | Formulary     | OTC                              |
| DIABETIC TUSSIN DM ORAL LIQUID                                          | Formulary     | OTC                              |
| DIMAPHEN DM COLD/COUGH ORAL LIQUID                                      | Formulary     | OTC                              |
| diphen oral tablet                                                      | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg                                  | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg                                  | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg                                   | Formulary     | OTC                              |
| dm-guaifenesin er oral tablet extended release 12 hour                  | Formulary     | OTC                              |
| ENDACOF-DM ORAL LIQUID                                                  | Formulary     | OTC                              |
| g tussin ac oral solution                                               | Formulary     | OTC; AL                          |
| geri-dryl oral liquid                                                   | Formulary     | OTC                              |
| geri-dryl oral tablet                                                   | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                                           | Formulary     | OTC                              |
| gnp cold/cough childrens oral liquid                                    | Formulary     | OTC                              |
| gnp tussin dm cough oral liquid                                         | Formulary     | OTC                              |
| guaiaatussin ac oral syrup                                              | Formulary     | OTC; AL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                   | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| guaifenesin ac oral syrup                                                                                              | Formulary     | OTC; AL                          |
| guaifenesin-codeine oral solution                                                                                      | Formulary     | OTC; AL                          |
| guaifenesin-dm oral syrup                                                                                              | Formulary     | OTC                              |
| hydrocodone bit-homatrop mbr oral solution                                                                             | Formulary     | AL                               |
| hydrocodone bit-homatrop mbr oral tablet                                                                               | Formulary     | AL                               |
| hydromet oral solution                                                                                                 | Formulary     | AL                               |
| mucus relief dm max oral tablet extended release 12 hour                                                               | Formulary     | OTC                              |
| mucus relief dm oral tablet extended release 12 hour 30-600 mg                                                         | Formulary     | OTC                              |
| nighttime sleep aid oral tablet 25 mg                                                                                  | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                                                                                          | Formulary     | 90 Day Supply; OTC               |
| promethazine-dm oral syrup 6.25-15 mg/5ml                                                                              | Formulary     |                                  |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml                                                                        | Formulary     |                                  |
| px dibromm dm cold/cough child oral liquid                                                                             | Formulary     | OTC                              |
| ra nighttime sleep aid oral tablet                                                                                     | Formulary     | OTC                              |
| ra tussin dm oral liquid                                                                                               | Formulary     | OTC                              |
| ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP                                                                               | Formulary     | OTC                              |
| rynex dm oral liquid                                                                                                   | Formulary     | OTC                              |
| sb allergy medicine oral liquid                                                                                        | Formulary     | OTC                              |
| sb allergy oral capsule                                                                                                | Formulary     | OTC                              |
| sb sleep oral tablet                                                                                                   | Formulary     | OTC                              |
| siltussin dm das oral liquid                                                                                           | Formulary     | OTC                              |
| siltussin-dm alcohol free oral syrup                                                                                   | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                                                                                               | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet                                                                                | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                                                                                    | Formulary     | OTC                              |
| sm tussin cough/chest congest oral liquid 20-200 mg/10ml                                                               | Formulary     | OTC                              |
| sm tussin cough/chest congest oral syrup                                                                               | Formulary     | OTC                              |
| SORBUGEN NR ORAL LIQUID                                                                                                | Formulary     | OTC                              |
| total allergy oral tablet                                                                                              | Formulary     | OTC                              |
| tusnel diabetic oral liquid                                                                                            | Formulary     | OTC                              |
| tussin dm oral syrup 100-10 mg/5ml                                                                                     | Formulary     | OTC                              |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP                                                                                   | Formulary     | OTC                              |
| <b>Corticosteroids (Respiratory Tract)</b>                                                                             |               |                                  |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT                | Preferred     | QL                               |
| ADVAIR HFA INHALATION AEROSOL                                                                                          | Preferred     | QL                               |
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                    | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                    | Non-Preferred | PA                               |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED                                                     | Non-Preferred | PA                               |
| AIRSUPRA INHALATION AEROSOL                                                                                            | Non-Preferred | PA                               |
| ALVESCO INHALATION AEROSOL SOLUTION                                                                                    | Non-Preferred | PA                               |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                                             | Preferred     | QL                               |
| azelastine-fluticasone nasal suspension                                                                                | Non-Preferred | PA                               |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml                                                                                                            | Preferred     | 90 Day Supply; AL                |
| budesonide inhalation suspension 1 mg/2ml                                                                                                                           | Preferred     | AL                               |
| cvs nasal allergy spray nasal aerosol                                                                                                                               | Formulary     | OTC                              |
| DYMISTA NASAL SUSPENSION                                                                                                                                            | Non-Preferred | PA                               |
| flunisolide nasal solution 25 mcg/act (0.025%)                                                                                                                      | Non-Preferred | PA                               |
| fluticasone furoate ellipta inhalation aerosol powder breath activated                                                                                              | Non-Preferred | PA; QL                           |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act                                                            | Non-Preferred | PA                               |
| fluticasone propionate diskus inhalation aerosol powder breath activated                                                                                            | Non-Preferred | PA; QL                           |
| fluticasone propionate hfa inhalation aerosol                                                                                                                       | Preferred     | QL                               |
| fluticasone propionate nasal suspension                                                                                                                             | Preferred     | 90 Day Supply; QL                |
| fluticasone-salmeterol inhalation aerosol                                                                                                                           | Non-Preferred | PA                               |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose | Non-Preferred | PA; QL                           |
| fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act                                                     | Non-Preferred | PA                               |
| gnp 24 hour nasal allergy nasal aerosol                                                                                                                             | Formulary     | OTC                              |
| gnp fluticasone propionate nasal suspension                                                                                                                         | Preferred     | 90 Day Supply; OTC; QL           |
| mometasone furoate external cream                                                                                                                                   | Formulary     |                                  |
| mometasone furoate external ointment                                                                                                                                | Formulary     |                                  |
| mometasone furoate external solution                                                                                                                                | Formulary     |                                  |
| mometasone furoate nasal suspension                                                                                                                                 | Preferred     |                                  |
| OMNARIS NASAL SUSPENSION                                                                                                                                            | Non-Preferred | PA                               |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                      | Preferred     | QL                               |
| PULMICORT INHALATION SUSPENSION                                                                                                                                     | Non-Preferred | PA; AL                           |
| qc allergy relief nasal suspension                                                                                                                                  | Formulary     | 90 Day Supply; OTC; QL           |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION                                                                                                                              | Non-Preferred | PA                               |
| QNASL NASAL AEROSOL SOLUTION                                                                                                                                        | Non-Preferred | PA                               |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED                                                                                                                   | Preferred     |                                  |
| RYALTRIS NASAL SUSPENSION                                                                                                                                           | Non-Preferred | PA                               |
| SINUVA NASAL IMPLANT                                                                                                                                                | Non-Preferred | PA                               |
| sm allergy relief nasal suspension                                                                                                                                  | Formulary     | 90 Day Supply; OTC; QL           |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                          | Non-Preferred | PA                               |
| triamcinolone acetonide nasal aerosol                                                                                                                               | Formulary     | OTC                              |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                             | Non-Preferred | PA; QL                           |
| XHANCE NASAL EXHALER SUSPENSION                                                                                                                                     | Non-Preferred | PA                               |
| <b>Dual Phosphodiesterase Inhibitor (48:34)</b>                                                                                                                     |               |                                  |
| OHTUVAYRE INHALATION SUSPENSION                                                                                                                                     | Non-Preferred | PA                               |
| <b>Endothelin Receptor Antagonists (48:48)</b>                                                                                                                      |               |                                  |
| ambrisentan oral tablet                                                                                                                                             | Preferred     | PA                               |
| bosentan oral tablet                                                                                                                                                | Non-Preferred | PA                               |
| LETAIRIS ORAL TABLET                                                                                                                                                | Non-Preferred | PA                               |
| OPSUMIT ORAL TABLET                                                                                                                                                 | Non-Preferred | PA; QL                           |
| OPSYNVI ORAL TABLET                                                                                                                                                 | Non-Preferred | PA                               |
| TRACLEER ORAL TABLET                                                                                                                                                | Preferred     | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                          | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|---------------|----------------------------------|
| TRACLEER ORAL TABLET SOLUBLE                                                  | Non-Preferred | PA                               |
| <b>Expectorants</b>                                                           |               |                                  |
| biocotron oral liquid                                                         | Formulary     | OTC                              |
| coughtab oral tablet                                                          | Formulary     | OTC                              |
| DIABETIC TUSSIN DM ORAL LIQUID                                                | Formulary     | OTC                              |
| dm-guaifenesin er oral tablet extended release 12 hour                        | Formulary     | OTC                              |
| ed bron gp oral liquid                                                        | Formulary     | OTC; QL                          |
| g tussin ac oral solution                                                     | Formulary     | OTC; AL                          |
| gnp tab tussin oral tablet                                                    | Formulary     | OTC                              |
| gnp tussin dm cough oral liquid                                               | Formulary     | OTC                              |
| guaiaitussin ac oral syrup                                                    | Formulary     | OTC; AL                          |
| guaifenesin ac oral syrup                                                     | Formulary     | OTC; AL                          |
| guaifenesin er oral tablet extended release 12 hour 1200 mg                   | Formulary     | OTC; QL                          |
| guaifenesin oral tablet 200 mg                                                | Formulary     | OTC                              |
| guaifenesin-codeine oral solution                                             | Formulary     | OTC; AL                          |
| guaifenesin-dm oral syrup                                                     | Formulary     | OTC                              |
| kls mucus relief chest oral tablet                                            | Formulary     | OTC                              |
| mucosa oral tablet                                                            | Formulary     | OTC                              |
| mucus relief d oral tablet extended release 12 hour 60-600 mg                 | Formulary     | OTC                              |
| mucus relief dm max oral tablet extended release 12 hour                      | Formulary     | OTC                              |
| mucus relief dm oral tablet extended release 12 hour 30-600 mg                | Formulary     | OTC                              |
| mucus relief er oral tablet extended release 12 hour 600 mg                   | Formulary     | OTC; QL                          |
| mucus relief oral tablet                                                      | Formulary     | OTC                              |
| pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg | Formulary     | OTC                              |
| ra mucus relief d max strength oral tablet extended release 12 hour           | Formulary     | OTC; QL                          |
| ra tussin dm oral liquid                                                      | Formulary     | OTC                              |
| ra tussin oral liquid                                                         | Formulary     | OTC                              |
| ra tussin oral syrup                                                          | Formulary     | OTC                              |
| refenesen 400 oral tablet                                                     | Formulary     | OTC                              |
| sb cough control oral liquid                                                  | Formulary     | OTC                              |
| sb coughtab oral tablet                                                       | Formulary     | OTC                              |
| siltussin dm das oral liquid                                                  | Formulary     | OTC                              |
| siltussin-dm alcohol free oral syrup                                          | Formulary     | OTC                              |
| sm chest congestion relief oral tablet                                        | Formulary     | OTC                              |
| sm tussin cough/chest congest oral liquid 20-200 mg/10ml                      | Formulary     | OTC                              |
| sm tussin cough/chest congest oral syrup                                      | Formulary     | OTC                              |
| SORBUGEN NR ORAL LIQUID                                                       | Formulary     | OTC                              |
| SSKI ORAL SOLUTION                                                            | Formulary     |                                  |
| tusnel diabetic oral liquid                                                   | Formulary     | OTC                              |
| tussin dm oral syrup 100-10 mg/5ml                                            | Formulary     | OTC                              |
| tussin mucus & chest congest oral liquid                                      | Formulary     | OTC                              |
| tussin mucus+chest congestion oral liquid                                     | Formulary     | OTC                              |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP                                          | Formulary     | OTC                              |
| <b>First Generation Antihist.(Respir Tract)</b>                               |               |                                  |
| aler-cap oral capsule                                                         | Formulary     | OTC                              |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET                                         | Formulary     | OTC                              |
| allergy childrens oral liquid                                                 | Formulary     | OTC                              |
| allergy oral tablet 4 mg                                                      | Formulary     | OTC                              |
| allergy relief oral tablet 4 mg                                               | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                          | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|---------------|----------------------------------|
| BANOPHEN ORAL CAPSULE 50 MG                                                   | Preferred     | 90 Day Supply; OTC               |
| BANOPHEN ORAL LIQUID                                                          | Formulary     | OTC                              |
| BANOPHEN ORAL TABLET                                                          | Formulary     | OTC                              |
| BENADRYL ALLERGY ORAL TABLET                                                  | Formulary     | OTC                              |
| BENADRYL ALLERGY ULTRATABS ORAL TABLET                                        | Formulary     | OTC                              |
| chlorpheniramine maleate oral tablet                                          | Formulary     | OTC                              |
| clemastine fumarate oral tablet 1.34 mg                                       | Formulary     | OTC                              |
| clemastine fumarate oral tablet 2.68 mg                                       | Formulary     |                                  |
| complete allergy medicine oral capsule                                        | Formulary     | OTC                              |
| complete allergy relief oral tablet                                           | Formulary     | OTC                              |
| cyproheptadine hcl oral syrup 2 mg/5ml                                        | Formulary     | 90 Day Supply                    |
| cyproheptadine hcl oral tablet                                                | Formulary     | 90 Day Supply                    |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET                                    | Formulary     | OTC                              |
| diphen oral tablet                                                            | Formulary     | OTC                              |
| diphenhydramine hcl oral capsule 25 mg                                        | Formulary     |                                  |
| diphenhydramine hcl oral capsule 50 mg                                        | Formulary     | 90 Day Supply; OTC               |
| diphenhydramine hcl oral tablet 25 mg                                         | Formulary     | OTC                              |
| ed chlorped jr oral syrup                                                     | Formulary     | OTC                              |
| geri-dryl oral liquid                                                         | Formulary     | OTC                              |
| geri-dryl oral tablet                                                         | Formulary     | OTC                              |
| gnp allergy oral tablet 25 mg                                                 | Formulary     | OTC                              |
| nighttime sleep aid oral tablet 25 mg                                         | Formulary     | OTC                              |
| pharbedryl oral capsule 50 mg                                                 | Formulary     | 90 Day Supply; OTC               |
| promethazine hcl injection solution                                           | Formulary     |                                  |
| promethazine hcl oral solution 6.25 mg/5ml                                    | Formulary     |                                  |
| promethazine hcl oral tablet 12.5 mg, 25 mg                                   | Formulary     | 90 Day Supply                    |
| promethazine hcl oral tablet 50 mg                                            | Formulary     |                                  |
| promethazine hcl rectal suppository 12.5 mg, 25 mg                            | Formulary     |                                  |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG                                 | Formulary     |                                  |
| ra nighttime sleep aid oral tablet                                            | Formulary     | OTC                              |
| sb allergy medicine oral liquid                                               | Formulary     | OTC                              |
| sb allergy oral capsule                                                       | Formulary     | OTC                              |
| sb sleep oral tablet                                                          | Formulary     | OTC                              |
| SIMPLY SLEEP ORAL TABLET                                                      | Formulary     | OTC                              |
| sleep aid (diphenhydramine) oral tablet                                       | Formulary     | OTC                              |
| sm allergy relief oral tablet 25 mg                                           | Formulary     | OTC                              |
| total allergy oral tablet                                                     | Formulary     | OTC                              |
| <b>Interleukin Antagonists</b>                                                |               |                                  |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED                                  | Non-Preferred | PA                               |
| CINQAIR INTRAVENOUS SOLUTION                                                  | Non-Preferred | PA                               |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML | Preferred     | PA                               |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                               | Non-Preferred | PA                               |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                               | Non-Preferred | PA                               |
| ILARIS SUBCUTANEOUS SOLUTION                                                  | Non-Preferred | PA                               |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                  | Non-Preferred | PA; QL                           |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | Non-Preferred | PA; QL                           |
| <b>Leukotriene Modifiers</b>                                                  |               |                                  |
| ACCOLATE ORAL TABLET                                                          | Non-Preferred | PA                               |
| montelukast sodium oral packet                                                | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                     | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|---------------|----------------------------------|
| montelukast sodium oral tablet                                           | Preferred     | 90 Day Supply; QL                |
| montelukast sodium oral tablet chewable                                  | Preferred     | 90 Day Supply; QL                |
| SINGULAIR ORAL PACKET                                                    | Non-Preferred | PA                               |
| SINGULAIR ORAL TABLET                                                    | Non-Preferred | PA; QL                           |
| SINGULAIR ORAL TABLET CHEWABLE                                           | Non-Preferred | PA; QL                           |
| zafirlukast oral tablet                                                  | Non-Preferred | PA                               |
| zileuton er oral tablet extended release 12 hour                         | Non-Preferred | PA                               |
| <b>Mast-Cell Stabilizers</b>                                             |               |                                  |
| cromolyn sodium inhalation nebulization solution                         | Formulary     | QL                               |
| cromolyn sodium ophthalmic solution                                      | Preferred     | 90 Day Supply                    |
| <b>Mucolytic Agents</b>                                                  |               |                                  |
| acetylcysteine inhalation solution                                       | Formulary     |                                  |
| altamist spray nasal solution                                            | Formulary     | OTC                              |
| AYR SALINE NASAL DROPS NASAL SOLUTION                                    | Formulary     | OTC                              |
| BABY AYR SALINE NASAL SOLUTION                                           | Formulary     | OTC                              |
| deep sea nasal spray nasal solution                                      | Formulary     | OTC                              |
| eq saline nasal spray nasal solution                                     | Formulary     | OTC                              |
| gnp nasal moisturizing nasal solution                                    | Formulary     | OTC                              |
| saline mist spray nasal solution                                         | Formulary     | OTC                              |
| saline nasal spray nasal solution                                        | Formulary     | OTC                              |
| sb saline nose nasal solution                                            | Formulary     | OTC                              |
| sodium chloride inhalation nebulization solution 0.9 %, 3 %              | Formulary     | 90 Day Supply                    |
| sodium chloride inhalation nebulization solution 7 %                     | Formulary     |                                  |
| <b>Nasal Preparations (Steroids)</b>                                     |               |                                  |
| azelastine-fluticasone nasal suspension                                  | Non-Preferred | PA                               |
| cvs nasal allergy spray nasal aerosol                                    | Formulary     | OTC                              |
| DYMISTA NASAL SUSPENSION                                                 | Non-Preferred | PA                               |
| flunisolide nasal solution 25 mcg/act (0.025%)                           | Non-Preferred | PA                               |
| fluticasone propionate nasal suspension                                  | Preferred     | 90 Day Supply; QL                |
| gnp 24 hour nasal allergy nasal aerosol                                  | Formulary     | OTC                              |
| gnp fluticasone propionate nasal suspension                              | Preferred     | 90 Day Supply; OTC; QL           |
| mometasone furoate nasal suspension                                      | Preferred     |                                  |
| qc allergy relief nasal suspension                                       | Formulary     | 90 Day Supply; OTC; QL           |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION                                   | Non-Preferred | PA                               |
| QNASL NASAL AEROSOL SOLUTION                                             | Non-Preferred | PA                               |
| RYALTRIS NASAL SUSPENSION                                                | Non-Preferred | PA                               |
| SINUVA NASAL IMPLANT                                                     | Non-Preferred | PA                               |
| sm allergy relief nasal suspension                                       | Formulary     | 90 Day Supply; OTC; QL           |
| triamcinolone acetonide nasal aerosol                                    | Formulary     | OTC                              |
| XHANCE NASAL EXHALER SUSPENSION                                          | Non-Preferred | PA                               |
| <b>Orally Inhaled Preparations (Steroids)</b>                            |               |                                  |
| AIRSUPRA INHALATION AEROSOL                                              | Non-Preferred | PA                               |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED               | Preferred     | QL                               |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml                 | Preferred     | 90 Day Supply; AL                |
| budesonide inhalation suspension 1 mg/2ml                                | Preferred     | AL                               |
| fluticasone furoate ellipta inhalation aerosol powder breath activated   | Non-Preferred | PA; QL                           |
| fluticasone propionate diskus inhalation aerosol powder breath activated | Non-Preferred | PA; QL                           |
| fluticasone propionate hfa inhalation aerosol                            | Preferred     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                        | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|---------------|----------------------------------|
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED              | Preferred     | QL                               |
| PULMICORT INHALATION SUSPENSION                                             | Non-Preferred | PA; AL                           |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED                          | Preferred     |                                  |
| <b>Phosphodiesterase Type 4 Inhibitors</b>                                  |               |                                  |
| DALIRESP ORAL TABLET                                                        | Non-Preferred | PA                               |
| roflumilast oral tablet 250 mcg                                             | Preferred     | QL                               |
| roflumilast oral tablet 500 mcg                                             | Preferred     | 90 Day Supply; QL                |
| ZORYVE EXTERNAL CREAM 0.15 %                                                | Non-Preferred | PA; QL                           |
| ZORYVE EXTERNAL FOAM                                                        | Non-Preferred | PA                               |
| <b>Phosphodiesterase-5 Inhibitors (Respir)</b>                              |               |                                  |
| ADCIRCA ORAL TABLET                                                         | Non-Preferred | PA                               |
| OPSYNVI ORAL TABLET                                                         | Non-Preferred | PA                               |
| REVATIO ORAL SUSPENSION RECONSTITUTED                                       | Non-Preferred | PA                               |
| REVATIO ORAL TABLET                                                         | Non-Preferred | PA                               |
| sildenafil citrate oral suspension reconstituted                            | Preferred     | PA                               |
| sildenafil citrate oral tablet 20 mg                                        | Preferred     | PA                               |
| tadalafil (pah) oral tablet                                                 | Non-Preferred | PA                               |
| TADLIQ ORAL SUSPENSION                                                      | Non-Preferred | PA                               |
| <b>Prostacyclin &amp; Prostacyclin Derivatives</b>                          |               |                                  |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK                 | Non-Preferred | PA                               |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK                 | Non-Preferred | PA                               |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK                 | Non-Preferred | PA                               |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                      | Non-Preferred | PA                               |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | Non-Preferred | PA; QL                           |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG         | Non-Preferred | PA                               |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG                 | Non-Preferred | PA; QL                           |
| TYVASO INHALATION SOLUTION                                                  | Non-Preferred | PA                               |
| TYVASO REFILL KIT INHALATION SOLUTION                                       | Non-Preferred | PA                               |
| TYVASO STARTER KIT INHALATION SOLUTION                                      | Non-Preferred | PA                               |
| YUTREPIA INHALATION CAPSULE                                                 | Non-Preferred | PA                               |
| <b>Respiratory Tract Agents, Miscellaneous</b>                              |               |                                  |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                | Non-Preferred | PA; QL                           |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                            | Non-Preferred | PA; QL                           |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                  | Preferred     | PA                               |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | Preferred     | PA                               |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                                  | Preferred     | PA                               |
| <b>Second Generation Antihist(Respir Tract)</b>                             |               |                                  |
| 12hr allergy relief oral tablet                                             | Preferred     | OTC; QL                          |
| 24hr allergy relief oral tablet                                             | Preferred     | OTC; QL                          |
| all day allergy childrens oral solution 5 mg/5ml                            | Preferred     | 90 Day Supply; OTC; QL           |
| all day allergy oral tablet                                                 | Preferred     | OTC; QL                          |
| allergy 24-hr oral tablet                                                   | Preferred     | OTC; QL                          |
| allergy childrens oral suspension                                           | Preferred     | OTC; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                               | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------|---------------|----------------------------------|
| allergy childrens oral syrup                       | Preferred     | OTC; QL                          |
| allergy rel child (loratadine) oral solution       | Preferred     | OTC                              |
| allergy relief (cetirizine) oral tablet            | Preferred     | OTC; QL                          |
| allergy relief cetirizine oral tablet 10 mg        | Preferred     | OTC                              |
| allergy relief childrens oral solution 1 mg/ml     | Preferred     | 90 Day Supply; OTC; QL           |
| allergy relief oral tablet 10 mg, 180 mg           | Preferred     | OTC; QL                          |
| allergy relief/indoor/outdoor oral tablet          | Preferred     | OTC; QL                          |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | Preferred     | 90 Day Supply; QL                |
| azelastine hcl nasal solution 0.15 %               | Preferred     |                                  |
| azelastine hcl ophthalmic solution                 | Preferred     |                                  |
| azelastine-fluticasone nasal suspension            | Non-Preferred | PA                               |
| cetirizine hcl allergy child oral solution         | Preferred     | 90 Day Supply; OTC; QL           |
| cetirizine hcl childrens alrgy oral solution       | Preferred     | 90 Day Supply; OTC; QL           |
| cetirizine hcl childrens oral solution 5 mg/5ml    | Preferred     | 90 Day Supply; OTC               |
| cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml     | Preferred     | 90 Day Supply                    |
| cetirizine hcl oral tablet                         | Preferred     | OTC; QL                          |
| cetirizine hcl oral tablet chewable                | Non-Preferred | PA; OTC; QL                      |
| childrens loratadine oral solution                 | Preferred     | OTC; QL                          |
| CLARINEX ORAL TABLET                               | Non-Preferred | PA                               |
| cvs allergy relief childrens oral solution         | Preferred     | 90 Day Supply; OTC; QL           |
| desloratadine oral tablet                          | Non-Preferred | PA                               |
| desloratadine oral tablet dispersible              | Non-Preferred | PA                               |
| DYMISTA NASAL SUSPENSION                           | Non-Preferred | PA                               |
| fexofenadine hcl oral tablet 180 mg, 60 mg         | Preferred     | OTC; QL                          |
| ft allergy relief 12 hour oral tablet              | Preferred     | OTC; QL                          |
| ft allergy relief 24 hour oral tablet              | Preferred     | OTC; QL                          |
| ft allergy relief oral tablet 180 mg               | Preferred     | OTC; QL                          |
| gnp all day allergy childrens oral solution        | Preferred     | 90 Day Supply; OTC; QL           |
| gnp all day allergy oral tablet                    | Preferred     | OTC; QL                          |
| gnp allergy relief oral tablet 180 mg              | Preferred     | OTC; QL                          |
| gnp fexofenadine hcl oral tablet                   | Preferred     | OTC; QL                          |
| gnp loratadine childrens oral solution             | Preferred     | OTC; QL                          |
| gnp loratadine oral tablet                         | Preferred     | OTC; QL                          |
| goodsense all day allergy oral solution            | Preferred     | 90 Day Supply; OTC; QL           |
| goodsense all day allergy oral tablet              | Preferred     | OTC; QL                          |
| goodsense aller-ease oral tablet                   | Preferred     | OTC; QL                          |
| hm allergy relief oral tablet 180 mg, 60 mg        | Preferred     | OTC; QL                          |
| hm cetirizine hcl oral tablet                      | Preferred     | OTC; QL                          |
| hm fexofenadine hcl oral tablet                    | Preferred     | OTC; QL                          |
| hm loratadine childrens oral syrup                 | Preferred     | OTC; QL                          |
| hm loratadine oral tablet                          | Preferred     | OTC; QL                          |
| KLS ALLER-TEC ORAL TABLET                          | Preferred     | OTC; QL                          |
| loratadine childrens oral tablet chewable          | Formulary     | OTC; QL                          |
| loratadine oral tablet                             | Preferred     | OTC; QL                          |
| px allergy relief cetirizine oral tablet           | Preferred     | OTC; QL                          |
| qc all day allergy oral tablet                     | Preferred     | OTC; QL                          |
| qc loratadine allergy relief oral tablet           | Preferred     | OTC; QL                          |
| ra allergy relief childrens oral tablet chewable   | Preferred     | OTC; QL                          |
| sm all day allergy childrens oral solution 1 mg/ml | Preferred     | 90 Day Supply; OTC; QL           |
| sm all day allergy oral tablet                     | Preferred     | OTC; QL                          |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| sm allergy childrens oral syrup                                                                        | Preferred     | OTC; QL                          |
| sm allergy relief oral tablet 60 mg                                                                    | Preferred     | OTC; QL                          |
| sm childrens loratadine oral syrup                                                                     | Preferred     | OTC; QL                          |
| sm fexofenadine hcl oral tablet                                                                        | Preferred     | OTC; QL                          |
| sm loratadine oral syrup                                                                               | Preferred     | OTC; QL                          |
| sm loratadine oral tablet                                                                              | Preferred     | OTC; QL                          |
| WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG                                                           | Preferred     | OTC; QL                          |
| WAL-ZYR ORAL TABLET                                                                                    | Preferred     | OTC; QL                          |
| ZERVIAE OPHTHALMIC SOLUTION                                                                            | Non-Preferred | PA                               |
| <b>Select.Beta-2-Adrenergic Agonist(Respir)</b>                                                        |               |                                  |
| AIRSUPRA INHALATION AEROSOL                                                                            | Non-Preferred | PA                               |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act                                | Preferred     | QL                               |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%                                 | Preferred     | 90 Day Supply; QL                |
| albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml                        | Preferred     | QL                               |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml                            | Preferred     |                                  |
| albuterol sulfate oral syrup 2 mg/5ml                                                                  | Preferred     |                                  |
| albuterol sulfate oral tablet                                                                          | Non-Preferred | PA                               |
| arformoterol tartrate inhalation nebulization solution                                                 | Non-Preferred | PA                               |
| BROVANA INHALATION NEBULIZATION SOLUTION                                                               | Non-Preferred | PA                               |
| formoterol fumarate inhalation nebulization solution                                                   | Non-Preferred | PA                               |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | Non-Preferred | PA                               |
| levalbuterol tartrate inhalation aerosol                                                               | Non-Preferred | PA                               |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION                                                           | Non-Preferred | PA                               |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED                                            | Non-Preferred | PA                               |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED                                           | Non-Preferred | PA                               |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                  | Preferred     |                                  |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION                                                         | Non-Preferred | PA                               |
| terbutaline sulfate oral tablet                                                                        | Formulary     |                                  |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION                                                               | Preferred     | QL                               |
| XOPENEX HFA INHALATION AEROSOL                                                                         | Preferred     |                                  |
| <b>Vasodilating Agents (Respiratory Tract)</b>                                                         |               |                                  |
| ADCIRCA ORAL TABLET                                                                                    | Non-Preferred | PA                               |
| ADEMPAS ORAL TABLET                                                                                    | Non-Preferred | PA; QL                           |
| ambrisentan oral tablet                                                                                | Preferred     | PA                               |
| bosentan oral tablet                                                                                   | Non-Preferred | PA                               |
| LETAIRIS ORAL TABLET                                                                                   | Non-Preferred | PA                               |
| OPSUMIT ORAL TABLET                                                                                    | Non-Preferred | PA; QL                           |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK                                            | Non-Preferred | PA                               |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK                                            | Non-Preferred | PA                               |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK                                            | Non-Preferred | PA                               |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                                                 | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                        | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|---------------|----------------------------------|
| REVATIO ORAL SUSPENSION RECONSTITUTED                                       | Non-Preferred | PA                               |
| REVATIO ORAL TABLET                                                         | Non-Preferred | PA                               |
| sildenafil citrate oral suspension reconstituted                            | Preferred     | PA                               |
| sildenafil citrate oral tablet 20 mg                                        | Preferred     | PA                               |
| tadalafil (pah) oral tablet                                                 | Non-Preferred | PA                               |
| TADLIQ ORAL SUSPENSION                                                      | Non-Preferred | PA                               |
| TRACLEER ORAL TABLET                                                        | Preferred     | PA                               |
| TRACLEER ORAL TABLET SOLUBLE                                                | Non-Preferred | PA                               |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | Non-Preferred | PA; QL                           |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG         | Non-Preferred | PA                               |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG                 | Non-Preferred | PA; QL                           |
| TYVASO INHALATION SOLUTION                                                  | Non-Preferred | PA                               |
| TYVASO REFILL KIT INHALATION SOLUTION                                       | Non-Preferred | PA                               |
| TYVASO STARTER KIT INHALATION SOLUTION                                      | Non-Preferred | PA                               |
| UPTRAVI ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK                                  | Non-Preferred | PA                               |
| <b>Vasodilating Agents, Misc (48:48)</b>                                    |               |                                  |
| ADEMPAS ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| UPTRAVI ORAL TABLET                                                         | Non-Preferred | PA; QL                           |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK                                  | Non-Preferred | PA                               |
| <b>Xanthine Derivatives</b>                                                 |               |                                  |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG        | Formulary     |                                  |
| theophylline er oral tablet extended release 12 hour 300 mg                 | Formulary     |                                  |
| theophylline er oral tablet extended release 24 hour                        | Formulary     |                                  |
| <b>Skin And Mucous Membrane Agents</b>                                      |               |                                  |
| <b>Adrenergic Agonists</b>                                                  |               |                                  |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                                        | Preferred     | QL                               |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                                       | Preferred     |                                  |
| brimonidine tartrate ophthalmic solution 0.1 %                              | Preferred     | 90 Day Supply; QL                |
| brimonidine tartrate ophthalmic solution 0.15 %                             | Non-Preferred | PA                               |
| brimonidine tartrate ophthalmic solution 0.2 %                              | Preferred     | 90 Day Supply                    |
| brimonidine tartrate-timolol ophthalmic solution                            | Non-Preferred | PA; QL                           |
| COMBIGAN OPHTHALMIC SOLUTION                                                | Preferred     | QL                               |
| <b>Allylamines (Skin And Mucous Membrane)</b>                               |               |                                  |
| athletes foot (terbinafine) external cream                                  | Formulary     | OTC                              |
| cvs jock itch external cream                                                | Formulary     | OTC                              |
| gnp terbinafine hydrochloride external cream                                | Preferred     | OTC                              |
| naftifine hcl external cream                                                | Non-Preferred | PA                               |
| NAFTIN EXTERNAL GEL                                                         | Non-Preferred | PA                               |
| ra antifungal foot care external cream                                      | Formulary     | OTC                              |
| terbinafine hcl external cream                                              | Preferred     | OTC                              |
| <b>Antibacterials (84:04)</b>                                               |               |                                  |
| ACANYA EXTERNAL GEL                                                         | Non-Preferred | PA                               |
| AMZEEQ EXTERNAL FOAM                                                        | Non-Preferred | PA                               |
| AVAR CLEANSER EXTERNAL LIQUID                                               | Non-Preferred | PA                               |
| bacitracin external ointment                                                | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------|---------------|----------------------------------|
| bacitracin ophthalmic ointment                                    | Non-Preferred | PA                               |
| bacitracin zinc external ointment                                 | Formulary     | OTC                              |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm      | Formulary     |                                  |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment                 | Formulary     | QL                               |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM                    | Formulary     | OTC                              |
| benzoyl peroxide-erythromycin external gel                        | Preferred     |                                  |
| CABTREO EXTERNAL GEL                                              | Non-Preferred | PA                               |
| CLEOCIN-T EXTERNAL LOTION                                         | Non-Preferred | PA                               |
| CLINDACIN PAC EXTERNAL KIT                                        | Non-Preferred | PA                               |
| clindamycin hcl oral capsule 150 mg, 300 mg                       | Formulary     |                                  |
| clindamycin palmitate hcl oral solution reconstituted             | Formulary     |                                  |
| clindamycin phos (once-daily) gel 1 % external                    | Non-Preferred | PA; QL                           |
| clindamycin phos (twice-daily) gel 1 % external                   | Preferred     | QL                               |
| clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 % | Non-Preferred | PA                               |
| clindamycin phos-benzoyl perox external gel 1.2-5 %               | Preferred     |                                  |
| clindamycin phos-benzoyl perox external gel 1-5 %                 | Preferred     | QL                               |
| clindamycin phosphate external foam                               | Non-Preferred | PA                               |
| clindamycin phosphate external lotion                             | Preferred     | QL                               |
| clindamycin phosphate external solution                           | Preferred     |                                  |
| clindamycin phosphate external swab                               | Preferred     |                                  |
| clindamycin-tretinoin external gel                                | Non-Preferred | PA; AL                           |
| cvs antibiotic external ointment                                  | Formulary     | OTC                              |
| cvs poly bacitracin external ointment                             | Formulary     | OTC                              |
| dapsone external gel                                              | Non-Preferred | PA                               |
| dapsone oral tablet                                               | Formulary     |                                  |
| double antibiotic external ointment                               | Formulary     | OTC                              |
| doxycycline hyclate oral capsule 100 mg                           | Formulary     | 90 Day Supply                    |
| doxycycline hyclate oral capsule 50 mg                            | Formulary     |                                  |
| doxycycline hyclate oral tablet 100 mg, 20 mg                     | Formulary     |                                  |
| doxycycline monohydrate oral capsule 100 mg                       | Formulary     | 90 Day Supply                    |
| doxycycline monohydrate oral capsule 50 mg                        | Formulary     |                                  |
| doxycycline monohydrate oral suspension reconstituted             | Formulary     |                                  |
| eql first aid antibiotic external ointment                        | Formulary     | OTC                              |
| ery external pad                                                  | Formulary     |                                  |
| erythromycin external gel                                         | Preferred     |                                  |
| erythromycin external solution                                    | Preferred     |                                  |
| gentamicin sulfate ophthalmic solution                            | Formulary     | QL                               |
| levofloxacin oral solution                                        | Preferred     |                                  |
| levofloxacin oral tablet                                          | Preferred     | QL                               |
| metronidazole external gel 0.75 %                                 | Formulary     |                                  |
| metronidazole external gel 1 %                                    | Formulary     | QL                               |
| metronidazole oral capsule                                        | Formulary     |                                  |
| metronidazole oral tablet 250 mg, 500 mg                          | Formulary     |                                  |
| metronidazole vaginal gel                                         | Formulary     |                                  |
| minocycline hcl oral capsule 100 mg, 50 mg                        | Formulary     |                                  |
| MONDOXYNE NL ORAL CAPSULE 100 MG                                  | Formulary     |                                  |
| moxifloxacin hcl oral tablet                                      | Non-Preferred | PA                               |
| mupirocin calcium external cream                                  | Non-Preferred | PA                               |
| mupirocin external ointment                                       | Preferred     |                                  |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                                | Formulary     | QL                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                                         | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|---------------|----------------------------------|
| NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000                            | Formulary     | OTC                              |
| NEUAC EXTERNAL GEL                                                           | Non-Preferred | PA                               |
| ONEXTON EXTERNAL GEL                                                         | Non-Preferred | PA                               |
| POLYCIN OPHTHALMIC OINTMENT                                                  | Formulary     |                                  |
| polymyxin b-trimethoprim ophthalmic solution                                 | Formulary     |                                  |
| ra antibiotic/pain relief external ointment                                  | Formulary     | OTC                              |
| sm antibiotic external ointment                                              | Formulary     | OTC                              |
| sss 10-5 external cream                                                      | Preferred     |                                  |
| sss 10-5 external foam                                                       | Preferred     |                                  |
| sulfacetamide sodium (acne) external lotion                                  | Preferred     |                                  |
| sulfacetamide sodium-sulfur external cream                                   | Preferred     |                                  |
| sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 % | Preferred     |                                  |
| sulfacetamide sodium-sulfur external liquid 9-4.5 %                          | Preferred     | QL                               |
| sulfacetamide sodium-sulfur external lotion                                  | Preferred     |                                  |
| sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %                   | Preferred     |                                  |
| sulfacetamide sodium-sulfur external suspension                              | Non-Preferred | PA                               |
| tetracycline hcl oral capsule                                                | Formulary     |                                  |
| triple antibiotic external ointment 3.5-400-5000 , 5-400-5000                | Formulary     | OTC                              |
| triple antibiotic pain relief external ointment                              | Formulary     | OTC                              |
| triple antibiotic plus external ointment                                     | Formulary     | OTC                              |
| wal-sporin external ointment                                                 | Formulary     | OTC                              |
| XEPI EXTERNAL CREAM                                                          | Non-Preferred | PA                               |
| ZIANA EXTERNAL GEL                                                           | Non-Preferred | PA; AL                           |
| <b>Anti-Inflammatory Agents, Misc (Skin)</b>                                 |               |                                  |
| EUCRISA EXTERNAL OINTMENT                                                    | Preferred     | PA                               |
| WINLEVI EXTERNAL CREAM                                                       | Non-Preferred | PA                               |
| <b>Antiproliferants</b>                                                      |               |                                  |
| fluorouracil external cream 5 %                                              | Formulary     | QL                               |
| imiquimod external cream 5 %                                                 | Formulary     | QL                               |
| <b>Antipruritics And Local Anesthetics</b>                                   |               |                                  |
| ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL                                    | Formulary     | OTC                              |
| ASPERFLEX LIDOCAINE EXTERNAL CREAM                                           | Non-Preferred | PA; OTC                          |
| cvs oral anesthetic max str mouth/throat gel                                 | Formulary     | OTC                              |
| cvs pain relief external cream                                               | Formulary     | OTC                              |
| doxepin hcl oral capsule                                                     | Formulary     | 90 Day Supply                    |
| doxepin hcl oral concentrate                                                 | Formulary     | 90 Day Supply                    |
| doxepin hcl oral tablet                                                      | Non-Preferred | PA                               |
| eql first aid antibiotic external ointment 1 %                               | Formulary     | OTC                              |
| GLYDO EXTERNAL PREFILLED SYRINGE                                             | Formulary     |                                  |
| gnp lidocaine pain relief external patch                                     | Non-Preferred | PA; OTC                          |
| intense toothache pain relief mouth/throat gel                               | Formulary     | OTC                              |
| lidocaine external cream 3 %, 4 %                                            | Non-Preferred | PA; OTC                          |
| lidocaine external ointment 5 %                                              | Non-Preferred | PA                               |
| lidocaine external patch 4 %                                                 | Non-Preferred | PA; OTC                          |
| lidocaine external patch 5 %                                                 | Non-Preferred | PA                               |
| lidocaine hcl external cream 3 %                                             | Non-Preferred | PA                               |
| lidocaine hcl external cream 4 %                                             | Non-Preferred | PA; OTC                          |
| lidocaine hcl external lotion                                                | Non-Preferred | PA                               |
| lidocaine hcl external solution                                              | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| lidocaine hcl urethral/mucosal external gel               | Non-Preferred | PA                               |
| lidocaine hcl urethral/mucosal external prefilled syringe | Formulary     |                                  |
| lidocaine pain relief external patch                      | Non-Preferred | PA; OTC                          |
| lidocaine plus external cream                             | Non-Preferred | PA; OTC                          |
| lidocaine-prilocaine external cream                       | Formulary     | QL                               |
| NUPERCAINAL EXTERNAL OINTMENT                             | Formulary     | OTC                              |
| oral analgesic max st mouth/throat gel                    | Formulary     | OTC                              |
| phenazopyridine hcl oral tablet 100 mg, 200 mg            | Formulary     |                                  |
| PROCTOFOAM HC EXTERNAL FOAM                               | Formulary     |                                  |
| ra antibiotic/pain relief external ointment               | Formulary     | OTC                              |
| triple antibiotic pain relief external ointment           | Formulary     | OTC                              |
| triple antibiotic plus external ointment                  | Formulary     | OTC                              |
| ZTLIDO EXTERNAL PATCH                                     | Non-Preferred | PA                               |
| <b>Antivirals (Skin And Mucous Membrane)</b>              |               |                                  |
| acyclovir external cream                                  | Non-Preferred | PA                               |
| acyclovir external ointment                               | Preferred     |                                  |
| acyclovir oral capsule                                    | Preferred     | 90 Day Supply                    |
| acyclovir oral suspension 200 mg/5ml                      | Preferred     |                                  |
| acyclovir oral tablet                                     | Preferred     | 90 Day Supply                    |
| DENAVIR EXTERNAL CREAM                                    | Preferred     |                                  |
| penciclovir external cream                                | Non-Preferred | PA                               |
| SITAVIG BUCCAL TABLET                                     | Non-Preferred | PA                               |
| XERESE EXTERNAL CREAM                                     | Non-Preferred | PA                               |
| ZOVIRAX EXTERNAL CREAM                                    | Non-Preferred | PA                               |
| ZOVIRAX EXTERNAL OINTMENT                                 | Non-Preferred | PA                               |
| <b>Astringents (84:12)</b>                                |               |                                  |
| BEVESPI AEROSPHERE INHALATION AEROSOL                     | Non-Preferred | PA                               |
| calamine-zinc oxide external suspension                   | Formulary     | OTC                              |
| diaper rash external ointment                             | Formulary     | OTC                              |
| diaper rash external paste                                | Formulary     | OTC                              |
| DRYSOL EXTERNAL SOLUTION                                  | Formulary     |                                  |
| glycopyrrolate oral tablet 1 mg                           | Formulary     | 90 Day Supply; QL                |
| glycopyrrolate oral tablet 2 mg                           | Formulary     | 90 Day Supply                    |
| hemorrhoidal cooling external gel                         | Formulary     | OTC                              |
| meijer zinc oxide external ointment                       | Formulary     | OTC                              |
| miconazole-zinc oxide-petrolat external ointment          | Non-Preferred | PA                               |
| VUSION EXTERNAL OINTMENT                                  | Non-Preferred | PA                               |
| zinc oxide external ointment 40 %                         | Formulary     | OTC                              |
| <b>Astringents, Anti-Infective</b>                        |               |                                  |
| antiseptic skin cleanser external solution 4 %            | Formulary     | OTC                              |
| BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION                 | Formulary     | OTC                              |
| chlorhexidine gluconate mouth/throat solution             | Formulary     | QL                               |
| eq first aid antiseptic external solution                 | Formulary     | OTC                              |
| PERIOGARD MOUTH/THROAT SOLUTION                           | Formulary     | QL                               |
| povidone-iodine external pad                              | Formulary     | OTC                              |
| povidone-iodine external solution 10 %                    | Formulary     | OTC                              |
| ra antiseptic external solution                           | Formulary     | OTC                              |
| selenium sulfide external lotion                          | Formulary     |                                  |
| selenium sulfide external shampoo 2.25 %                  | Formulary     |                                  |
| silver sulfadiazine external cream                        | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.



## LIST OF DRUGS BY DRUG TYPE

| Drug                                                   | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------------|---------------|----------------------------------|
| SSD (SILVER SULFADIAZINE) EXTERNAL CREAM               | Formulary     |                                  |
| SSD EXTERNAL CREAM                                     | Formulary     |                                  |
| <b>Azoles (Skin And Mucous Membrane)</b>               |               |                                  |
| 7 day vaginal vaginal cream                            | Formulary     | OTC                              |
| antifungal clotrimazole external cream                 | Formulary     | OTC                              |
| anti-fungal external cream 1 %                         | Formulary     | OTC                              |
| antifungal external cream 2 %                          | Preferred     | OTC                              |
| antifungal external powder                             | Formulary     | OTC                              |
| athletes foot (clotrimazole) external cream            | Formulary     | OTC                              |
| athletes foot external powder 2 %                      | Formulary     | OTC                              |
| athletes foot powder spray external aerosol powder 2 % | Formulary     | OTC                              |
| AZOLEN TINCTURE EXTERNAL SOLUTION                      | Formulary     | OTC                              |
| clotrimazole 3 vaginal cream                           | Formulary     | OTC                              |
| clotrimazole af external cream                         | Preferred     | OTC                              |
| clotrimazole anti-fungal external cream                | Preferred     | OTC                              |
| clotrimazole athletes foot external cream              | Preferred     | OTC                              |
| clotrimazole external cream                            | Preferred     |                                  |
| clotrimazole external solution                         | Non-Preferred | PA; QL                           |
| clotrimazole mouth/throat troche                       | Formulary     |                                  |
| clotrimazole vaginal cream 1 %                         | Formulary     | OTC                              |
| clotrimazole-7 vaginal cream                           | Formulary     | OTC                              |
| clotrimazole-betamethasone external cream              | Preferred     |                                  |
| clotrimazole-betamethasone external lotion             | Non-Preferred | PA                               |
| cvs clotrimazole external solution                     | Non-Preferred | PA; OTC                          |
| cvs itch relief external cream 1 %                     | Formulary     | OTC                              |
| cvs miconazole 1 combo pack vaginal kit                | Formulary     | OTC                              |
| cvs miconazole 3 combo pack vaginal kit                | Formulary     | OTC                              |
| cvs ringworm external cream                            | Formulary     | OTC                              |
| DESENEX EXTERNAL POWDER                                | Formulary     | OTC                              |
| econazole nitrate external cream                       | Preferred     |                                  |
| eq athletes foot external cream                        | Formulary     | OTC                              |
| ERTACZO EXTERNAL CREAM                                 | Non-Preferred | PA                               |
| gnp clotrimazole 3 vaginal cream                       | Formulary     | OTC                              |
| gnp miconazorb af external powder                      | Formulary     | OTC                              |
| jock itch external cream                               | Formulary     | OTC                              |
| JUBLIA EXTERNAL SOLUTION                               | Non-Preferred | PA                               |
| ketoconazole external cream                            | Preferred     |                                  |
| ketoconazole external foam                             | Non-Preferred | PA                               |
| ketoconazole external shampoo 2 %                      | Preferred     |                                  |
| LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER   | Formulary     | OTC                              |
| LOTRIMIN AF EXTERNAL AEROSOL                           | Formulary     | OTC                              |
| LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER   | Formulary     | OTC                              |
| luliconazole external cream                            | Non-Preferred | PA                               |
| LUZU EXTERNAL CREAM                                    | Non-Preferred | PA                               |
| miconazole 3 combo pack vaginal kit                    | Formulary     | OTC                              |
| miconazole 3 vaginal suppository                       | Formulary     |                                  |
| miconazole 7 vaginal cream                             | Formulary     | OTC                              |
| miconazole 7 vaginal suppository                       | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                             | Tier          | Coverage Requirements and Limits |
|--------------------------------------------------|---------------|----------------------------------|
| miconazole antifungal external cream             | Preferred     | OTC                              |
| miconazole nitrate external cream                | Preferred     |                                  |
| miconazole nitrate powder                        | Preferred     |                                  |
| miconazole nitrate vaginal cream                 | Formulary     | OTC                              |
| miconazole-zinc oxide-petrolat external ointment | Non-Preferred | PA                               |
| MONISTAT 3 VAGINAL CREAM                         | Formulary     | OTC                              |
| ORAVIG BUCCAL TABLET                             | Non-Preferred | PA                               |
| oxiconazole nitrate external cream               | Non-Preferred | PA                               |
| OXISTAT EXTERNAL LOTION                          | Non-Preferred | PA                               |
| px athletic foot external cream                  | Formulary     | OTC                              |
| qc 3 day vaginal cream                           | Formulary     | OTC                              |
| ra clotrimazole external cream                   | Preferred     | OTC                              |
| ra miconazole 3 combo pack app vaginal kit       | Formulary     | OTC                              |
| ra miconazole 3 combo pack vaginal kit           | Formulary     | OTC                              |
| sm antifungal miconazole external cream          | Preferred     | OTC                              |
| VAGISTAT-3 VAGINAL KIT                           | Formulary     | OTC                              |
| VUSION EXTERNAL OINTMENT                         | Non-Preferred | PA                               |
| ZEASORB-AF EXTERNAL POWDER                       | Formulary     | OTC                              |
| <b>Basic Lotions And Liniments</b>               |               |                                  |
| ammonium lactate external cream                  | Formulary     |                                  |
| ammonium lactate external lotion                 | Formulary     |                                  |
| cvs skin treatment external lotion               | Formulary     | OTC                              |
| LAC-HYDRIN FIVE EXTERNAL LOTION                  | Formulary     | OTC                              |
| lactic acid external lotion                      | Formulary     |                                  |
| <b>Basic Oils And Other Solvents</b>             |               |                                  |
| MAPO BATH EXTERNAL OIL                           | Formulary     | OTC                              |
| ra hemorrhoidal rectal ointment                  | Formulary     | OTC                              |
| sb hemorrhoid rectal ointment                    | Formulary     | OTC                              |
| <b>Basic Ointments And Protectants</b>           |               |                                  |
| calamine-zinc oxide external suspension          | Formulary     | OTC                              |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM    | Formulary     | OTC                              |
| CORTIZONE-10 PLUS EXTERNAL CREAM                 | Formulary     | OTC                              |
| CORTIZONE-10/ALOE EXTERNAL CREAM                 | Formulary     | OTC                              |
| hydrocortisone external cream 0.5 %              | Formulary     | OTC                              |
| hydrocortisone external cream 1 %                | Formulary     |                                  |
| petrolatum white external ointment               | Formulary     |                                  |
| petroleum jelly external ointment                | Formulary     | OTC                              |
| petroleum jelly lip treatment external ointment  | Formulary     | OTC                              |
| ra petroleum jelly external ointment             | Formulary     | OTC                              |
| SANTYL EXTERNAL OINTMENT                         | Formulary     | QL                               |
| white petrolatum external ointment               | Formulary     |                                  |
| <b>Cell Stimulants And Proliferants</b>          |               |                                  |
| ALTRENO EXTERNAL LOTION                          | Non-Preferred | PA                               |
| ATRALIN EXTERNAL GEL                             | Non-Preferred | PA; AL                           |
| AVITA EXTERNAL CREAM                             | Non-Preferred | PA; AL                           |
| clindamycin-tretinoin external gel               | Non-Preferred | PA; AL                           |
| ENTADFI ORAL CAPSULE                             | Non-Preferred | PA                               |
| finasteride oral tablet 5 mg                     | Preferred     | 90 Day Supply; QL                |
| hemorrhoidal cooling external gel                | Formulary     | OTC                              |
| minoxidil oral tablet                            | Formulary     | 90 Day Supply                    |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                  | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------|---------------|----------------------------------|
| PROSCAR ORAL TABLET                                   | Non-Preferred | PA; QL                           |
| px hemorrhoidal rectal suppository                    | Formulary     | OTC                              |
| ra hemorrhoidal rectal ointment                       | Formulary     | OTC                              |
| ra hemorrhoidal rectal suppository                    | Formulary     | OTC                              |
| RETIN-A MICRO EXTERNAL GEL                            | Non-Preferred | PA; AL                           |
| RETIN-A MICRO PUMP EXTERNAL GEL                       | Non-Preferred | PA; AL                           |
| sb hemorrhoid rectal ointment                         | Formulary     | OTC                              |
| tretinoin external cream                              | Preferred     | AL                               |
| tretinoin external gel 0.01 %, 0.025 %                | Preferred     | AL                               |
| tretinoin external gel 0.05 %                         | Non-Preferred | PA; AL                           |
| tretinoin microsphere external gel 0.04 %, 0.1 %      | Non-Preferred | PA; AL                           |
| tretinoin microsphere external gel 0.08 %             | Non-Preferred | PA                               |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | Non-Preferred | PA; AL                           |
| tretinoin microsphere pump external gel 0.08 %        | Non-Preferred | PA                               |
| ZIANA EXTERNAL GEL                                    | Non-Preferred | PA; AL                           |
| <b>Corticosteroids (Skin, Mucous Membrane)</b>        |               |                                  |
| amcinonide external cream                             | Formulary     | QL                               |
| AQUANIL HC EXTERNAL LOTION                            | Formulary     | OTC                              |
| beta hc external lotion                               | Formulary     | OTC                              |
| betamethasone dipropionate aug external cream         | Formulary     |                                  |
| betamethasone dipropionate aug external ointment      | Formulary     |                                  |
| betamethasone dipropionate external cream             | Formulary     |                                  |
| betamethasone dipropionate external lotion            | Formulary     |                                  |
| betamethasone dipropionate external ointment          | Formulary     |                                  |
| betamethasone valerate external cream                 | Formulary     |                                  |
| betamethasone valerate external lotion                | Formulary     |                                  |
| betamethasone valerate external ointment              | Formulary     |                                  |
| budesonide rectal foam 2 mg                           | Non-Preferred | PA                               |
| clobetasol prop emollient base external cream         | Formulary     |                                  |
| clobetasol propionate e external cream                | Formulary     |                                  |
| clobetasol propionate external cream 0.05 %           | Formulary     |                                  |
| clobetasol propionate external gel                    | Formulary     |                                  |
| clobetasol propionate external ointment               | Formulary     | QL                               |
| clobetasol propionate external solution               | Formulary     |                                  |
| clotrimazole-betamethasone external cream             | Preferred     |                                  |
| clotrimazole-betamethasone external lotion            | Non-Preferred | PA                               |
| CORTIZONE-10 EXTERNAL OINTMENT                        | Formulary     | OTC                              |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION             | Formulary     | OTC                              |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM         | Formulary     | OTC                              |
| CORTIZONE-10 PLUS EXTERNAL CREAM                      | Formulary     | OTC                              |
| CORTIZONE-10/ALOE EXTERNAL CREAM                      | Formulary     | OTC                              |
| cvs cortisone intense healing external cream          | Formulary     | OTC                              |
| cvs cortisone maximum strength external cream         | Formulary     | OTC                              |
| cvs cortisone maximum strength external ointment      | Formulary     | OTC                              |
| cvs eczema anti-itch external cream                   | Formulary     | OTC                              |
| DERMAREST ECZEMA EXTERNAL LOTION                      | Formulary     | OTC                              |
| desoximetasone external cream                         | Formulary     |                                  |
| diflorasone diacetate external cream                  | Formulary     | QL                               |
| eqi anti-itch maximum strength external cream         | Formulary     | OTC                              |
| fluocinolone acetonide external cream 0.01 %          | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                            | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------|---------------|----------------------------------|
| fluocinolone acetonide external cream 0.025 %                   | Formulary     | QL                               |
| fluocinolone acetonide external ointment                        | Formulary     | QL                               |
| fluocinolone acetonide external solution                        | Formulary     | QL                               |
| fluocinonide emulsified base external cream                     | Formulary     |                                  |
| fluocinonide external cream 0.05 %                              | Formulary     |                                  |
| fluocinonide external gel                                       | Formulary     |                                  |
| fluocinonide external ointment                                  | Formulary     |                                  |
| fluocinonide external solution                                  | Formulary     |                                  |
| hydrocortisone (perianal) external cream 2.5 %                  | Formulary     |                                  |
| hydrocortisone external cream 0.5 %                             | Formulary     | OTC                              |
| hydrocortisone external cream 1 %, 2.5 %                        | Formulary     |                                  |
| hydrocortisone external lotion 1 %                              | Formulary     | OTC                              |
| hydrocortisone external lotion 2.5 %                            | Formulary     |                                  |
| hydrocortisone external ointment 0.5 %                          | Formulary     | OTC                              |
| hydrocortisone external ointment 1 %, 2.5 %                     | Formulary     |                                  |
| hydrocortisone max st external cream                            | Formulary     | OTC                              |
| hydrocortisone oral tablet                                      | Formulary     | 90 Day Supply                    |
| hydrocortisone rectal enema                                     | Formulary     | QL                               |
| hydrocortisone valerate external cream                          | Formulary     | QL                               |
| hydrocortisone/aloe max str external cream                      | Formulary     | OTC                              |
| hydrocortisone-acetic acid otic solution                        | Formulary     |                                  |
| ILUVIEN INTRAVITREAL IMPLANT                                    | Non-Preferred | PA                               |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM                           | Formulary     | OTC                              |
| mometasone furoate external cream                               | Formulary     |                                  |
| mometasone furoate external ointment                            | Formulary     |                                  |
| mometasone furoate external solution                            | Formulary     |                                  |
| MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM                   | Formulary     | OTC                              |
| nystatin-triamcinolone external cream                           | Preferred     |                                  |
| nystatin-triamcinolone external ointment                        | Non-Preferred | PA                               |
| PREPARATION H EXTERNAL CREAM 1 %                                | Formulary     | OTC                              |
| PREPARATION H SOOTHING RELIEF EXTERNAL CREAM                    | Formulary     | OTC                              |
| PROCTOFOAM HC EXTERNAL FOAM                                     | Formulary     |                                  |
| px hydrocream external cream                                    | Formulary     | OTC                              |
| ra anti-itch maximum strength external ointment                 | Formulary     | OTC                              |
| RETISERT INTRAVITREAL IMPLANT                                   | Non-Preferred | PA                               |
| triamcinolone acetonide external cream                          | Formulary     |                                  |
| triamcinolone acetonide external lotion                         | Formulary     |                                  |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | Formulary     |                                  |
| TRIDERM EXTERNAL CREAM 0.5 %                                    | Formulary     |                                  |
| XERESE EXTERNAL CREAM                                           | Non-Preferred | PA                               |
| YUTIQ INTRAVITREAL IMPLANT                                      | Non-Preferred | PA                               |
| <b>Emollients, Demulcents, And Protectants</b>                  |               |                                  |
| miconazole-zinc oxide-petrolat external ointment                | Non-Preferred | PA                               |
| natural oatmeal bath treatment external packet                  | Formulary     | OTC                              |
| ra hemorrhoidal rectal ointment                                 | Formulary     | OTC                              |
| ra renewal soothing bath external packet                        | Formulary     | OTC                              |
| sb hemorrhoid rectal ointment                                   | Formulary     | OTC                              |
| sm oatmeal bath external packet                                 | Formulary     | OTC                              |
| VASELINE EXTERNAL GEL                                           | Formulary     |                                  |
| VUSION EXTERNAL OINTMENT                                        | Non-Preferred | PA                               |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| <b>Hydroxypyridones (Skin, Mucous Membrane)</b>           |               |                                  |
| ciclopirox external gel                                   | Non-Preferred | PA                               |
| ciclopirox external shampoo                               | Non-Preferred | PA                               |
| ciclopirox external solution                              | Preferred     |                                  |
| ciclopirox olamine external cream                         | Preferred     |                                  |
| ciclopirox olamine external suspension                    | Preferred     |                                  |
| LOPROX EXTERNAL KIT 0.77 % (SUSP)                         | Non-Preferred | PA                               |
| LOPROX EXTERNAL SUSPENSION                                | Non-Preferred | PA                               |
| <b>Immunomodulatory Agents (84:06)</b>                    |               |                                  |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | Non-Preferred | PA                               |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR         | Non-Preferred | PA                               |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Non-Preferred | PA                               |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR              | Preferred     | PA                               |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE          | Preferred     | PA                               |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Non-Preferred | PA                               |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR           | Non-Preferred | PA                               |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE            | Non-Preferred | PA                               |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR                       | Non-Preferred | PA                               |
| pimecrolimus external cream                               | Formulary     | PA; QL                           |
| PROGRAF ORAL CAPSULE                                      | Non-Preferred | PA                               |
| PROGRAF ORAL PACKET                                       | Non-Preferred | PA                               |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | Non-Preferred | PA                               |
| sirolimus oral solution                                   | Preferred     |                                  |
| sirolimus oral tablet                                     | Preferred     |                                  |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR           | Non-Preferred | PA                               |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Non-Preferred | PA                               |
| SPEVIGO INTRAVENOUS SOLUTION                              | Non-Preferred | PA                               |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Non-Preferred | PA                               |
| tacrolimus external ointment                              | Formulary     | PA                               |
| tacrolimus oral capsule                                   | Preferred     | 90 Day Supply                    |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR      | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML     | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Non-Preferred | PA                               |
| <b>Janus Kinase Inhibitors (84:06)</b>                    |               |                                  |
| DALIRESP ORAL TABLET                                      | Non-Preferred | PA                               |
| OPZELURA EXTERNAL CREAM                                   | Non-Preferred | PA                               |
| roflumilast oral tablet 250 mcg                           | Preferred     | QL                               |
| roflumilast oral tablet 500 mcg                           | Preferred     | 90 Day Supply; QL                |
| SOTYKTU ORAL TABLET                                       | Non-Preferred | PA                               |
| ZORYVE EXTERNAL CREAM 0.15 %                              | Non-Preferred | PA; QL                           |
| ZORYVE EXTERNAL FOAM                                      | Non-Preferred | PA                               |
| <b>Keratolytic Agents</b>                                 |               |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                         | Tier          | Coverage Requirements and Limits |
|------------------------------------------------------------------------------|---------------|----------------------------------|
| acne external pad                                                            | Formulary     | OTC                              |
| adapalene external cream                                                     | Non-Preferred | PA; AL                           |
| adapalene external gel                                                       | Preferred     | AL                               |
| adapalene treatment external gel                                             | Preferred     | OTC; AL                          |
| adapalene-benzoyl peroxide external gel 0.1-2.5 %                            | Non-Preferred | PA; AL                           |
| AKLIEF EXTERNAL CREAM                                                        | Non-Preferred | PA; AL                           |
| AMNESTEEM ORAL CAPSULE                                                       | Formulary     | PA                               |
| ARAZLO EXTERNAL LOTION                                                       | Non-Preferred | PA                               |
| AVAR CLEANSER EXTERNAL LIQUID                                                | Non-Preferred | PA                               |
| CABTREO EXTERNAL GEL                                                         | Non-Preferred | PA                               |
| callus removers external pad                                                 | Formulary     | OTC                              |
| CLARAVIS ORAL CAPSULE                                                        | Formulary     | PA                               |
| COMPOUND W EXTERNAL LIQUID                                                   | Formulary     | OTC                              |
| COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP                                 | Formulary     | OTC                              |
| corn & callus remover external liquid                                        | Formulary     | OTC                              |
| corn remover one-step external strip                                         | Formulary     | OTC                              |
| cvs adapalene external gel                                                   | Preferred     | OTC; AL                          |
| cvs advanced acne spot treat external gel                                    | Formulary     | OTC                              |
| cvs medicated spot external gel                                              | Formulary     | OTC                              |
| cvs plantar wart remover external pad                                        | Formulary     | OTC                              |
| daily face wash external liquid                                              | Formulary     | OTC                              |
| DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD                                  | Formulary     | OTC                              |
| FABIOR EXTERNAL FOAM                                                         | Non-Preferred | PA; AL                           |
| gnp adapalene external gel                                                   | Preferred     | OTC; AL                          |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg                         | Formulary     | PA                               |
| KERALYT EXTERNAL GEL 3 %                                                     | Formulary     | OTC                              |
| liquid corn & callus remover external liquid                                 | Formulary     | OTC                              |
| NEUTROGENA RAPID CLEAR EXTERNAL PAD                                          | Formulary     | OTC                              |
| podofilox external solution                                                  | Formulary     |                                  |
| ra wart remover external pad                                                 | Formulary     | OTC                              |
| selenium sulfide external shampoo 2.25 %                                     | Formulary     |                                  |
| sm medicated corn removers external pad                                      | Formulary     | OTC                              |
| sss 10-5 external cream                                                      | Preferred     |                                  |
| sss 10-5 external foam                                                       | Preferred     |                                  |
| sulfacetamide sodium-sulfur external cream                                   | Preferred     |                                  |
| sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 % | Preferred     |                                  |
| sulfacetamide sodium-sulfur external liquid 9-4.5 %                          | Preferred     | QL                               |
| sulfacetamide sodium-sulfur external lotion                                  | Preferred     |                                  |
| sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %                   | Preferred     |                                  |
| sulfacetamide sodium-sulfur external suspension                              | Non-Preferred | PA                               |
| tazarotene external cream 0.1 %                                              | Non-Preferred | PA                               |
| tazarotene external foam                                                     | Non-Preferred | PA                               |
| tazarotene external gel                                                      | Non-Preferred | PA                               |
| urea external cream 40 %                                                     | Formulary     |                                  |
| wart remover maximum strength external gel                                   | Formulary     | OTC                              |
| wart remover maximum strength external liquid                                | Formulary     | OTC                              |
| ZENATANE ORAL CAPSULE                                                        | Formulary     | PA                               |
| <b>Keratoplastic Agents</b>                                                  |               |                                  |
| cvs therapeutic external shampoo                                             | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                              | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------------------------|---------------|----------------------------------|
| sm anti-dandruff coal tar external shampoo                        | Formulary     | OTC                              |
| TARSUM RELIEF EXTERNAL SHAMPOO                                    | Formulary     | OTC                              |
| therapeutic external shampoo                                      | Formulary     | OTC                              |
| THERAPEUTIC T+PLUS EXTERNAL SHAMPOO                               | Formulary     | OTC                              |
| X-SEB T PLUS EXTERNAL SHAMPOO 10 %                                | Formulary     | OTC                              |
| <b>Local Anti-Infectives, Miscellaneous</b>                       |               |                                  |
| ACANYA EXTERNAL GEL                                               | Non-Preferred | PA                               |
| acne medication 10 external gel                                   | Preferred     | OTC                              |
| acne medication 2.5 external gel                                  | Preferred     | OTC                              |
| acne medication 5 external gel                                    | Preferred     | OTC                              |
| acne medication 5 external lotion                                 | Preferred     | OTC                              |
| acne treatment external gel                                       | Preferred     | OTC                              |
| acne-clear external gel                                           | Preferred     | OTC                              |
| adapalene-benzoyl peroxide external gel 0.1-2.5 %                 | Non-Preferred | PA; AL                           |
| antiseptic skin cleanser external solution 4 %                    | Formulary     | OTC                              |
| BENZEFOAM EXTERNAL FOAM                                           | Non-Preferred | PA; OTC                          |
| BENZEPRO EXTERNAL FOAM 5.2 %                                      | Non-Preferred | PA                               |
| BENZEPRO EXTERNAL FOAM 5.3 %                                      | Non-Preferred | PA; OTC                          |
| benzoyl peroxide external foam 9.8 %                              | Non-Preferred | PA                               |
| benzoyl peroxide external gel 10 %                                | Preferred     |                                  |
| benzoyl peroxide external gel 2.5 %, 5 %                          | Preferred     | OTC                              |
| benzoyl peroxide external liquid 10 %                             | Preferred     | OTC                              |
| benzoyl peroxide wash external liquid 10 %                        | Preferred     |                                  |
| benzoyl peroxide wash external liquid 5 %                         | Preferred     | OTC                              |
| benzoyl peroxide-erythromycin external gel                        | Preferred     |                                  |
| BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION                         | Formulary     | OTC                              |
| bpo external gel 4 %                                              | Preferred     | OTC                              |
| bpo foaming cloths external 6 %                                   | Non-Preferred | PA; OTC                          |
| CABTREO EXTERNAL GEL                                              | Non-Preferred | PA                               |
| chlorhexidine gluconate mouth/throat solution                     | Formulary     | QL                               |
| CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM                         | Formulary     | OTC                              |
| clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 % | Non-Preferred | PA                               |
| clindamycin phos-benzoyl perox external gel 1.2-5 %               | Preferred     |                                  |
| clindamycin phos-benzoyl perox external gel 1-5 %                 | Preferred     | QL                               |
| cvs acne foaming face wash external liquid                        | Formulary     | OTC                              |
| cvs rubbing alcohol solution                                      | Formulary     | OTC                              |
| eq first aid antiseptic external solution                         | Formulary     | OTC                              |
| hydrogen peroxide external solution                               | Formulary     | OTC                              |
| isopropyl alcohol solution 70 %                                   | Formulary     |                                  |
| iv prep wipes external pad 70 %                                   | Formulary     | OTC; QL                          |
| NEUAC EXTERNAL GEL                                                | Non-Preferred | PA                               |
| ONEXTON EXTERNAL GEL                                              | Non-Preferred | PA                               |
| PERIOGARD MOUTH/THROAT SOLUTION                                   | Formulary     | QL                               |
| povidone-iodine external pad                                      | Formulary     | OTC                              |
| povidone-iodine external solution 10 %                            | Formulary     | OTC                              |
| ra antiseptic external solution                                   | Formulary     | OTC                              |
| selenium sulfide external lotion                                  | Formulary     |                                  |
| selenium sulfide external shampoo 2.25 %                          | Formulary     |                                  |
| silver sulfadiazine external cream                                | Formulary     |                                  |
| SSD (SILVER SULFADIAZINE) EXTERNAL CREAM                          | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                            | Tier          | Coverage Requirements and Limits |
|-------------------------------------------------|---------------|----------------------------------|
| SSD EXTERNAL CREAM                              | Formulary     |                                  |
| <b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b> |               |                                  |
| cvs diclofenac sodium external gel              | Preferred     | 90 Day Supply; OTC; QL           |
| diclofenac sodium external solution             | Non-Preferred | PA                               |
| ft arthritis pain external gel                  | Preferred     | 90 Day Supply; OTC; QL           |
| gnp diclofenac sodium external gel              | Preferred     | 90 Day Supply; OTC; QL           |
| kls diclofenac sodium external gel              | Preferred     | 90 Day Supply; OTC; QL           |
| PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL       | Preferred     | 90 Day Supply; OTC; QL           |
| qc diclofenac sodium external gel               | Preferred     | 90 Day Supply; OTC; QL           |
| <b>Oxaboroles</b>                               |               |                                  |
| KERYDIN EXTERNAL SOLUTION                       | Non-Preferred | PA                               |
| tavaborole external solution                    | Non-Preferred | PA                               |
| <b>Phosphodiesterase-4 Inhibitors (84:06)</b>   |               |                                  |
| DALIRESP ORAL TABLET                            | Non-Preferred | PA                               |
| EUCRISA EXTERNAL OINTMENT                       | Preferred     | PA                               |
| roflumilast oral tablet 250 mcg                 | Preferred     | QL                               |
| roflumilast oral tablet 500 mcg                 | Preferred     | 90 Day Supply; QL                |
| ZORYVE EXTERNAL CREAM 0.15 %                    | Non-Preferred | PA; QL                           |
| <b>Polyenes (Skin And Mucous Membrane)</b>      |               |                                  |
| NYAMYC EXTERNAL POWDER                          | Preferred     |                                  |
| nystatin external cream                         | Preferred     |                                  |
| nystatin external ointment                      | Preferred     |                                  |
| nystatin external powder                        | Preferred     |                                  |
| nystatin mouth/throat suspension 100000 unit/ml | Preferred     |                                  |
| nystatin-triamcinolone external cream           | Preferred     |                                  |
| nystatin-triamcinolone external ointment        | Non-Preferred | PA                               |
| <b>Scabicides And Pediculicides</b>             |               |                                  |
| CROTAN EXTERNAL LOTION                          | Non-Preferred | PA; QL                           |
| cvs lice killing external shampoo               | Preferred     | OTC                              |
| eq lice killing max st external shampoo         | Preferred     | OTC                              |
| eql lice killing max st external shampoo        | Preferred     | OTC                              |
| gnp lice treatment external shampoo             | Preferred     | OTC                              |
| lice killing external shampoo                   | Preferred     | OTC                              |
| lice killing maximum strength external shampoo  | Preferred     | OTC                              |
| lice treatment external liquid 1 %              | Preferred     | OTC                              |
| malathion external lotion                       | Non-Preferred | PA                               |
| NATROBA EXTERNAL SUSPENSION                     | Preferred     |                                  |
| OVIDE EXTERNAL LOTION                           | Non-Preferred | PA                               |
| permethrin external cream                       | Preferred     |                                  |
| ra lice maximum strength external shampoo       | Preferred     | OTC                              |
| ra lice solution combination kit 0.5-0.33-4 %   | Non-Preferred | PA; OTC                          |
| sb lice killing max st external shampoo         | Preferred     | OTC                              |
| sm lice killing max strength external shampoo   | Preferred     | OTC                              |
| sm lice treatment external liquid               | Preferred     | OTC                              |
| spinosad external suspension                    | Non-Preferred | PA                               |
| stop lice complete treatment combination kit    | Non-Preferred | PA; OTC                          |
| <b>Skin And Mucous Membrane Agents, Misc.</b>   |               |                                  |
| adapalene external cream                        | Non-Preferred | PA; AL                           |
| adapalene external gel                          | Preferred     | AL                               |
| adapalene treatment external gel                | Preferred     | OTC; AL                          |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                                  | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------------------|---------------|----------------------------------|
| adapalene-benzoyl peroxide external gel 0.1-2.5 %                     | Non-Preferred | PA; AL                           |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Non-Preferred | PA                               |
| AKLIEF EXTERNAL CREAM                                                 | Non-Preferred | PA; AL                           |
| AMNESTEEM ORAL CAPSULE                                                | Formulary     | PA                               |
| ARAZLO EXTERNAL LOTION                                                | Non-Preferred | PA                               |
| arthritis pain relieving external cream                               | Formulary     | OTC                              |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                             | Non-Preferred | PA                               |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML                 | Non-Preferred | PA                               |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML             | Non-Preferred | PA                               |
| CABTREO EXTERNAL GEL                                                  | Non-Preferred | PA                               |
| capsaicin external cream 0.025 %, 0.1 %                               | Formulary     | OTC                              |
| CLARAVIS ORAL CAPSULE                                                 | Formulary     | PA                               |
| clindamycin-tretinoin external gel                                    | Non-Preferred | PA; AL                           |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | Non-Preferred | PA                               |
| COSENTYX INTRAVENOUS SOLUTION                                         | Non-Preferred | PA                               |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR      | Non-Preferred | PA                               |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | Non-Preferred | PA                               |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                      | Non-Preferred | PA                               |
| cvs adapalene external gel                                            | Preferred     | OTC; AL                          |
| cvs capsaicin hp external cream                                       | Formulary     | OTC                              |
| cvs diclofenac sodium external gel                                    | Preferred     | 90 Day Supply; OTC; QL           |
| dapsone external gel                                                  | Non-Preferred | PA                               |
| dapsone oral tablet                                                   | Formulary     |                                  |
| diclofenac sodium external solution                                   | Non-Preferred | PA                               |
| DUODERM HYDROACTIVE EXTERNAL                                          | Formulary     | OTC                              |
| DUODERM HYDROACTIVE EXTERNAL GEL                                      | Formulary     | OTC                              |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | Preferred     | PA                               |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                           | Preferred     | PA                               |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML           | Preferred     | PA                               |
| ENDARI ORAL PACKET                                                    | Preferred     | PA                               |
| FABIOR EXTERNAL FOAM                                                  | Non-Preferred | PA; AL                           |
| fluorouracil external cream 5 %                                       | Formulary     | QL                               |
| ft arthritis pain external gel                                        | Preferred     | 90 Day Supply; OTC; QL           |
| gnp adapalene external gel                                            | Preferred     | OTC; AL                          |
| gnp diclofenac sodium external gel                                    | Preferred     | 90 Day Supply; OTC; QL           |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                        | Non-Preferred | PA                               |
| imiquimod external cream 5 %                                          | Formulary     | QL                               |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                          | Non-Preferred | PA                               |
| infliximab intravenous solution reconstituted                         | Preferred     |                                  |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg                  | Formulary     | PA                               |
| kls diclofenac sodium external gel                                    | Preferred     | 90 Day Supply; OTC; QL           |
| l-glutamine oral packet                                               | Non-Preferred | PA                               |
| LOPROX EXTERNAL KIT 0.77 % (SUSP)                                     | Non-Preferred | PA                               |
| MEDI-PAK PERFORMANCE PLUS ABD EXTERNAL PAD                            | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                      | Tier          | Coverage Requirements and Limits |
|-----------------------------------------------------------|---------------|----------------------------------|
| OPZELURA EXTERNAL CREAM                                   | Non-Preferred | PA                               |
| OTEZLA ORAL TABLET                                        | Preferred     | QL                               |
| OTEZLA ORAL TABLET THERAPY PACK                           | Preferred     | QL                               |
| PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL                 | Preferred     | 90 Day Supply; OTC; QL           |
| pimecrolimus external cream                               | Formulary     | PA; QL                           |
| podofilox external solution                               | Formulary     |                                  |
| qc diclofenac sodium external gel                         | Preferred     | 90 Day Supply; OTC; QL           |
| QUTENZA (2 PATCH) EXTERNAL KIT                            | Non-Preferred | PA                               |
| QUTENZA EXTERNAL KIT                                      | Non-Preferred | PA                               |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED               | Non-Preferred | PA                               |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED              | Non-Preferred | PA                               |
| SANTYL EXTERNAL OINTMENT                                  | Formulary     | QL                               |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | Non-Preferred | PA                               |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR           | Non-Preferred | PA                               |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | Non-Preferred | PA                               |
| SOTYKTU ORAL TABLET                                       | Non-Preferred | PA                               |
| SPEVIGO INTRAVENOUS SOLUTION                              | Non-Preferred | PA                               |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                 | Non-Preferred | PA                               |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Non-Preferred | PA                               |
| tacrolimus external ointment                              | Formulary     | PA                               |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Non-Preferred | PA                               |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML    | Non-Preferred | PA                               |
| tazarotene external cream 0.1 %                           | Non-Preferred | PA                               |
| tazarotene external foam                                  | Non-Preferred | PA                               |
| tazarotene external gel                                   | Non-Preferred | PA                               |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR      | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                | Non-Preferred | PA                               |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Non-Preferred | PA                               |
| ustekinumab subcutaneous solution                         | Non-Preferred | PA                               |
| ustekinumab subcutaneous solution prefilled syringe       | Non-Preferred | PA                               |
| WINLEVI EXTERNAL CREAM                                    | Non-Preferred | PA                               |
| ZENATANE ORAL CAPSULE                                     | Formulary     | PA                               |
| ZIANA EXTERNAL GEL                                        | Non-Preferred | PA; AL                           |
| ZORYVE EXTERNAL FOAM                                      | Non-Preferred | PA                               |
| ZOSTRIX HP EXTERNAL CREAM 0.1 %                           | Formulary     | OTC                              |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT          | Non-Preferred | PA                               |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT          | Non-Preferred | PA                               |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT  | Non-Preferred | PA                               |
| <b>Thiocarbamates(Skin And Mucous Membrane)</b>           |               |                                  |
| antifungal (tolnaftate) external cream                    | Preferred     | OTC                              |
| antifungal external cream 1 %                             | Preferred     | OTC                              |
| athletes foot powder spray external aerosol powder 1 %    | Formulary     | OTC                              |
| BLIS-TO-SOL EXTERNAL LIQUID                               | Non-Preferred | PA; OTC                          |
| cvs foot & sneaker external aerosol powder                | Formulary     | OTC                              |
| eq athletes foot (tolnaftate) external cream              | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                 | Tier          | Coverage Requirements and Limits |
|----------------------------------------------------------------------|---------------|----------------------------------|
| FORMULA 3 THE TREATMENT EXTERNAL SOLUTION                            | Non-Preferred | PA; OTC                          |
| gnp tolnaftate external cream                                        | Preferred     | OTC                              |
| jock itch spray powder external aerosol powder                       | Formulary     | OTC                              |
| medicated anti-fungal external solution                              | Non-Preferred | PA; OTC                          |
| odor control foot & sneaker external aerosol powder                  | Formulary     | OTC                              |
| tolnaftate antifungal external cream                                 | Preferred     | OTC                              |
| tolnaftate external aerosol powder                                   | Formulary     | OTC                              |
| tolnaftate external cream                                            | Preferred     | OTC                              |
| tolnaftate external powder                                           | Formulary     | OTC                              |
| <b>Smooth Muscle Relaxants</b>                                       |               |                                  |
| <b>Antimuscarinics</b>                                               |               |                                  |
| COBENFY ORAL CAPSULE                                                 | Non-Preferred | PA                               |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK                       | Non-Preferred | PA                               |
| darifenacin hydrobromide er oral tablet extended release 24 hour     | Non-Preferred | PA                               |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                      | Non-Preferred | PA; QL                           |
| DETROL ORAL TABLET                                                   | Non-Preferred | PA; QL                           |
| fesoterodine fumarate er oral tablet extended release 24 hour        | Preferred     | QL                               |
| flavoxate hcl oral tablet                                            | Non-Preferred | PA                               |
| oxybutynin chloride er oral tablet extended release 24 hour          | Preferred     | 90 Day Supply                    |
| oxybutynin chloride oral solution                                    | Preferred     | 90 Day Supply                    |
| oxybutynin chloride oral tablet 5 mg                                 | Preferred     | 90 Day Supply                    |
| OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY                     | Preferred     | OTC                              |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY                               | Preferred     |                                  |
| solifenacin succinate oral tablet                                    | Preferred     | 90 Day Supply                    |
| tolterodine tartrate er oral capsule extended release 24 hour        | Preferred     | 90 Day Supply; QL                |
| tolterodine tartrate oral tablet                                     | Preferred     | 90 Day Supply; QL                |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR                          | Non-Preferred | PA; QL                           |
| tropium chloride er oral capsule extended release 24 hour            | Non-Preferred | PA                               |
| tropium chloride oral tablet                                         | Non-Preferred | PA                               |
| VESICARE LS ORAL SUSPENSION                                          | Non-Preferred | PA                               |
| VESICARE ORAL TABLET                                                 | Non-Preferred | PA                               |
| <b>Respiratory Smooth Muscle Relaxants</b>                           |               |                                  |
| REVATIO ORAL SUSPENSION RECONSTITUTED                                | Non-Preferred | PA                               |
| REVATIO ORAL TABLET                                                  | Non-Preferred | PA                               |
| sildenafil citrate oral suspension reconstituted                     | Preferred     | PA                               |
| sildenafil citrate oral tablet 20 mg                                 | Preferred     | PA                               |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG | Formulary     |                                  |
| theophylline er oral tablet extended release 12 hour 300 mg          | Formulary     |                                  |
| theophylline er oral tablet extended release 24 hour                 | Formulary     |                                  |
| <b>Selective Beta-3-Adrenergic Agonists</b>                          |               |                                  |
| GEMTESA ORAL TABLET                                                  | Non-Preferred | PA; QL                           |
| mirabegron er oral tablet extended release 24 hour                   | Non-Preferred | PA; QL                           |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                           | Non-Preferred | PA                               |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Preferred     | QL                               |
| <b>Vitamins</b>                                                      |               |                                  |
| <b>Multivitamin Preparations</b>                                     |               |                                  |
| 50+ adult eye health oral capsule                                    | Formulary     | OTC                              |
| a thru z advanced oral tablet                                        | Formulary     | OTC                              |
| a thru z high potency oral tablet                                    | Formulary     | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                     | Tier      | Coverage Requirements and Limits |
|----------------------------------------------------------|-----------|----------------------------------|
| a thru z select 50+ mens oral tablet                     | Formulary | OTC                              |
| a thru z select advanced oral tablet                     | Formulary | OTC                              |
| a thru z select oral tablet                              | Formulary | OTC                              |
| a thru z select ultimate women oral tablet               | Formulary | OTC                              |
| a thru z ultimate mens oral tablet                       | Formulary | OTC                              |
| antioxidant a/c/e/selenium oral tablet                   | Formulary | OTC                              |
| BPROTECTED MULTI-VITE ORAL LIQUID                        | Formulary | OTC                              |
| c complex oral tablet extended release                   | Formulary | OTC                              |
| calcium/c/d oral tablet chewable                         | Formulary | OTC                              |
| centravites 50 plus oral tablet                          | Formulary | OTC                              |
| centravites adults oral tablet                           | Formulary | OTC                              |
| centravites oral tablet                                  | Formulary | OTC                              |
| CENTRUM ADULTS ORAL TABLET                               | Formulary | OTC                              |
| CENTRUM SILVER ORAL TABLET                               | Formulary | OTC                              |
| CENTRUM ULTRA WOMENS ORAL TABLET                         | Formulary | OTC                              |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET                       | Formulary | OTC                              |
| classic prenatal oral tablet                             | Formulary | OTC                              |
| companion oral tablet                                    | Formulary | OTC                              |
| complete multivitamin/mineral oral liquid                | Formulary | OTC                              |
| cvs childrens complete oral tablet chewable 18 mg        | Formulary | OTC                              |
| cvs daily multiple for men oral tablet                   | Formulary | OTC                              |
| cvs daily multiple women 50+ oral tablet                 | Formulary | OTC                              |
| cvs gummy dinos oral tablet chewable                     | Formulary | OTC                              |
| cvs one daily essential oral tablet                      | Formulary | OTC                              |
| cvs prenatal gummy oral tablet chewable 0.4-113.5 mg     | Formulary | OTC                              |
| cvs spectravite adult 50+ oral tablet                    | Formulary | OTC                              |
| cvs spectravite advanced oral tablet                     | Formulary | OTC                              |
| cvs spectravite senior oral tablet                       | Formulary | OTC                              |
| cvs spectravite ultra men 50+ oral tablet                | Formulary | OTC                              |
| cvs spectravite ultra mens oral tablet                   | Formulary | OTC                              |
| cvs spectravite ultra women oral tablet                  | Formulary | OTC                              |
| cvs spectravite womens senior oral tablet                | Formulary | OTC                              |
| cvs womens active daily oral tablet                      | Formulary | OTC                              |
| cvs womens prenatal+dha oral                             | Formulary | OTC                              |
| daily value multivitamin oral tablet                     | Formulary | OTC                              |
| diabetes health formula oral tablet                      | Formulary | OTC                              |
| DIALYVITE 800 ORAL TABLET                                | Formulary | OTC                              |
| dialyvite 800/ultra d oral tablet                        | Formulary | OTC                              |
| DIALYVITE ORAL TABLET                                    | Formulary |                                  |
| eq complete multivit adult 50+ oral tablet               | Formulary | OTC                              |
| eql one daily mens health oral tablet                    | Formulary | OTC                              |
| eql one daily womens 50+ adv oral tablet                 | Formulary | OTC                              |
| eql vision formula oral tablet                           | Formulary | OTC                              |
| ESSENTIA ORAL TABLET                                     | Formulary | OTC                              |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG | Formulary | OTC                              |
| FLINTSTONES GUMMIES ORAL TABLET CHEWABLE                 | Formulary | OTC                              |
| FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE            | Formulary | OTC                              |
| FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE        | Formulary | OTC                              |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE            | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                | Tier      | Coverage Requirements and Limits |
|-----------------------------------------------------|-----------|----------------------------------|
| FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE       | Formulary | OTC                              |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE           | Formulary | OTC                              |
| full spectrum b/vitamin c oral tablet               | Formulary | OTC                              |
| glucoten oral capsule                               | Formulary | OTC                              |
| gnp childrens chewables/iron oral tablet chewable   | Formulary | OTC                              |
| gnp essential one daily oral tablet                 | Formulary | OTC                              |
| gnp hair/skin/nails oral tablet                     | Formulary | OTC                              |
| gnp little ones childrens oral tablet chewable      | Formulary | OTC                              |
| gnp mega multi for women oral tablet                | Formulary | OTC                              |
| gnp one daily mens health 50+ oral tablet           | Formulary | OTC                              |
| gnp one daily mens/lycopene oral tablet             | Formulary | OTC                              |
| gnp one daily womens health oral tablet             | Formulary | OTC                              |
| gnp one daily womens oral tablet                    | Formulary | OTC                              |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE    | Formulary | OTC                              |
| hair/skin/nails oral capsule                        | Formulary | OTC                              |
| healthy eyes oral tablet                            | Formulary | OTC                              |
| hm complete men oral tablet                         | Formulary | OTC                              |
| hm complete women oral tablet                       | Formulary | OTC                              |
| HONEY BEARS ORAL TABLET CHEWABLE                    | Formulary | OTC                              |
| HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE        | Formulary | OTC                              |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE                 | Formulary | OTC                              |
| ICAPS ORAL CAPSULE                                  | Formulary | OTC                              |
| kp adults 50+ daily formula oral tablet             | Formulary | OTC                              |
| kp b complex-c oral tablet                          | Formulary | OTC                              |
| kp mens daily formula oral tablet                   | Formulary | OTC                              |
| KP VISION FORMULA/LUTEIN ORAL TABLET                | Formulary | OTC                              |
| kp womens 50+ daily formula oral tablet             | Formulary | OTC                              |
| kp womens daily formula oral tablet                 | Formulary | OTC                              |
| K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET            | Formulary | OTC                              |
| kpn prenatal oral tablet                            | Formulary | OTC                              |
| LYSIPLEX PLUS ORAL LIQUID                           | Formulary | OTC                              |
| MACUVITE/LUTEIN ORAL TABLET                         | Formulary | OTC                              |
| mega multiple/chelated mineral oral tablet          | Formulary | OTC                              |
| m-natal plus oral tablet                            | Formulary | 90 Day Supply                    |
| multi complete/iron oral tablet                     | Formulary | OTC                              |
| multi for her 50+ oral tablet                       | Formulary | OTC                              |
| multi for him 50+ oral tablet                       | Formulary | OTC                              |
| MULTI FOR HIM ORAL TABLET                           | Formulary | OTC                              |
| multi prenatal oral tablet                          | Formulary | OTC                              |
| multiple vit/minerals/no iron oral tablet           | Formulary | OTC                              |
| multiple vitamins oral tablet                       | Formulary | OTC                              |
| multiple vitamins/womens oral tablet                | Formulary | OTC                              |
| multiple vitamins-minerals oral liquid              | Formulary | OTC                              |
| multivitamin & mineral oral liquid                  | Formulary | OTC                              |
| multivitamin adult oral tablet                      | Formulary | OTC                              |
| multivitamin childrens (w/ fa) oral tablet chewable | Formulary | OTC                              |
| multivitamin childrens oral tablet chewable         | Formulary | OTC                              |
| multi-vitamin hp/minerals oral capsule              | Formulary | OTC                              |
| multivitamin men 50+ oral tablet                    | Formulary | OTC                              |
| multivitamin men oral tablet                        | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------|-----------|----------------------------------|
| multivitamin oral liquid                                         | Formulary | OTC                              |
| multivitamin oral tablet                                         | Formulary | OTC                              |
| multivitamin women 50+ oral tablet                               | Formulary | OTC                              |
| multivitamin women oral tablet                                   | Formulary | OTC                              |
| multivitamin/fluoride oral suspension 0.5 mg/ml                  | Formulary | 90 Day Supply; OTC               |
| multi-vitamin/fluoride oral suspension 0.5 mg/ml                 | Formulary | 90 Day Supply                    |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Formulary | 90 Day Supply                    |
| multi-vitamin/fluoride/iron oral solution                        | Formulary |                                  |
| multi-vitamin/minerals oral tablet                               | Formulary | OTC                              |
| multi-vitamins oral tablet                                       | Formulary | OTC                              |
| MYNEPHRON ORAL CAPSULE                                           | Formulary |                                  |
| NIVA-PLUS ORAL TABLET                                            | Formulary | 90 Day Supply                    |
| ocutabs-lutein oral tablet                                       | Formulary | OTC                              |
| OCUVITE-LUTEIN ORAL CAPSULE                                      | Formulary | OTC                              |
| OCUVITE-LUTEIN ORAL TABLET                                       | Formulary | OTC                              |
| omnicap oral tablet                                              | Formulary | OTC                              |
| once daily oral tablet                                           | Formulary | OTC                              |
| ONCOVITE ORAL TABLET                                             | Formulary | OTC                              |
| one daily calcium/iron oral tablet                               | Formulary | OTC                              |
| one daily for men 50+ advanced oral tablet                       | Formulary | OTC                              |
| one daily for men/lycopene oral tablet                           | Formulary | OTC                              |
| one daily for women oral tablet                                  | Formulary | OTC                              |
| one daily maximum oral tablet                                    | Formulary | OTC                              |
| one daily multivitamin adult oral tablet                         | Formulary | OTC                              |
| one daily multivitamin/iron oral tablet                          | Formulary | OTC                              |
| one daily womens 50 plus oral tablet                             | Formulary | OTC                              |
| one daily/minerals oral tablet                                   | Formulary | OTC                              |
| ONE-A-DAY ADULT VITACRAVES+DHA ORAL TABLET CHEWABLE              | Formulary | OTC                              |
| ONE-A-DAY ESSENTIAL ORAL TABLET                                  | Formulary | OTC                              |
| ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET                          | Formulary | OTC                              |
| ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET                         | Formulary | OTC                              |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET                         | Formulary | OTC                              |
| ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET                         | Formulary | OTC                              |
| ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET                        | Formulary | OTC                              |
| ONE-A-DAY WOMENS PETITES ORAL TABLET                             | Formulary | OTC                              |
| one-daily multi-vitamin oral tablet                              | Formulary | OTC                              |
| PRENATABS RX ORAL TABLET                                         | Formulary | 90 Day Supply; OTC               |
| prenatal (w/iron & fa) oral tablet                               | Formulary | OTC                              |
| prenatal complete oral tablet                                    | Formulary | OTC                              |
| prenatal formula a-free oral tablet                              | Formulary | OTC                              |
| prenatal gummies/dha & fa oral tablet chewable                   | Formulary | OTC                              |
| prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg    | Formulary | OTC                              |
| PRENATAL MULTIVITAMIN + DHA ORAL                                 | Formulary | OTC                              |
| prenatal one daily oral tablet                                   | Formulary | OTC                              |
| prenatal oral tablet 27-0.8 mg                                   | Formulary |                                  |
| prenatal oral tablet 27-1 mg                                     | Formulary | 90 Day Supply                    |
| prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg                      | Formulary | OTC                              |
| prenatal plus oral tablet                                        | Formulary | 90 Day Supply                    |
| prenatal vitamins oral tablet 28-0.8 mg                          | Formulary | OTC                              |
| prenatal/iron oral tablet                                        | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                 | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------|-----------|----------------------------------|
| PRESERVISION/LUTEIN ORAL CAPSULE                     | Formulary | OTC                              |
| PRORENAL + D ORAL TABLET                             | Formulary | OTC                              |
| PRORENAL + D W/ OMEGA-3 ORAL CAPSULE                 | Formulary | OTC                              |
| px complete senior multivits oral tablet             | Formulary | OTC                              |
| px mens multivitamins oral tablet                    | Formulary | OTC                              |
| qc daily multivit/multimineral oral tablet           | Formulary | OTC                              |
| quin b strong oral tablet                            | Formulary | OTC                              |
| quintabs oral tablet                                 | Formulary | OTC                              |
| quintabs-m oral tablet                               | Formulary | OTC                              |
| RA CENTRAL-VITE ORAL TABLET                          | Formulary | OTC                              |
| ra central-vite womens mature oral tablet            | Formulary | OTC                              |
| RENAL ORAL CAPSULE                                   | Formulary |                                  |
| renal vitamin oral tablet                            | Formulary | OTC                              |
| rena-vite oral tablet                                | Formulary | OTC                              |
| rena-vite rx oral tablet                             | Formulary | OTC                              |
| reno caps oral capsule                               | Formulary | OTC                              |
| senior tabs oral tablet                              | Formulary | OTC                              |
| sentry oral tablet                                   | Formulary | OTC                              |
| sentry senior oral tablet                            | Formulary | OTC                              |
| sm animal shapes complete oral tablet chewable 18 mg | Formulary | OTC                              |
| sm antioxidant vitamins oral tablet                  | Formulary | OTC                              |
| sm b-complex/vitamin c oral tablet                   | Formulary | OTC                              |
| sm complete 50+ oral tablet                          | Formulary | OTC                              |
| sm complete 50+ ultimate mens oral tablet            | Formulary | OTC                              |
| sm complete 50+ ultimate women oral tablet           | Formulary | OTC                              |
| sm complete advanced formula oral tablet             | Formulary | OTC                              |
| sm complete oral tablet                              | Formulary | OTC                              |
| sm complete senior formula oral tablet               | Formulary | OTC                              |
| sm one daily essential oral tablet                   | Formulary | OTC                              |
| sm one daily mens oral tablet                        | Formulary | OTC                              |
| sm one daily prenatal oral                           | Formulary | OTC                              |
| sm one daily womens oral tablet                      | Formulary | OTC                              |
| sm opti-vitamins oral tablet                         | Formulary | OTC                              |
| sm super b complex/c oral tablet                     | Formulary | OTC                              |
| stress b complex/antioxid/zinc oral tablet           | Formulary | OTC                              |
| stress b/zinc oral tablet                            | Formulary | OTC                              |
| stress b-complex/vit c/zinc oral tablet              | Formulary | OTC                              |
| stress formula (folic acid) oral tablet              | Formulary | OTC                              |
| stress formula oral tablet                           | Formulary | OTC                              |
| stress formula/iron oral tablet                      | Formulary | OTC                              |
| super antioxidant oral capsule                       | Formulary | OTC                              |
| super b-complex/vit c/fa oral tablet                 | Formulary | OTC                              |
| super multiple oral tablet                           | Formulary | OTC                              |
| super thera vite m oral tablet                       | Formulary | OTC                              |
| support oral liquid                                  | Formulary |                                  |
| TAB-A-VITE ORAL TABLET                               | Formulary | OTC                              |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET                 | Formulary | OTC                              |
| TAB-A-VITE/IRON ORAL TABLET                          | Formulary | OTC                              |
| THERA M PLUS ORAL TABLET                             | Formulary | OTC                              |
| THERA ORAL TABLET                                    | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                       | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------|-----------|----------------------------------|
| THERAGRAN-M PREMIER 50 PLUS ORAL TABLET                    | Formulary | OTC                              |
| thera-m oral tablet                                        | Formulary | OTC                              |
| therapeutic-m oral tablet                                  | Formulary | OTC                              |
| thera-tabs oral tablet                                     | Formulary | OTC                              |
| THERATRUM COMPLETE 50 PLUS ORAL TABLET                     | Formulary | OTC                              |
| THERATRUM COMPLETE ORAL TABLET                             | Formulary | OTC                              |
| THEREMS ORAL TABLET                                        | Formulary | OTC                              |
| trinatal rx 1 oral tablet                                  | Formulary | 90 Day Supply                    |
| triphrocaps oral capsule                                   | Formulary | 90 Day Supply                    |
| tri-vitamin/fluoride oral solution 0.25 mg/ml              | Formulary |                                  |
| v-c forte oral capsule                                     | Formulary |                                  |
| VIC-FORTE ORAL CAPSULE                                     | Formulary |                                  |
| VINATE ONE ORAL TABLET                                     | Formulary |                                  |
| virt-caps oral capsule                                     | Formulary |                                  |
| vision vitamins oral tablet                                | Formulary | OTC                              |
| vit e-vit c-beta carotene oral tablet                      | Formulary | OTC                              |
| vitalee oral tablet                                        | Formulary | OTC                              |
| VITALETS CHILDRENS ORAL TABLET CHEWABLE                    | Formulary | OTC                              |
| vitamin c oral tablet chewable                             | Formulary | OTC                              |
| vitamin d3 complete oral tablet                            | Formulary | OTC                              |
| vitamins a-d-e/selenium oral tablet                        | Formulary | OTC                              |
| VITRUM SENIOR ORAL TABLET                                  | Formulary | OTC                              |
| vp-vite rx oral tablet                                     | Formulary |                                  |
| westab plus oral tablet                                    | Formulary | 90 Day Supply                    |
| womens daily form/fa/ca/fe oral tablet                     | Formulary | OTC                              |
| YELETS TEENAGE FORMULA ORAL TABLET                         | Formulary | OTC                              |
| <b>Vitamin A</b>                                           |           |                                  |
| cvs beta carotene oral capsule 15 mg                       | Formulary | OTC                              |
| tri-vitamin/fluoride oral solution 0.25 mg/ml              | Formulary |                                  |
| vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) | Formulary | OTC                              |
| <b>Vitamin B Complex</b>                                   |           |                                  |
| B-12 DOTS ORAL TABLET DISPERSIBLE                          | Formulary | OTC                              |
| b-12 tr oral tablet extended release 1000 mcg              | Formulary | OTC                              |
| BEYAZ ORAL TABLET                                          | Preferred | EDS; QL                          |
| classic prenatal oral tablet                               | Formulary | OTC                              |
| cvs prenatal gummy oral tablet chewable 0.4-113.5 mg       | Formulary | OTC                              |
| cvs vitamin b-2 oral tablet                                | Formulary | OTC                              |
| cvs womens prenatal+dha oral                               | Formulary | OTC                              |
| cyanocobalamin injection solution 1000 mcg/ml              | Formulary | QL                               |
| DIALYVITE 800 ORAL TABLET                                  | Formulary | OTC                              |
| DIALYVITE ORAL TABLET                                      | Formulary |                                  |
| drospiren-eth estrad-levomefol oral tablet                 | Preferred | EDS; QL                          |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE                    | Formulary | OTC                              |
| fe c tab plus oral tablet                                  | Formulary | OTC                              |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE              | Formulary | OTC                              |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE                  | Formulary | OTC                              |
| folic acid oral capsule 20 mg                              | Formulary | OTC                              |
| folic acid oral tablet 1 mg                                | Formulary | 90 Day Supply                    |
| folic acid oral tablet 400 mcg                             | Formulary | 90 Day Supply; OTC               |
| full spectrum b/vitamin c oral tablet                      | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.



LIST OF DRUGS BY DRUG TYPE

| Drug                                                             | Tier      | Coverage Requirements and Limits |
|------------------------------------------------------------------|-----------|----------------------------------|
| gnp little ones childrens oral tablet chewable                   | Formulary | OTC                              |
| iron 100 plus oral tablet                                        | Formulary | OTC                              |
| kp b complex-c oral tablet                                       | Formulary | OTC                              |
| kp folic acid oral tablet 800 mcg                                | Formulary | 90 Day Supply; OTC               |
| kpn prenatal oral tablet                                         | Formulary | OTC                              |
| leucovorin calcium oral tablet                                   | Formulary | PA                               |
| m-natal plus oral tablet                                         | Formulary | 90 Day Supply                    |
| multi prenatal oral tablet                                       | Formulary | OTC                              |
| MULTIGEN FOLIC ORAL TABLET                                       | Formulary |                                  |
| MULTIGEN ORAL TABLET                                             | Formulary |                                  |
| MULTIGEN PLUS ORAL TABLET                                        | Formulary |                                  |
| multivitamin childrens (w/ fa) oral tablet chewable              | Formulary | OTC                              |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg | Formulary | 90 Day Supply                    |
| MYNEPHRON ORAL CAPSULE                                           | Formulary |                                  |
| niacin (antihyperlipidemic) oral tablet                          | Preferred |                                  |
| niacin er (antihyperlipidemic) oral tablet extended release      | Preferred |                                  |
| niacin er oral tablet extended release 250 mg                    | Formulary | OTC                              |
| niacin er oral tablet extended release 500 mg                    | Formulary | 90 Day Supply; OTC               |
| niacin oral tablet 250 mg, 50 mg                                 | Formulary | OTC                              |
| NIVA-PLUS ORAL TABLET                                            | Formulary | 90 Day Supply                    |
| PRENATABS RX ORAL TABLET                                         | Formulary | 90 Day Supply; OTC               |
| prenatal (w/iron & fa) oral tablet                               | Formulary | OTC                              |
| prenatal complete oral tablet                                    | Formulary | OTC                              |
| prenatal formula a-free oral tablet                              | Formulary | OTC                              |
| prenatal gummies/dha & fa oral tablet chewable                   | Formulary | OTC                              |
| prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg    | Formulary | OTC                              |
| PRENATAL MULTIVITAMIN + DHA ORAL                                 | Formulary | OTC                              |
| prenatal one daily oral tablet                                   | Formulary | OTC                              |
| prenatal oral tablet 27-0.8 mg                                   | Formulary |                                  |
| prenatal oral tablet 27-1 mg                                     | Formulary | 90 Day Supply                    |
| prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg                      | Formulary | OTC                              |
| prenatal plus oral tablet                                        | Formulary | 90 Day Supply                    |
| prenatal vitamins oral tablet 28-0.8 mg                          | Formulary | OTC                              |
| prenatal/iron oral tablet                                        | Formulary | OTC                              |
| pyridoxine hcl oral tablet 25 mg                                 | Formulary | OTC                              |
| ra no flush niacin oral tablet                                   | Formulary | OTC                              |
| RENAL ORAL CAPSULE                                               | Formulary |                                  |
| renal vitamin oral tablet                                        | Formulary | OTC                              |
| rena-vite oral tablet                                            | Formulary | OTC                              |
| rena-vite rx oral tablet                                         | Formulary | OTC                              |
| reno caps oral capsule                                           | Formulary | OTC                              |
| SAFYRAL ORAL TABLET                                              | Preferred | EDS; QL                          |
| sm b-complex/vitamin c oral tablet                               | Formulary | OTC                              |
| sm one daily prenatal oral                                       | Formulary | OTC                              |
| sm super b complex/c oral tablet                                 | Formulary | OTC                              |
| stress b/zinc oral tablet                                        | Formulary | OTC                              |
| stress b-complex/vit c/zinc oral tablet                          | Formulary | OTC                              |
| stress formula (folic acid) oral tablet                          | Formulary | OTC                              |
| super b-complex/vit c/fa oral tablet                             | Formulary | OTC                              |
| thiamine hcl oral tablet                                         | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

## LIST OF DRUGS BY DRUG TYPE

| Drug                                                         | Tier      | Coverage Requirements and Limits |
|--------------------------------------------------------------|-----------|----------------------------------|
| thiamine mononitrate oral tablet                             | Formulary | OTC                              |
| trinatal rx 1 oral tablet                                    | Formulary | 90 Day Supply                    |
| triphrocaps oral capsule                                     | Formulary | 90 Day Supply                    |
| TYDEMY ORAL TABLET                                           | Preferred | EDS; QL                          |
| VINATE ONE ORAL TABLET                                       | Formulary |                                  |
| virt-caps oral capsule                                       | Formulary |                                  |
| vitamin b-1 oral tablet 250 mg, 50 mg                        | Formulary | OTC                              |
| vitamin b12 oral tablet 100 mcg                              | Formulary | OTC                              |
| vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg | Formulary | OTC                              |
| vitamin b-2 oral tablet 100 mg                               | Formulary | OTC                              |
| vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg                 | Formulary | OTC                              |
| vp-vite rx oral tablet                                       | Formulary |                                  |
| westab plus oral tablet                                      | Formulary | 90 Day Supply                    |
| <b>Vitamin C</b>                                             |           |                                  |
| ACEROLA C 500 ORAL WAFER                                     | Formulary | OTC                              |
| c 1000 oral tablet                                           | Formulary | OTC                              |
| c-1000 oral tablet                                           | Formulary | OTC                              |
| c-1000 oral tablet extended release                          | Formulary | OTC                              |
| c-500 oral tablet                                            | Formulary | OTC                              |
| c-500 oral tablet chewable                                   | Formulary | OTC                              |
| calcium/c/d oral tablet chewable                             | Formulary | OTC                              |
| cvs gummy dinos oral tablet chewable                         | Formulary | OTC                              |
| DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG                          | Formulary | OTC; QL                          |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE                         | Formulary | OTC; QL                          |
| DIALYVITE 800 ORAL TABLET                                    | Formulary | OTC                              |
| DIALYVITE ORAL TABLET                                        | Formulary |                                  |
| ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG                 | Formulary | OTC                              |
| fe c tab plus oral tablet                                    | Formulary | OTC                              |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE                    | Formulary | OTC                              |
| FLINTSTONES GUMMIES ORAL TABLET CHEWABLE                     | Formulary | OTC                              |
| FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE                | Formulary | OTC                              |
| FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE            | Formulary | OTC                              |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE                | Formulary | OTC                              |
| FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE                | Formulary | OTC                              |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE                    | Formulary | OTC                              |
| fruit c 500 oral tablet chewable                             | Formulary | OTC                              |
| full spectrum b/vitamin c oral tablet                        | Formulary | OTC                              |
| gnp little ones childrens oral tablet chewable               | Formulary | OTC                              |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE             | Formulary | OTC                              |
| iron 100 plus oral tablet                                    | Formulary | OTC                              |
| kp b complex-c oral tablet                                   | Formulary | OTC                              |
| MULTIGEN FOLIC ORAL TABLET                                   | Formulary |                                  |
| MULTIGEN PLUS ORAL TABLET                                    | Formulary |                                  |
| multivitamin childrens (w/ fa) oral tablet chewable          | Formulary | OTC                              |
| MYNEPHRON ORAL CAPSULE                                       | Formulary |                                  |
| PUREWAY-C ORAL TABLET                                        | Formulary | OTC                              |
| RENAL ORAL CAPSULE                                           | Formulary |                                  |
| renal vitamin oral tablet                                    | Formulary | OTC                              |
| rena-vite oral tablet                                        | Formulary | OTC                              |
| rena-vite rx oral tablet                                     | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                        | Tier      | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| reno caps oral capsule                                                      | Formulary | OTC                              |
| sm b-complex/vitamin c oral tablet                                          | Formulary | OTC                              |
| sm super b complex/c oral tablet                                            | Formulary | OTC                              |
| stress b/zinc oral tablet                                                   | Formulary | OTC                              |
| stress b-complex/vit c/zinc oral tablet                                     | Formulary | OTC                              |
| stress formula (folic acid) oral tablet                                     | Formulary | OTC                              |
| super b-complex/vit c/fa oral tablet                                        | Formulary | OTC                              |
| triphrocaps oral capsule                                                    | Formulary | 90 Day Supply                    |
| tri-vitamin/fluoride oral solution 0.25 mg/ml                               | Formulary |                                  |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE                                       | Formulary | OTC; QL                          |
| virt-caps oral capsule                                                      | Formulary |                                  |
| VITALETS CHILDRENS ORAL TABLET CHEWABLE                                     | Formulary | OTC                              |
| vitamin c immune health oral tablet chewable                                | Formulary | OTC                              |
| vitamin c oral tablet 1000 mg, 250 mg                                       | Formulary | OTC                              |
| vitamin c oral tablet chewable 500 mg                                       | Formulary | OTC                              |
| vitamin c plus wild rose hips oral tablet chewable                          | Formulary | OTC                              |
| vitamin c-rose hips er oral tablet extended release 1000 mg                 | Formulary | OTC                              |
| vitamin c-rose hips oral tablet 1000 mg, 500 mg                             | Formulary | OTC                              |
| vp-vite rx oral tablet                                                      | Formulary |                                  |
| <b>Vitamin D</b>                                                            |           |                                  |
| BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML                               | Formulary | OTC                              |
| CALCIDOL ORAL SOLUTION 200 MCG/ML                                           | Formulary | OTC                              |
| cal-citrate plus vitamin d oral tablet                                      | Formulary | OTC                              |
| calcitriol intravenous solution 1 mcg/ml                                    | Formulary |                                  |
| calcitriol oral capsule                                                     | Formulary | 90 Day Supply                    |
| calcium + d3 oral tablet 250-3 mg-mcg                                       | Formulary | OTC                              |
| calcium 1000 + d oral tablet                                                | Formulary | OTC                              |
| calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg                  | Formulary | OTC                              |
| calcium 500/vitamin d oral tablet 500-3.125 mg-mcg                          | Formulary | OTC                              |
| calcium 500+d high potency oral tablet                                      | Formulary | OTC                              |
| calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg                     | Formulary | OTC                              |
| calcium 600 + d oral tablet                                                 | Formulary | OTC                              |
| calcium 600/vitamin d oral tablet chewable                                  | Formulary | OTC                              |
| calcium 600+d oral tablet 600-5 mg-mcg                                      | Formulary | OTC                              |
| calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg | Formulary | OTC                              |
| calcium citrate+d3 petites oral tablet                                      | Formulary | OTC                              |
| calcium citrate-vitamin d oral tablet 315-5 mg-mcg                          | Formulary | OTC                              |
| calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg                | Formulary | OTC                              |
| calcium plus vitamin d3 oral tablet                                         | Formulary | OTC                              |
| calcium/c/d oral tablet chewable                                            | Formulary | OTC                              |
| calcium-vitamin d oral tablet 600-400 mg-unit                               | Formulary | OTC                              |
| calcium-vitamin d3 oral tablet 250-125 mg-unit                              | Formulary | OTC                              |
| CITRACAL MAXIMUM PLUS ORAL TABLET                                           | Formulary | OTC                              |
| citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg       | Formulary | OTC                              |
| cvs calcium 600 + d/minerals oral tablet chewable                           | Formulary | OTC                              |
| d3 high potency oral tablet                                                 | Formulary | OTC                              |
| D3-50 ORAL CAPSULE                                                          | Formulary | OTC                              |
| d-5000 oral tablet                                                          | Formulary | OTC                              |
| DECARA ORAL CAPSULE 1.25 MG (50000 UT)                                      | Formulary | OTC                              |

You can find information on what the abbreviations in this table mean by going to page 5.

LIST OF DRUGS BY DRUG TYPE

| Drug                                                                                                                                                                                                    | Tier          | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|
| delta d3 oral tablet                                                                                                                                                                                    | Formulary     | OTC                              |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE                                                                                                                                                                   | Formulary     | OTC                              |
| DIALYVITE VITAMIN D3 MAX ORAL TABLET                                                                                                                                                                    | Formulary     | OTC                              |
| D-VI-SOL ORAL LIQUID 10 MCG/ML                                                                                                                                                                          | Formulary     | OTC                              |
| eq calcium 500+d oral tablet                                                                                                                                                                            | Formulary     | OTC                              |
| ergocalciferol oral capsule                                                                                                                                                                             | Formulary     | 90 Day Supply                    |
| ergocalciferol oral solution 200 mcg/ml                                                                                                                                                                 | Formulary     | OTC                              |
| FOSAMAX PLUS D ORAL TABLET                                                                                                                                                                              | Non-Preferred | PA                               |
| gnp calcium 500 +d3 oral tablet                                                                                                                                                                         | Formulary     | OTC                              |
| OPTIMAL D3 ORAL CAPSULE                                                                                                                                                                                 | Formulary     | OTC                              |
| OPTIMAL-D ORAL CAPSULE                                                                                                                                                                                  | Formulary     | OTC                              |
| OS-CAL CALCIUM + D3 ORAL TABLET                                                                                                                                                                         | Formulary     | OTC                              |
| OYSCO 500+D ORAL TABLET                                                                                                                                                                                 | Formulary     | OTC                              |
| oyster shell calcium 250+d oral tablet 250-125 mg-unit                                                                                                                                                  | Formulary     | OTC                              |
| oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit                                                                                                                                         | Formulary     | OTC                              |
| oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-400 mg-unit                                                                                                                     | Formulary     | OTC                              |
| oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg                                                                                                                                             | Formulary     | OTC                              |
| OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT                                                                                                                                                                 | Formulary     | OTC                              |
| sm calcium 500/vitamin d3 oral tablet                                                                                                                                                                   | Formulary     | OTC                              |
| sm calcium/vitamin d oral tablet 500-200 mg-unit, 500-5 mg-mcg                                                                                                                                          | Formulary     | OTC                              |
| sm calcium-vitamin d oral tablet 600-10 mg-mcg                                                                                                                                                          | Formulary     | OTC                              |
| sm vitamin d3 oral capsule 100 mcg (4000 ut)                                                                                                                                                            | Formulary     | OTC                              |
| tri-vitamin/fluoride oral solution 0.25 mg/ml                                                                                                                                                           | Formulary     |                                  |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE                                                                                                                                                                   | Formulary     | OTC; QL                          |
| vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)                                                                                                                            | Formulary     | OTC                              |
| vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)                                                                                                                                               | Formulary     | OTC                              |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)                                                                                                                                              | Formulary     | 90 Day Supply                    |
| vitamin d2 oral tablet 10 mcg (400 unit)                                                                                                                                                                | Formulary     | OTC                              |
| vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)                                                                                                       | Formulary     | OTC                              |
| vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)                                                                                      | Formulary     | OTC                              |
| <b>Vitamin E</b>                                                                                                                                                                                        |               |                                  |
| e-200 oral capsule 90 mg (200 unit)                                                                                                                                                                     | Formulary     | OTC                              |
| stress b/zinc oral tablet                                                                                                                                                                               | Formulary     | OTC                              |
| stress b-complex/vit c/zinc oral tablet                                                                                                                                                                 | Formulary     | OTC                              |
| vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg, 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit) | Formulary     | OTC                              |
| <b>Vitamin K Activity</b>                                                                                                                                                                               |               |                                  |
| phytonadione oral tablet                                                                                                                                                                                | Formulary     |                                  |

You can find information on what the abbreviations in this table mean by going to page 5.

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# Questions?

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