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. 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.

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) សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ 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

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤကညီကျိာ်အဃိ, နမၤန့်ၤ ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤ ဒီးတအိဉ်ဒီး တၢ်မၤယံာ်မၤနီၣ်သးဘဉ်နၣ်လီၤ. အါန့်အနၣ်, တၢ်အိဉ်စ့ၢ်ကီးဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပှၤအါဂၤန်ၢ်ပၢၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၤန့ဉ်လီၤ. ဝံသးစူၤ ကိးနီဉ်ဂံၢ်လၢထး မ့တမ့်ၢ် တဲသကိးတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်မၤစၢၤ တက့ၢ်. ကညီကျိာ် 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 проволочек. 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

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 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 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

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 (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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Table of Contents

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. 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 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.

List of Covered Drugs

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”:

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

List of Drugs by Drug Type

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

Drug	Tier	Coverage Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation solution	Formulary	
Alcohol Deterrents (91:02)		
acamprosate calcium oral tablet delayed release	Formulary	
disulfiram oral tablet	Formulary	
naltrexone hcl oral tablet	Formulary	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Antidote Therapeutics		
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
Antidotes (91:04)		
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	
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

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

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
Chemotherapy Antidotes/Protectants		
leucovorin calcium oral tablet	Formulary	PA
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	Formulary	90 Day Supply
Ethanolamine Derivatives		
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
Ethylenediamine Derivatives		
ra menstrual relief oral tablet	Formulary	OTC
First Gen. Antihist. Derivatives, Misc.		

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

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
First Generation Antihistamines		
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.

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
Other Antihistamines		
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
eql heartburn prevention oral tablet 10 mg	Formulary	OTC
eql 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.

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
Phenothiazine Derivatives		
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	
Propylamine Derivatives		
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
Second Generation Antihistamines		
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.

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.

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
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
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
2Nd Generation Cephalosporin Antibiotics		
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
3Rd Generation Cephalosporin Antibiotics		
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.

Drug	Tier	Coverage Requirements and Limits
Adamantane Antivirals		
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
Allylamine Antifungals		
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
Amebicides		
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
Aminoglycoside Antibiotics		
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
Aminopenicillin Antibiotics		
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
Anthelmintics		
praziquantel oral tablet	Formulary	
Antifungals, Miscellaneous		
BREXAFEMME ORAL TABLET	Non-Preferred	PA

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

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
Antileprosy Agents		
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
Antimalarials		
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	
Antimycobacterials, Miscellaneous		
dapsone oral tablet	Formulary	
Antiprotozoals, Miscellaneous		
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	
Antituberculosis Agents		
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	
Antivirals, Miscellaneous		

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

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
Azole Antifungals		
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	
Bacitracin Antibiotics		
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
Coronavirus (Covid-19)		

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

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
Endonuclease Inhibitors		
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
Erythromycin Antibiotics		
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
Glycopeptide Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED	Formulary	
Hcv Polymerase Inhibitor Antivirals		
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
Hcv Protease Inhibitor Antivirals		
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
Hcv Replication Complex Inhibitors		
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.

Drug	Tier	Coverage Requirements and Limits
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
ZEPATIER ORAL TABLET	Non-Preferred	PA; Specialty
Hiv Entry And Fusion Inhibitors		
maraviroc oral tablet	Formulary	
SELZENTRY ORAL SOLUTION	Formulary	
Hiv Integrase Inhibitor Antiretrovirals		
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	
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
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	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
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.

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	
Hiv Protease Inhibitor Antiretrovirals		
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
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION	Preferred	Specialty; QL
Lincomycin Antibiotics		
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
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
Monoclonal Antibodies (08:18)		
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted	Formulary	
penicillin v potassium oral tablet	Formulary	
Neuraminidase Inhibitor Antivirals		
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.

Drug	Tier	Coverage Requirements and Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non-Preferred	PA
Nitroimidazole Derivatives, Misc		
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	
Nucleoside And Nucleotide Antivirals		
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
Other Macrolide Antibiotics		
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
Other Macrolides (8:12.12.92)		
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.

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
Oxazolidinone Antibiotics		
linezolid oral tablet	Formulary	QL
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule	Formulary	
Polyene Antifungals		
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
Polymyxin Antibiotics		
polymyxin b-trimethoprim ophthalmic solution	Formulary	
Pyrimidine Antifungals		
ANCOBON ORAL CAPSULE	Non-Preferred	PA
flucytosine oral capsule	Non-Preferred	PA
Quinolone Antibiotics		
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
Rifamycin Antibiotics		
rifabutin oral capsule	Formulary	
rifampin oral capsule	Formulary	
Sulfonamides		
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.

Drug	Tier	Coverage Requirements and Limits
sulfasalazine oral tablet	Preferred	90 Day Supply
sulfasalazine oral tablet delayed release	Preferred	90 Day Supply
Tetracycline Antibiotics		
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	
Urinary Anti-Infectives		
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	
Antineoplastic Agents		
Antineoplastic Agents		
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	

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

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
Antitoxins,Immune Glob,Toxoids,Vaccines		
Toxoids		
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
Vaccines		
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
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Formulary	QL; AL
ENGERIX-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.

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
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
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.

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
Alpha-Adrenergic Agonists (12:12)		
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
ephrine 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.

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
Antimuscarinics/Antispasmodics		
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.

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
Antiparkinsonian Agents		
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
Autonomic Drugs, Miscellaneous		
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

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

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

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

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
Centrally Acting Skeletal Muscle Relaxnt		
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	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	Formulary	90 Day Supply; QL
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Non-Sel. Beta-Adrenergic Blocking Agents		
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.

Drug	Tier	Coverage Requirements and Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
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
Parasympathomimetic (Cholinergic Agents)		
ADLARITY 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 OPHTHALMIC SOLUTION	Non-Preferred	PA
Selective Alpha-1-Adrenergic Block.Agent		
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
Selective Beta-2-Adrenergic Agonists		
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.

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.

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	
Selective Beta-Adrenergic Blocking Agent		
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
Skeletal Muscle Relaxants, Miscellaneous		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Smoking Cessation Agents		
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.

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
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
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.

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
PROCRIT 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
Anticoagulants, Miscellaneous		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Blood Form.,Coag,Thrombosis Agents Misc.		
ADAKVEO INTRAVENOUS SOLUTION	Preferred	PA
Coumarin Derivatives		
JANTOVEN ORAL TABLET	Preferred	90 Day Supply
warfarin sodium oral tablet	Preferred	90 Day Supply
warfarin sodium powder	Preferred	
Direct Factor Xa Inhibitors		
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
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule	Non-Preferred	PA; QL
PRADAXA ORAL CAPSULE	Preferred	QL
PRADAXA ORAL PACKET	Non-Preferred	PA
Hematopoietic Agents		
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
PROCRIT 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
Hemorrheologic Agents		
pentoxifylline er oral tablet extended release	Formulary	90 Day Supply
Hemostatics		
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.

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	
TRETTEN 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.

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
Heparins		
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
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Iron Preparations		
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.

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
Liver And Stomach Preparations		
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
Platelet-Aggregation Inhibitors		
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.

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
Thrombolytic Agents		
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
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL ORAL TABLET	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
Alpha-Adrenergic Blocking Agents (24:16)		
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.

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
Alpha-Adrenergic Blocking Agt.(Hypoten)		
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
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Non-Preferred	PA; QL
sacubitril-valsartan oral tablet	Preferred	QL
Angiotensin Ii Receptor Antagon.(Hypotn)		
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
Angiotensin Ii Receptor Antagonists		
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.

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
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
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
Angiotensin-Converting Enzyme Inhibitors		
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.

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
Angptl3 Inhibitors (24:06)		
EVKEEZA INTRAVENOUS SOLUTION	Non-Preferred	PA
Antiarrhythmics, Miscellaneous		
DIGOX ORAL TABLET	Formulary	QL
digoxin oral tablet 125 mcg, 250 mcg	Formulary	90 Day Supply; QL
Antilipemic Agents, Miscellaneous		
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
Beta-Adrenergic Blocking Agents (24:20)		
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.

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.

Drug	Tier	Coverage Requirements and Limits
Bile Acid Sequestrants		
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
Bradykinin Receptors Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Calcium-Channel Block.Agt,Misc(Hypoten)		
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.

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
Calcium-Channel Blocking Agents		
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
Calcium-Channel Blocking Agents, Misc.		

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

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
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Cardiac Drugs, Miscellaneous		
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.

Drug	Tier	Coverage Requirements and Limits
Cardiotonic Agents		
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
Central Alpha-Agonists		
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
Cgmp Synthesis Agent		

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

Drug	Tier	Coverage Requirements and Limits
VERQUVO ORAL TABLET	Formulary	PA
Cholesterol Absorption Inhibitors		
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
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule	Formulary	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Formulary	
quinidine sulfate oral tablet	Formulary	
Class Ib Antiarrhythmics		
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	
Class Ic Antiarrhythmics		
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	
Class Ii Antiarrhythmics		
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.

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
Class Iii Antiarrhythmics		
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
Class Iv Antiarrhythmics		
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.

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
Dihydropyridines		
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.

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
Dihydropyridines (Antihypertensive)		
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
Direct Vasodilators		
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
Diuretics, Miscellaneous (Hypotensive)		
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	
Factor Xiia Inhibitors		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Fibric Acid Derivatives		
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.

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
Hmg-Coa Reductase Inhibitors		
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
Kallikrein Inhibitors (24:48:08)		
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
Loop Diuretics (24:36)		
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
Loop Diuretics (Hypotensive Agents)		
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
Mineralocorticoid (Aldosterone) Antagnts		
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.

Drug	Tier	Coverage Requirements and Limits
spironolactone-hctz oral tablet	Formulary	90 Day Supply
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
Nitrates And Nitrites		
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
Omega-3-Mediated Antilipemics		
icosapent ethyl oral capsule	Non-Preferred	PA
omega-3-acid ethyl esters oral capsule	Preferred	90 Day Supply; QL
Osmotic Diuretics (24:36)		
urea external cream 40 %	Formulary	
Pcsk9 Inhibitors		

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

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
Phosphodiesterase Type 5 Inhibitors		
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
Potassium-Sparing Diuretics (24:36)		
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	
Potassium-Sparing Diuretics (Hypoten)		
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	
Renin Inhibitors		
aliskiren fumarate oral tablet	Non-Preferred	PA
TEKTURNA ORAL TABLET	Non-Preferred	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Non-Preferred	PA; QL
sacubitril-valsartan oral tablet	Preferred	QL
Sodium-Gluc (Sglt) Cotransporter Inhib		
INPEFA ORAL TABLET	Non-Preferred	PA
Steroidal Mineralocorticoid Receptor Ant		
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	90 Day Supply
Thiazide Diuretics (24:36)		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply

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

Drug	Tier	Coverage Requirements and Limits
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
Thiazide-Like Diuretics (24:36)		
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
Thiazide-Like Diuretics(Hypotensive Agt)		
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
Vasodilating Agents, Miscellaneous		
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.

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
Central Nervous System Agents		
Adamantanes (Cns)		
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
Adenosine A2a Receptor Antagonists		
NOURIANZ ORAL TABLET	Non-Preferred	PA
Amphetamines		

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

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
Amyotrophic Lateral Sclerosis(Als) Agent		
riluzole oral tablet	Formulary	
Analgesics And Antipyretics, Misc.		
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.

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.

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	
Anorexigenic Agents, Miscellaneous		
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
Anticholinergic Agents (Cns)		
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.

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
Anticonvulsants, Miscellaneous		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
APTIOM 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.

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.

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
Antidepressants, Miscellaneous		
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
Antimanic Agents		
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.

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.

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
Antimigraine Agents, Miscellaneous		
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

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

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.

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.

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
Antipsychotics, Miscellaneous		
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	
Anxiolytics,Sedatives,And Hypnotics,Misc		
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
buspirone 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.

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
Atypical Antipsychotics		
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.

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.

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
Barbiturates (Anticonvulsants)		
phenobarbital oral tablet	Formulary	
primidone oral tablet 250 mg, 50 mg	Preferred	90 Day Supply
Barbiturates (Anxiolytic, Sedative/Hyp)		
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-caffeine 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	
Benzodiazepines (Anticonvulsants)		
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	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam oral tablet	Formulary	QL

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

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
Butyrophenones		
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
Calcitonin Gene-Related Peptide Antag.		
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
Catechol-O-Methyltransferase(Comt)Inhib.		
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
Central Nervous System Agents, Misc.		
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.

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
Cyclooxygenase-2 (Cox-2) Inhibitors		
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
Dibenzoxapines		
loxapine succinate oral capsule	Formulary	90 Day Supply
Diphenylbutylperidines		
pimozide oral tablet	Formulary	
Dopamine Precursors		
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
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral capsule	Formulary	
bromocriptine mesylate oral tablet	Formulary	
Fibromyalgia Agents		
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.

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	
Gaba-Mediated Anticonvulsants		
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
Hydantoins		
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.

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	
Ion Channel Inhibition Agents		
APTIOM 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
Melatonin Receptor Agonists		
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
Monoamine Oxidase B Inhibitors		
selegiline hcl oral capsule	Formulary	
selegiline hcl oral tablet	Formulary	
XADAGO ORAL TABLET	Non-Preferred	PA
Monoamine Oxidase Inhibitors		
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
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Formulary	90 Day Supply; QL
meprobamate oral tablet	Formulary	
Non-Benzodiazepine Hypnotics		
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.

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
Nonergot-Deriv.Dopamine Receptor Agonist		
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
Non-Opioid Analgesics		
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.

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	
Nonsteroidal Anti-Inflamm. Agents, Misc		
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.

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.

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
Opioid Agonists (28:08)		
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.

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
Opioid Antagonists (28:10)		
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
Opioid Partial Agonists		
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
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET	Preferred	QL
DAYVIGO ORAL TABLET	Non-Preferred	PA
QUVIVIQ ORAL TABLET	Non-Preferred	PA; QL
Phenothiazines		
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.

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	
Respiratory And Cns Stimulants		
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.

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	
Reversible Cox-1/Cox-2 Inhibitors		
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.

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
Salicylates		
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.

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
Sel.Serotonin,Norepi Reuptake Inhibitor		
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
Selective Serotonin Agonists		
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.

Drug	Tier	Coverage Requirements and Limits
RELPAX 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
Selective-Serotonin Reuptake Inhibitors		
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.

Drug	Tier	Coverage Requirements and Limits
ZOLOFT ORAL TABLET	Non-Preferred	PA
Serotonin Modulators		
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
Succinimides		
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
Thioxanthenes		
thiothixene oral capsule	Formulary	
Tricyclics, Other Norepi-Ru Inhibitors		
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	
Wakefulness-Promoting Agents		
armodafinil oral tablet	Formulary	PA
diclofenac sodium oral tablet delayed release 75 mg	Formulary	90 Day Supply
modafinil oral tablet	Formulary	PA
Dental Agents		
Dental Agents		
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.

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	
Nutritional Supplements		
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	
Devices		
Devices		
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.

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.

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.

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
eql 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.

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.

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.

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 SAFEPACK 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
Diagnostic Agents		
Cardiac Function		
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
dipyridamole oral tablet	Preferred	
Diabetes Mellitus		
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.

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
Ketones		
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
Sugar		
DIASTIX IN VITRO STRIP	Formulary	OTC
Urine And Feces Contents		
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
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	Formulary	90 Day Supply
Ammonia Detoxicants		
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
Caloric Agents		
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
Carbonic Anhydrase Inhibitors (40:28)		

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

Drug	Tier	Coverage Requirements and Limits
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Diuretics, Miscellaneous		
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	
Loop Diuretics (40:28)		
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
Osmotic Diuretics (40:28)		
urea external cream 40 %	Formulary	
Phosphate-Removing Agents		
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
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
VELPHORO ORAL TABLET CHEWABLE	Non-Preferred	PA
XPHOZAH ORAL TABLET	Non-Preferred	PA
Potassium-Removing Agents		
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
Potassium-Sparing Diuretics (40:28)		
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
Replacement Preparations		
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.

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.

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
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	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.

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

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

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
sentry oral tablet	Formulary	OTC
sentry 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

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

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
VITALETS 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
YELETS 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
Thiazide Diuretics (40:28)		
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	

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

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
Thiazide-Like Diuretics (40:28)		
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
Uricosuric Agents		
colchicine-probenecid oral tablet	Formulary	
probenecid oral tablet	Formulary	90 Day Supply
Vasopressin Antagonists		
VAPRISOL INTRAVENOUS SOLUTION	Preferred	
Enzymes		
Enzymes		
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	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
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
Antiallergic Agents		
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.

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
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Antibacterials (52:04)		
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.

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
Antifungals (Eent)		
NATACYN OPHTHALMIC SUSPENSION	Non-Preferred	PA
Anti-Infectives, Miscellaneous (52:04)		
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
Anti-Inflammatory Agents (Eent)		
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.

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
Antivirals (Eent)		
trifluridine ophthalmic solution	Formulary	
Astringents (52:04)		
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
Beta-Adrenergic Blocking Agents (52:40)		
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
Carbonic Anhydrase Inhibitors (52:40)		
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
Contact Lens Solutions		
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.

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
Corticosteroids (Eent)		
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.

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
eql 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.

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.

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
Eent Anti-Inflammatory Agents, Misc.		
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
Eent Drugs, Miscellaneous		
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.

Drug	Tier	Coverage Requirements and Limits
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Formulary	OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Formulary	OTC
RETAINE CMC OPHTHALMIC SOLUTION	Formulary	OTC
RETAINE 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
TRYPTYR 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
Eent Nonsteroidal Anti-Inflam. Agents		
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
Local Anesthetics (Eent)		
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
Miotics		
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
Mydriatics		
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
cyclopentolate hcl ophthalmic solution 1 %	Preferred	90 Day Supply
ephrine 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.

Drug	Tier	Coverage Requirements and Limits
sinus relief extra strength nasal solution	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
Osmotic Agents		
urea external cream 40 %	Formulary	
Prostaglandin Analogs		
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
Rho Kinase Inhibitors		
RHOPRESSA OPHTHALMIC SOLUTION	Non-Preferred	PA
ROCKLATAN OPHTHALMIC SOLUTION	Non-Preferred	PA
Vasoconstrictors		
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
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		

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

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
Antacids And Adsorbents		
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
KONVOMEP 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.

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
Antidiarrhea Agents		
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
Antiemetics, Miscellaneous		
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.

Drug	Tier	Coverage Requirements and Limits
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Antiflatulents		
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
Antihistamines (Gi Drugs)		
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
Anti-Inflammatory Agents (Gi Drugs)		
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.

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
Antiulcer Agents And Acid Suppressants		
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.

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
Cathartics And Laxatives		
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 supplemnt 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
eql 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.

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.

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
Chloride Channel Activators		
AMITIZA ORAL CAPSULE	Non-Preferred	PA
lubiprostone oral capsule	Preferred	90 Day Supply; QL
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	Formulary	90 Day Supply
ursodiol oral tablet	Formulary	90 Day Supply
Digestants		
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	
Dopamine Receptor Antagonists		
droperidol injection solution	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Gi Drugs, Miscellaneous		
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.

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.

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/UVEIT 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/UVEIT 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.

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
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE	Preferred	QL
TRULANCE ORAL TABLET	Non-Preferred	PA; QL
Histamine H2-Antagonists		
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
Immunomodulatory Agents (56:44)		
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
Lipotropic Agents		
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.

Drug	Tier	Coverage Requirements and Limits
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
Neurokinin-1 Receptor Antagonists		
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
Opioid Antagonists (56:18)		
MOVANTIK ORAL TABLET	Non-Preferred	PA; QL
SYMPROIC ORAL TABLET	Non-Preferred	PA
Prokinetic Agents		
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
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
diclofenac-misoprostol oral tablet delayed release	Non-Preferred	PA
misoprostol oral tablet	Formulary	
Protectants		
sucralfate oral suspension	Formulary	QL
sucralfate oral tablet	Formulary	
Proton-Pump Inhibitors		
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
KONVOMEP 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.

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
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE	Formulary	
Hormones And Synthetic Substitutes		
Adrenals		
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.

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
eql 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.

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 REDIHALER 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.

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
Alpha-Glucosidase Inhibitors		
acarbose oral tablet	Preferred	90 Day Supply
miglitol oral tablet	Non-Preferred	PA
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
Androgens		
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
Antidiabetic Agents, Miscellaneous		
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
Antiestrogens		
letrozole oral tablet	Formulary	PA; 90 Day Supply; QL
Antigonadtropins		
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.

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
Antihypoglycemic Agents, Miscellaneous		
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
Antiparathyroid Agents		
calcitonin (salmon) nasal solution	Preferred	
Antithyroid Agents		
methimazole oral tablet	Formulary	90 Day Supply
propylthiouracil oral tablet	Formulary	90 Day Supply
Biguanides		
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.

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
Contraceptives		
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
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

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

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
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

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

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.

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.

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
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
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
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.

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
Estrogen Agonist-Antagonists		
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
Estrogens		
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.

Drug	Tier	Coverage Requirements and Limits
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
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.

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
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
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.

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.

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
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
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
Glycogenolytic Agents		
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	
Incretin Mimetics		
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.

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
Intermediate-Acting Insulins		
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
Long-Acting Insulins		
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.

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
Parathyroid Agents		
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
Parathyroid And Antiparathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
Pituitary		
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
Progestins		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL

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

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.

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.

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.

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.

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
Rapid-Acting Insulins		
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.

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.

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
Short-Acting Insulins		
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
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
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
Somatotropin Agonists		
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.

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 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
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Sulfonylureas		
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
Thiazolidinediones		
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
Thyroid Agents		
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.

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
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
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
Antimetabolites		
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
Antimetabolites, Immunosupp Therapy Misc		
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
Bone-Modifying Agents		
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
OSENVELT 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
Calcineurin Inhibitors, Misc (90:28)		
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	
ENVARSUS 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.

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
Complement Inhibitor Agents (90:20)		
TAVNEOS ORAL CAPSULE	Non-Preferred	PA
Disease-Modifying Antirheumat Drugs Misc		
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
Disease-Modifying Antirheumatic Drugs		
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.

Drug	Tier	Coverage Requirements and Limits
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Fumarates		
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
Immunomodulatory Agents (90:00)		
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
Interferons		
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
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
Interleukin-Mediated Agents, Misc		
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.

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
STEQEYMA INTRAVENOUS SOLUTION	Preferred	
STEQEYMA 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	
Janus Kinase Inhibitors, Miscellaneous		
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
Monocarboxylic Acid Amide Agents		
leflunomide oral tablet	Formulary	90 Day Supply
Monoclonal Antibodies (90:04)		
BRIUMVI INTRAVENOUS SOLUTION	Non-Preferred	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
Monoclonal Antibodies (90:10)		
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
Monoclonal Antibodies (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
UPLIZNA INTRAVENOUS SOLUTION	Non-Preferred	PA
Mtor Inhibitors, Miscellaneous		

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

Drug	Tier	Coverage Requirements and Limits
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Sphingosine 1-Phosphate (S1p) Agents		
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
Tumor Necrosis Factor Inhibitors, Misc		
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.

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/UVEIT 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/UVEIT 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.

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
Local Anesthetics		
Local Anesthetics		
ZTLIDO EXTERNAL PATCH	Non-Preferred	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
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
5-Alpha-Reductase Inhibitors (92:04)		
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
Antidotes		
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.

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
Antigout Agents		
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.

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
Antisense Oligonucleotides		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Non-Preferred	PA
Bone Anabolic Agents		
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
Bone Resorption Inhibitors		
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.

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
Bradykinin Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Cariostatic Agents		
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	
Complement Inhibitors		
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
Complement Inhibitors (92:32)		
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
Disease-Modifying Antirheumatic Agents		
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.

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.

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>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA; Specialty
HUMIRA-PSORIASIS/UVEIT 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>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UVEIT 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.

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
Immunomodulatory Agents		
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.

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.

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/UVEIT 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.

Drug	Tier	Coverage Requirements and Limits
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UVEIT 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.

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
Immunosuppressive Agents		
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.

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
Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Other Miscellaneous Therapeutic Agents		
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.

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
Protective Agents		
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
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
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.

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/STUDDED	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.

Drug	Tier	Coverage Requirements and Limits
Oxytocics		
Oxytocics		
METHERGINE ORAL TABLET	Formulary	QL
methylergonovine maleate oral tablet	Formulary	QL
mifepristone oral tablet 200 mg	Formulary	
Pharmaceutical Aids		
Pharmaceutical Aids		
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
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
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
Anticholinergic Agents (Respir.Tract)		
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.

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
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Antitussives		
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
guaiatussin ac oral syrup	Formulary	OTC; AL

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

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
Corticosteroids (Respiratory Tract)		
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.

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 REDIHALER 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
Dual Phosphodiesterase Inhibitor (48:34)		
OHTUVAYRE INHALATION SUSPENSION	Non-Preferred	PA
Endothelin Receptor Antagonists (48:48)		
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.

Drug	Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
Expectorants		
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
guaiatussin 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
First Generation Antihist.(Respir Tract)		
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.

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
Interleukin Antagonists		
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
Leukotriene Modifiers		
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.

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
Mast-Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
Mucolytic Agents		
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	
Nasal Preparations (Steroids)		
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
Orally Inhaled Preparations (Steroids)		
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.

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	
Phosphodiesterase Type 4 Inhibitors		
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
Phosphodiesterase-5 Inhibitors (Respir)		
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
Prostacyclin & Prostacyclin Derivatives		
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
Respiratory Tract Agents, Miscellaneous		
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
Second Generation Antihist(Respir Tract)		
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.

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.

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
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
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	
Vasodilating Agents (Respiratory Tract)		
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.

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
Vasodilating Agents, Misc (48:48)		
ADEMPAS ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Non-Preferred	PA
Xanthine Derivatives		
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	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
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
Allylamines (Skin And Mucous Membrane)		
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
Antibacterials (84:04)		
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.

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.

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
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA EXTERNAL OINTMENT	Preferred	PA
WINLEVI EXTERNAL CREAM	Non-Preferred	PA
Antiproliferants		
fluorouracil external cream 5 %	Formulary	QL
imiquimod external cream 5 %	Formulary	QL
Antipruritics And Local Anesthetics		
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.

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
Antivirals (Skin And Mucous Membrane)		
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
Astringents (84:12)		
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
Astringents, Anti-Infective		
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.

Drug	Tier	Coverage Requirements and Limits
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Formulary	
SSD EXTERNAL CREAM	Formulary	
Azoles (Skin And Mucous Membrane)		
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.

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
Basic Lotions And Liniments		
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	
Basic Oils And Other Solvents		
MAPO BATH EXTERNAL OIL	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
Basic Ointments And Protectants		
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	
Cell Stimulants And Proliferants		
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.

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
Corticosteroids (Skin, Mucous Membrane)		
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
eql 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.

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
Emollients, Demulcents, And Protectants		
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.

Drug	Tier	Coverage Requirements and Limits
Hydroxypyridones (Skin, Mucous Membrane)		
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
Immunomodulatory Agents (84:06)		
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
ENVARSUS 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
Janus Kinase Inhibitors (84:06)		
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
Keratolytic Agents		

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

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
Keratoplastic Agents		
cvs therapeutic external shampoo	Formulary	OTC

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

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
Local Anti-Infectives, Miscellaneous		
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.

Drug	Tier	Coverage Requirements and Limits
SSD EXTERNAL CREAM	Formulary	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
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
Oxaboroles		
KERYDIN EXTERNAL SOLUTION	Non-Preferred	PA
tavaborole external solution	Non-Preferred	PA
Phosphodiesterase-4 Inhibitors (84:06)		
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
Polyenes (Skin And Mucous Membrane)		
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
Scabicides And Pediculicides		
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
Skin And Mucous Membrane Agents, Misc.		
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.

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.

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
Thiocarbamates(Skin And Mucous Membrane)		
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.

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
Smooth Muscle Relaxants		
Antimuscarinics		
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
trospium chloride er oral capsule extended release 24 hour	Non-Preferred	PA
trospium chloride oral tablet	Non-Preferred	PA
VESICARE LS ORAL SUSPENSION	Non-Preferred	PA
VESICARE ORAL TABLET	Non-Preferred	PA
Respiratory Smooth Muscle Relaxants		
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	
Selective Beta-3-Adrenergic Agonists		
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
Vitamins		
Multivitamin Preparations		
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.

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.

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.

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.

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.

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
Vitamin A		
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
Vitamin B Complex		
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.

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.

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
Vitamin C		
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.

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	
Vitamin D		
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.

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
Vitamin E		
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
Vitamin K Activity		
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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