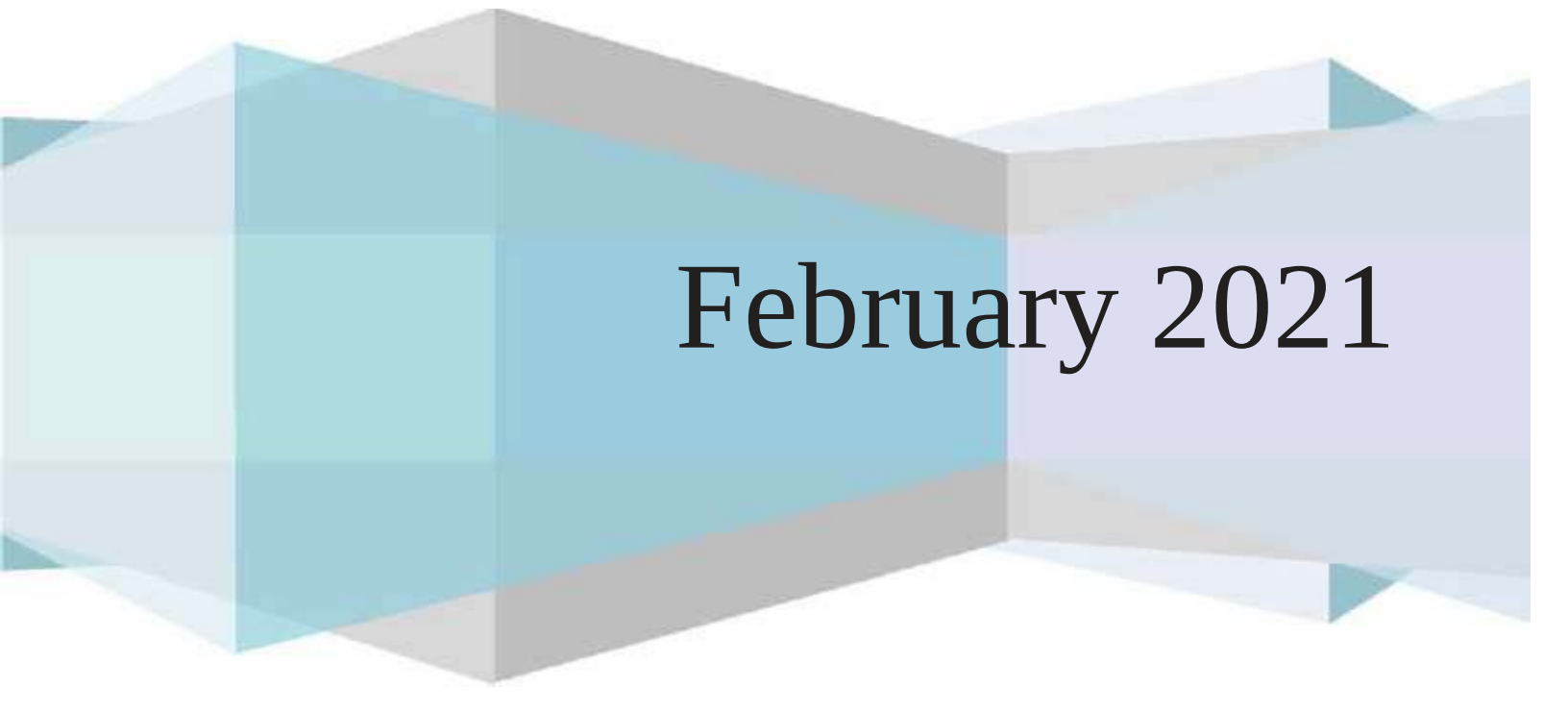




Full Medi-Cal Formulary

An abstract graphic composed of several overlapping, semi-transparent geometric shapes, primarily cubes and rectangular prisms, in shades of teal, light blue, and grey. The shapes are arranged to create a sense of depth and perspective.

February 2021



Alameda Alliance for Health

MEDI-CAL FORMULARY

*Last updated
February 1, 2021*

The **Drug Formulary** is a complete list of covered and preferred outpatient prescription drugs for members. The Alliance reviews the list at least four times a year (formulary updates can be found on the Alliance website) and makes updates as needed. This printable list may not reflect the latest updates. Members can search the current list online at www.alamedaalliance.org or simply call the Alliance Customer Service Department (number listed below) to confirm if a drug is covered. The formulary is subject to change and all previous versions of the formulary are no longer in effect. This printable formulary can also be found on our website: <https://alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary/>

Members please call Member Services at (877) 932-2738. Open Monday to Friday from 8am – 5pm PST (Pacific Standard Time).

HOW TO USE THE DRUG FORMULARY

To find a drug on the list, search first for what the drug will treat. All drugs are then listed by their generic and brand names in their therapeutic category, class and in alphabetical order. Any drug not found in this Formulary by looking up the therapeutic category and class, brand or generic names then list is a Non-Formulary drug. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. This Drug Formulary applies only to outpatient drugs prescribed to members. It does not apply to drugs used in inpatient settings.

DEFINITIONS

ENROLLEE

An enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

PRESCRIPTION

A prescription is an oral, written or electronic order by a prescribing provider for a specific enrollee (and requires prescription under applicable law) that contains the name of the prescription drug, the quantity, the route of administration, directions for use, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed. Other requirements may apply depending on the drug requested. Please note that the presence of a prescription drug on the formulary does not guarantee the enrollee will be prescribed that prescription drug by his or her prescribing provider for a particular medication condition.

PRESCRIPTION DRUG

A prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

PRESCRIBING PROVIDER

A prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

SUBSCRIBER

A subscriber is the person who is responsible for payment to the plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

CO-INSURANCE

Co-insurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

OUT-OF-POCKET COST

Out-of-pocket costs are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

COPAYMENT

A copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

DEDUCTIBLE

A deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit

under the terms of the policy.

DRUG TIER

A drug tier is a group of prescription drugs that correspond to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost of the drug.

EXCEPTION REQUEST

An exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

PRIOR AUTHORIZATION

Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

EXIGENT CIRCUMSTANCES

An exigent circumstance is when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

GENERIC DRUG

The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance and intended use. A generic drug is listed in bold and italicized lowercase letters.

INTRAVENOUS SOLUTIONS OF UNLISTED ANTIBIOTICS ml

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of a 10 day supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number.

Compounded solutions must be billed as a compound claim. See the Compound Drug Pharmacy Claim Form {30-4} Completion section for more information.

INTRAVENOUS SOLUTIONS OF OTHER UNLISTED DRUGS ml

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of a 10 day supply per dispensing within the 10-day period

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the Compound Drug Pharmacy Claim Form {30-4} Completion section for more information.

EXCEPTION REQUEST

An exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Drug Coverage Requirements or Limits

A health plan may request an omission, deviation or substitution of the stated definitions to the Director for review and approval. There are some processes and limits that may apply to drugs in the formulary. Some are marked with a code on the list. The explanation for code is below:

Code	Meaning	Definition
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
PA	Prior Authorization	Requires specific request process

Quantity Limits: For certain drugs, the Alliance has a limit on the number of pills that will be covered. In general, a 30-day supply is covered. However, if a member requires a drug in excess of the limit, a doctor can submit a Prior Authorization Form.

Step Therapy: In some cases, the Alliance requires members to first try certain drugs to treat a medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat a medical condition, we may not cover Drug B unless the member tries Drug A first. If Drug A does not work for the member, we will then cover Drug B. Doctors can request an exception by submitting a Prior Authorization Form.

Generic Substitutions: The Alliance has a mandatory generic program. This program promotes the use of **generic drugs** over brand when medically appropriate. A doctor may write a prescription for a brand name drug and not a generic due to medical need. In these cases the doctor must submit a Prior Authorization Form.

Brand Name Drugs: A BRAND NAME DRUG is a drug that is marketed under a proprietary, trademark protected name.

Prior Authorization Process: To prescribe drugs that are not in our Drug Formulary or that exceed the plan quantity limits, a doctor can submit a Prior Authorization Form. The Alliance reviews these requests and asks for more details if needed. We will inform the doctor of our decision within 24 hours to 72 hours for all requests.

Therapeutic Interchange: The Alliance may, with a doctor's approval, change the drug that the doctor prescribed to a drug on the formulary that is the same in effectiveness and safety.

NON-FORMULARY MEDICATIONS

A non-formulary drug is a drug not listed on the health plan's formulary. These medications are reserved for members who have used (or cannot/should not use) up to three formulary alternatives that are used to treat the documented diagnosis OR meet off-label criteria OR has tried and failed or is unable to use separate components (or therapeutic equivalents) of a combination medication or is unable to use a consolidated dose form. Each request can be reviewed via a prior authorization request within 24 to 72 hours from the time received. Non-formulary drugs will also be covered when determined to be medically necessary (e.g. once reviewed with a prior authorization request). The enrollee may file a grievance or complaint for a denial of coverage, along with information on appeal rights and procedures.

Authorization and Billing Instructions

Providers can supply in-office injectable drugs to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Diplomat Specialty Pharmacy (Diplomat). The authorization and billing processes differ based on the method of obtaining the drug and the member's delegate:

Method of Procurement	Delegate	Requires Authorization	Where to Submit Authorization	Whom to Bill
Diplomat (Pharmacy Benefit)	All	Yes	PerformRx	Not necessary (Pharmacy bills Alliance directly)
Buy and Bill (Medical Benefit)	Alliance	Refer to list below for Alliance delegate or check with member's delegate	Alliance	Alliance
	Children First Medical Group		Children First Medical Group	
	Community Health Center Network		Community Health Center Network	
			Hill Physician Medical Group	

Please use the corresponding authorization form for the type of request:

- **Medical Benefit:** *Alliance Authorization Request form*

- **Pharmacy Benefit :**

- o *PerformRx Medication Request Form* (for Medi-Cal and Alliance Group Care)
- o *Request for Medicare Prescription Drug Coverage Determination* (Medicare)

Filling your Prescription at a Network Pharmacy

In most cases, you can fill prescriptions at any network retail pharmacy, except for prescriptions for a specialty drug. To find a network retail pharmacy, you can look in the Alliance Provider Directory, visit our website (www.alamedaalliance.org), or call Member Services at 510-747-4567 or toll-free 1-877-932-2738 (CRS/TTY 711 or 1-800-735-2929) from Monday to Friday, 8 a.m. to 5 p.m.

Process for Obtaining Specialty Drugs from Diplomat

Diplomat is the Alliance's specialty pharmacy for Alliance Medi-Cal and Alliance Group Care members. Retail pharmacies may not dispense these drugs for Medi-Cal or Alliance Group Care members. Specialty drug orders for Alliance CompleteCare members can be filled by Diplomat or any other Alliance contracted pharmacy.

Refer to the attached list of available drugs from Diplomat.

Certain drugs are only available from specific distributors and not Diplomat. The clinic can purchase these drugs directly from the distributors and bill the Alliance or have the distributor bill the Alliance. These drugs, along with the name and contact of the alternate distributors, are listed on the Limited Distribution Drug List.

Prior authorization is required for new specialty drug orders and for renewals (usually annually). The same review process is used for specialty drug orders as is used for other retail drugs that require prior authorization.

Authorization process for Diplomat Drugs:

- Fax the appropriate pharmacy request form to PerformRX (see above)
- Requests are processed (and notification of the decision sent to your office and Diplomat) within 72 hours for urgent requests or 14 days for routine requests.
- Upon PerformRx approval, **Diplomat** will call your office to obtain the prescription and dispense the drug by mail.

Contacts for Additional Information:

- Call Diplomat toll-free at **1-855-347-4783** for:
 - o A complete list of specialty drugs provided by Diplomat
 - o Questions related to dispensing of the drugs
- Call PerformRx toll-free at **1-855-508-1713** for questions related to prior authorizations
- Call Alliance Pharmacy Services at **510-747-4541** for questions related to specialty drugs from Diplomat

Alameda MCAL Formulary

Informational Section	2
Antihistamine Drugs - Drugs For Allergy	1
Anti-Infective Agents - Drugs For Infections	4
Antineoplastic Agents - Drugs For Cancer	11
Antitoxins,Immune Glob,Toxoids,Vaccines - Drugs For The Immune System	14
Autonomic Drugs - Drugs For The Nervous System	18
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood	25
Cardiovascular Drugs - Drugs For The Heart	30
Central Nervous System Agents - Drugs For The Nervous System.....	49
Devices - Medical Supplies And Durable Medical Equipment	65
Diagnostic Agents	72
Electrolytic, Caloric, And Water Balance	73
Enzymes	79
Eye, Ear, Nose And Throat (Eent) Preps.....	79
Gastrointestinal Drugs.....	87
Gastrointestinal Drugs - Drugs For The Stomach.....	88
Gold Compounds	95
Heavy Metal Antagonists - Drugs To Reduce Iron	95
Hormones And Synthetic Substitutes - Hormones.....	95
Miscellaneous Therapeutic Agents	112
Nonhormonal Contraceptives - Drugs For Women.....	122
Oxytocics - Drugs For Women	123
Respiratory Tract Agents - Drugs For The Lungs	123
Skin And Mucous Membrane Agents - Drugs For The Skin	134
Smooth Muscle Relaxants - Drugs To Relax Muscles	145
Vitamins	146

Informational Section

CURRENT AS OF 2/2/2021

		Coverage Requirements and Limits
lowercase bold italics =	Drug Tier	AL = Age Limit Applies
Generic drugs	CO = State Carve Out	PA = PA Applies
UPPERCASE = Brand name drugs	NF = Non-Formulary	QL = Quantity Limit
	T1 = Formulary	ST = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine Drugs - Drugs For Allergy		
Ethanolamine Derivatives - Drugs For Allergy		
<i>clemastine oral tablet 2.68 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (<i>dextromethorphan/pseudoephedrine hcl/acetaminophen/doxylamine</i>)	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	T1	
First Gen. Antihist. Derivatives, Misc. - Drugs For Allergy		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
First Generation Antihistamines - Drugs For Allergy		

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine maleate</i>)	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>ciproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine maleate</i>)	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	T1	
Phenothiazine Derivatives - Drugs For Allergy		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	T1	
Piperazine Derivatives - Drugs For Allergy		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet,chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine hcl</i>)	T1	
Propylamine Derivatives - Drugs For Allergy		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine maleate</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine maleate</i>)	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Second Generation Antihistamines - Drugs For Allergy		
<i>cetirizine oral solution 1 mg/ml</i>	T1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	T1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>desloratadine oral tablet 5 mg</i>	T1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	T1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	T1	
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet,disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine hcl/pseudoephedrine hcl</i>)	T1	ST
Anti-Infective Agents - Drugs For Infections		
1St Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefazolin injection recon soln 1 gram</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	T1	
2Nd Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefuroxime axetil oral tablet 500 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
3Rd Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	T1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (<i>cefixime</i>)	T1	
Allylamine Antifungals - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	T1	QL (30 EA per 30 days)
Amebicides - Drugs For The Mouth And Throat		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
Aminoglycoside Antibiotics - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	T1	PA
<i>neomycin oral tablet 500 mg</i>	T1	QL (10 EA per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	T1	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	T1	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
Aminopenicillin Antibiotics - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>amoxicillin oral tablet 875 mg</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	T1	

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ampicillin oral capsule 250 mg, 500 mg</i>	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	T1	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Anthelmintics - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	T1	QL (30 EA per 365 days)
PIN-X ORAL SUSPENSION 50 MG/ML (<i>pyrantel pamoate</i>)	T1	
PIN-X ORAL TABLET,CHEWABLE 250 MG (<i>pyrantel pamoate</i>)	T1	
Antifungals, Miscellaneous - Drugs For Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	T1	AL (Max 12 Years)
<i>griseofulvin microsize oral tablet 500 mg</i>	T1	ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T1	ST
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Antimalarials - Drugs For The Mouth And Throat		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	T1	PA
<i>chloroquine phosphate oral tablet 250 mg</i>	T1	PA
<i>chloroquine phosphate oral tablet 500 mg</i>	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	PA
<i>mefloquine oral tablet 250 mg</i>	T1	
<i>primaquine oral tablet 26.3 mg</i>	T1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
Antimycobacterials, Miscellaneous - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
Antiprotozoals, Miscellaneous - Drugs For The Mouth And Throat		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
MEPRON ORAL SUSPENSION 750 MG/5 ML (<i>atovaquone</i>)	T1	QL (300 ML per 30 days); AL (Min 21 Years)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
Antituberculosis Agents - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>cycloserine oral capsule 250 mg</i>	T1	ST
<i>ethambutol oral tablet 100 mg, 400 mg</i>	T1	
<i>isoniazid oral solution 50 mg/5 ml</i>	T1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	T1	ST
<i>pretomanid oral tablet 200 mg</i>	T1	PA
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	T1	QL (24 EA per 28 DYs)
<i>pyrazinamide oral tablet 500 mg</i>	T1	
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	T1	PA
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	T1	ST
Azole Antifungals - Drugs For Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	T1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T1	
<i>itraconazole oral capsule 100 mg</i>	T1	PA
<i>ketoconazole oral tablet 200 mg</i>	T1	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	T1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	T1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	T1	PA
Erythromycin Antibiotics - Antibiotics		
<i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	T1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	T1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (<i>vancomycin hcl</i>)	T1	QL (200 ML per 28 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML (<i>vancomycin hcl</i>)	T1	QL (400 ML per 28 days)
<i>vancomycin oral capsule 125 mg</i>	T1	QL (40 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i>	T1	QL (80 EA per 28 days)
Hcv Polymerase Inhibitor Antivirals - Drugs For Viral Infections		
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	T1	PA
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	T1	PA
Hcv Protease Inhibitor Antivirals - Drugs For Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	T1	PA
Hcv Replication Complex Inhibitors - Drugs For Viral Infections		
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	T1	PA
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	T1	PA
Hiv Nucleoside, Nucleotide Rt Inhibitors - Drugs For Viral Infections		
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) (<i>didanosine</i>)	T1	
<i>zidovudine oral capsule 100 mg</i>	T1	
<i>zidovudine oral syrup 10 mg/ml</i>	T1	
<i>zidovudine oral tablet 300 mg</i>	T1	
Lincomycin Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	T1	AL (Max 12 Years)
Macrolide Antibiotics - Antibiotics		
<i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	T1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	T1	
Monobactam Antibiotics - Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	T1	PA
Natural Penicillin Antibiotics - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	T1	
Neuraminidase Inhibitor Antivirals - Drugs For Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	T1	QL (28 EA per 30 DYs)
<i>oseltamivir oral capsule 45 mg</i>	T1	QL (16 EA per 30 DYs)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	T1	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	T1	
<i>oseltamivir phosphate</i> (Tamiflu Oral Capsule 75 Mg)	T1	QL (14 EA per 30 days)
Nucleoside And Nucleotide Antivirals - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral capsule 200 mg</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T1	
<i>adefovir oral tablet 10 mg</i>	T1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	T1	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T1	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	T1	QL (60 ML per 30 days); AL (Min 21 Years)
<i>valganciclovir oral tablet 450 mg</i>	T1	QL (60 EA per 30 days); AL (Min 21 Years)
Other Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	T1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>azithromycin oral tablet 600 mg</i>	T1	AL (Min 21 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	T1	ST
<i>linezolid oral tablet 600 mg</i>	T1	ST
Penicillinase-Resistant Penicillins - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T1	
Polyene Antifungals - Drugs For Fungus		
<i>nystatin oral suspension 100,000 unit/ml</i>	T1	
<i>nystatin oral tablet 500,000 unit</i>	T1	
Quinolone Antibiotics - Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST
<i>ofloxacin oral tablet 300 mg</i>	T1	
Rifamycin Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (<i>rifamycin sodium</i>)	T1	PA
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	T1	QL (24 EA per 28 DYs)
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	T1	ST
Sulfonamide Antibiotics (Systemic) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T1	
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
Tetracycline Antibiotics - Antibiotics		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	QL (180 days per 365 DYs)
<i>doxycycline monohydrate oral tablet 100 mg</i>	T1	QL (180 days per 365 DYs)
<i>minocycline oral capsule 100 mg</i>	T1	ST
<i>tetracycline oral capsule 250 mg</i>	T1	QL (180 days per 365 DYs)
<i>tetracycline oral capsule 500 mg</i>	T1	QL (180 days per 365 days)
Urinary Anti-Infectives - Drugs For The Urinary System		
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	T1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	T1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	T1	
<i>trimethoprim oral tablet 100 mg</i>	T1	
Antineoplastic Agents - Drugs For Cancer		
Antineoplastic Agents - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>abiraterone oral tablet 250 mg, 500 mg</i>	T1	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	T1	PA
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	T1	PA
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>bexarotene oral capsule 75 mg</i>	T1	
<i>bicalutamide oral tablet 50 mg</i>	T1	
BOSULIF ORAL TABLET 100 MG, 500 MG (<i>bosutinib</i>)	T1	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	T1	PA; AL (Min 21 Years)
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	T1	PA; AL (Min 21 Years)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	T1	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	T1	
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	T1	PA; AL (Min 21 Years)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT (<i>asparaginase (erwinia chrysanthemi)</i>)	T1	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T1	PA
<i>exemestane oral tablet 25 mg</i>	T1	
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution 2 %, 5 %</i>	T1	
<i>flutamide oral capsule 125 mg</i>	T1	
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	T1	AL (Min 21 Years)
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	T1	PA
<i>hydroxyurea oral capsule 500 mg</i>	T1	AL (Min 21 Years)
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	T1	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	T1	PA; AL (Min 21 Years)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG (<i>carfilzomib</i>)	T1	PA
<i>lapatinib oral tablet 250 mg</i>	T1	PA; AL (Min 21 Years)
<i>letrozole oral tablet 2.5 mg</i>	T1	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	T1	PA
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	T1	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	T1	AL (Min 21 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>melfalan hcl intravenous recon soln 50 mg</i>	T1	
<i>melfalan oral tablet 2 mg</i>	T1	AL (Min 21 Years)
<i>mercaptopurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	T1	
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	T1	PA; AL (Min 21 Years)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	T1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	T1	PA; AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	T1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	T1	PA; AL (Min 21 Years)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	T1	PA
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	T1	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T1	
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	T1	
TASIGNA ORAL CAPSULE 150 MG (<i>nilotinib hcl</i>)	T1	PA; AL (Min 20 Years)
TASIGNA ORAL CAPSULE 200 MG (<i>nilotinib hcl</i>)	T1	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	T1	PA; AL (Min 21 Years)
<i>toremifene oral tablet 60 mg</i>	T1	AL (Min 21 Years)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T1	AL (Min 21 Years)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	T1	PA; AL (Min 21 Years)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	T1	PA; AL (Min 21 Years)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	T1	PA
Antitoxins, Immune Glob, Toxoids, Vaccines - Drugs For The Immune System		
Toxoids - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (<i>diphtheria, pertussis(acellular), tetanus vaccine/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5- 8-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis(acellular), tetanus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis(acellular), tetanus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 If unit/0.5 ml</i>	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
Vaccines - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf</i>)	T1	AL (Min 36 Months and Max 64 Years)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>)	T1	AL (Min 3 Years and Max 64 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML (<i>human papillomavirus vaccine, bivalent/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf</i>)	T1	AL (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf</i>)	T1	AL (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>)	T1	AL (Min 3 Years and Max 64 Years)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf</i>)	T1	AL (Min 18 Years and Max 64 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quad 2020-2021(4 years and older)cell derived/pf</i>)	T1	AL (Min 4 Years and Max 64 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quadriv 2020-2021(4 years and older)cell derived)	T1	AL (Min 4 Years and Max 64 Years)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf)	T1	AL (Min 3 Years and Max 64 Years)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs))	T1	AL (Min 3 Years and Max 49 Years)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (influenza virus vaccine quadrival split 2020-21(65 yr up)/pf)	T1	AL (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf)	T1	AL (Min 3 Years and Max 64 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf)	T1	AL (Min 3 Years and Max 64 Years)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos and up))	T1	AL (Min 3 Years and Max 64 Years)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML (human papillomavirus vaccine, quadrivalent/pf)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML (human papillomavirus vaccine, quadrivalent/pf)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/pf)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/pf)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (hepatitis a virus vaccine/pf)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (hepatitis a virus vaccine/pf)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML (hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf)	T1	QL (1 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	T1	QL (1 EA per 1 Fill)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid cell/pf</i>)	T1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>)	T1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	T1	QL (1 EA per 1 fill); AL (Min 50 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	T1	QL (4 EA per 1 Fill); AL (Min 6 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (<i>zoster vaccine live/pf</i>)	T1	PA; QL (0.65 ML per 1 fill); AL (Min 19 Years)
Autonomic Drugs - Drugs For The Nervous System		
Alpha- And Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i>)	T1	
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION (<i>epinephrine</i>)	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine hcl</i>)	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin/pseudoephedrine hcl</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine hcl/pseudoephedrine hcl</i>)	T1	ST
Alpha-Adrenergic Agonists - Drugs For Heart And Lungs		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	T1	AL (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	T1	
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 ML)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	T1	QL (240 ML per 30 days); AL (Min 12 Years)
Antimuscarinics/Antispasmodics - Drugs For Parkinson		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)	T1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	T1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	T1	QL (600 ML per 30 days)
dicyclomine oral capsule 10 mg	T1	
dicyclomine oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	QL (120 EA per 30 days)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T1	QL (240 ML per 30 days); AL (Min 6 Years)
hyoscyamine sulfate oral drops 0.125 mg/ml	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet 0.125 mg	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	T1	QL (30 EA per 30 DYs)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	T1	
propantheline oral tablet 15 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	T1	QL (4 GM per 30 DYs)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	T1	QL (4 GM per 30 DYs)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
Autonomic Drugs, Miscellaneous - Drugs For The Nervous System		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	T1	QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	T1	QL (60 EA per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline tartrate</i>)	T1	QL (60 EA per 30 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (<i>nicotine</i>)	T1	QL (84 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	T1	QL (84 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	T1	QL (504 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	T1	QL (120 ML per 30 days)
Centrally Acting Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 4 mg</i>	T1	QL (4 QY per 1 DY)
Gaba-Derivative Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
Non-Sel. Beta-Adrenergic Blocking Agents - Drugs For The Heart		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
Non-Sel.Alpha-1-Adrenergic Blocking Agts - Drugs For The Heart		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents - Drugs For The Heart		
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine tartrate/cafeine</i>)	T1	
Non-Selective Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (<i>isoproterenol hcl</i>)	T1	
Parasympathomimetic (Cholinergic Agents) - Drugs For Bladder Incontinence		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (<i>neostigmine methylsulfate</i>)	T1	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	T1	PA
<i>galantamine oral solution 4 mg/ml</i>	T1	PA
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	T1	PA
<i>physostigmine salicylate injection solution 1 mg/ml</i>	T1	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	T1	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	PA
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	T1	PA
REGONOL INJECTION SOLUTION 5 MG/ML (<i>pyridostigmine bromide</i>)	T1	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	T1	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	T1	PA
Selective Alpha-1-Adrenergic Block.Agent - Drugs For The Heart		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>tamsulosin oral capsule 0.4 mg</i>	T1	
Selective Beta-2-Adrenergic Agonists - Drugs For Heart And Lungs		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	T1	PA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	T1	QL (2 INH per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	T1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	T1	PA
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	T1	QL (4 GM per 30 DYs)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Selective Beta-Adrenergic Blocking Agent - Drugs For The Heart		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Skeletal Muscle Relaxants, Miscellaneous - Drugs For Relaxing Muscles		
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	T1	PA
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood		
Blood Form.,Coag,Thrombosis Agents Misc. - Drugs To Prevent Bleeding		
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	T1	PA
Coumarin Derivatives - Drugs To Prevent Blood Clots		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	T1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	T1	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	T1	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	T1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	T1	QL (60 EA per 30 days)
Direct Thrombin Inhibitors - Drugs To Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	T1	QL (60 EA per 30 days)
Hematopoietic Agents - Drugs For Anemia		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	T1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa in polysorbate 80</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	T1	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	T1	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	T1	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	T1	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	T1	PA
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	T1	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (<i>plerixafor</i>)	T1	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	T1	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	T1	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	T1	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	T1	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	T1	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	T1	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	T1	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	T1	PA
Hemorrhologic Agents - Drugs For Blood Flow		
<i>pentoxifylline oral tablet extended release 400 mg</i>	T1	
Hemostatics - Drugs To Prevent Bleeding		
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (20 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T1	QL (16 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T1	QL (6 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T1	QL (8 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T1	QL (12 ML per 1 fill)
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (<i>heparin sodium,porcine</i>)	T1	
Iron Preparations - Vitamins And Minerals		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid/multivit with iron, minerals/lutein</i>)	T1	
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin,therapeutic with iron and minerals</i>)	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
<i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i>	T1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	T1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	T1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	T1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)</i>	T1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran complex</i>)	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>)	T1	AL (Max 5 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarate/folic acid</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
Platelet-Aggregation Inhibitors - Drugs To Prevent Blood Clots		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	T1	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T1	
Platelet-Reducing Agents - Drugs To Prevent Blood Clots		
<i>anagrelide oral capsule 1 mg</i>	T1	
Thrombolytic Agents - Drugs To Prevent Blood Clots		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
Cardiovascular Drugs - Drugs For The Heart		
Alpha-Adrenergic Blocking Agents - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Angiotensin li Receptor Antagon.(Hypotn) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	T1	PA
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin li Receptor Antagonists - Drugs For The Heart		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	T1	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	T1	PA
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin-Convert.Enzyme Inhib(Hypotn) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
Angiotensin-Converting Enzyme Inhibitors - Drugs For The Heart		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
Antiarrhythmics, Miscellaneous - Drugs For Angina		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
Antilipemic Agents, Miscellaneous - Drugs For Cholesterol		
FISH OIL ORAL CAPSULE 340-1,000 MG (<i>omega-3 fatty acids/fish oil</i>)	T1	QL (160 QY per 30 DYs)
<i>icosapent ethyl oral capsule 1 gram</i>	T1	PA
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	T1	PA
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	T1	PA
<i>niacin oral capsule, extended release 125 mg, 250 mg, 500 mg</i>	T1	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	T1	
<i>niacin oral tablet 250 mg</i>	T1	
<i>niacin oral tablet extended release 1,000 mg</i>	T1	
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	T1	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i>	T1	QL (160 QY per 30 DYs)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	T1	PA
Beta-Adrenergic Blocking Agents - Drugs For Abnormal Heart Rhythms		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Beta-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	T1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	T1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (<i>colestipol hcl</i>)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Calcium-Channel Blocking Agents - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren hemifumarate/amlodipine besylate</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Calcium-Channel Blocking Agents(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Calcium-Channel Blocking Agents, Misc. - Drugs For High Blood Pressure & Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Carbonic Anhydrase Inhibitors(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
Cardiac Drugs, Miscellaneous - Drugs For Angina		
<i>CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)</i>	T1	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T1	PA
Cardiotonic Agents - Drugs For Angina		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
Central Alpha-Agonists - Drugs For High Blood Pressure & Angina		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cholesterol Absorption Inhibitors - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	T1	ST
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	T1	PA
Class Ia Antiarrhythmics - Drugs For Angina		
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
Class Ib Antiarrhythmics - Drugs For Angina		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	T1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet, chewable 50 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
Class Ic Antiarrhythmics - Drugs For Angina		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T1	
Class Ii Antiarrhythmics - Drugs For Angina		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Class Iii Antiarrhythmics - Drugs For Angina		
<i>amiodarone oral tablet 200 mg</i>	T1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	T1	PA
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
Class Iv Antiarrhythmics - Drugs For Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Dihydropyridines - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren hemifumarate/amlodipine besylate</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
Dihydropyridines (Antihypertensive) - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren hemifumarate/amlodipine besylate</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
Direct Vasodilators - Drugs For High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorbide dinitrate/hydralazine hcl</i>)	T1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T1	
Diuretics, Miscellaneous (Hypotensive) - Drugs For High Blood Pressure & Angina		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
Fibric Acid Derivatives - Drugs For Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hmg-CoA Reductase Inhibitors - Drugs For Cholesterol		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	AL (Min 21 Years)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 80 mg</i>	T1	QL (30 EA per 30 days)
Hypotensive Agents, Miscellaneous - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Loop Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T1	
Mineralocorticoid (Aldosterone) Antagnts - Drugs For The Heart		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot) - Drugs For High Blood Pressure & Angina		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
Nitrates And Nitrites - Drugs For The Heart		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorbide dinitrate/hydralazine hcl</i>)	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	T1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	T1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	T1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T1	
Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	T1	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	T1	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	T1	PA
Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
Potassium-Sparing Diuretics (Hypoten) - Drugs For High Blood Pressure & Angina		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
Renin Inhibitors - Drugs For The Heart		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren hemifumarate/amlodipine besylate</i>)	T1	PA
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren hemifumarate/hydrochlorothiazide</i>)	T1	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc - Drugs For The Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	T1	PA
Thiazide Diuretics(Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren hemifumarate/hydrochlorothiazide</i>)	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Thiazide-Like Diuretics(Hypotensive Agt) - Drugs For High Blood Pressure & Angina		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	T1	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	ST; QL (30 EA per 30 days)
Vasodilating Agents, Miscellaneous - Drugs For The Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	T1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYS); AL (Min 21 Years)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG (treprostinil diolamine)	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (aliskiren hemifumarate/amlodipine besylate)	T1	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	T1	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	T1	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	T1	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg	T1	QL (30 EA per 30 days)
verapamil oral capsule,ext rel. pellets 24 hr 240 mg	T1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg	T1	QL (30 QY per 30 DYs)
verapamil oral tablet extended release 240 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Nervous System Agents - Drugs For The Nervous System		
Amphetamine Derivatives - Drugs For The Nervous System		
<i>phentermine oral capsule 15 mg, 30 mg</i>	T1	PA
<i>phentermine oral tablet 37.5 mg</i>	T1	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine hcl/topiramate</i>)	T1	PA
Amphetamines - Drugs For The Nervous System		
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T1	QL (120 EA per 30 days); AL (Min 3 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 3 Years and Max 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	T1	PA
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	T1	PA
Analgesics And Antipyretics, Misc. - Drugs For Pain		
ACEPHEN RECTAL SUPPOSITORY 325 MG (<i>acetaminophen</i>)	T1	
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>acetaminophen oral tablet 500 mg</i>	T1	
<i>acetaminophen rectal suppository 650 mg</i>	T1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral tablet 300-30 mg	T1	QL (90 EA per 30 days); AL (Min 12 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i>)	T1	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T1	AL (Min 12 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T1	
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>)	T1	
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)
FEVERALL RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>)	T1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5 ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T1	QL (1350 ML per 30 DYs)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (90 QY per 30 DYs)
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	T1	
isometh-dichloral-acetaminophn oral capsule 65-100-325 mg	T1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	T1	PA
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (<i>acetaminophen</i>)	T1	
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML (<i>acetaminophen</i>)	T1	
NON-ASPIRIN JR STRENGTH ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	T1	
NON-ASPIRIN ORAL ELIXIR 160 MG/5 ML (<i>acetaminophen</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORTEMP ORAL DROPS 80 MG/0.8 ML (<i>acetaminophen</i>)	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1	QL (90 Qty per 30 DYs)
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	T1	QL (90 QY per 30 DYs)
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	T1	
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG (<i>acetaminophen</i>)	T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral capsule 50 mg</i>	T1	ST; QL (90 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
Anticonvulsants, Miscellaneous - Drugs For Seizures		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	T1	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	T1	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet 200 mg</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T1	PA
<i>carbamazepine oral tablet, chewable 100 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	T1	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	T1	PA
lamotrigine oral tablet, chewable dispersible 25 mg	T1	
lamotrigine oral tablet, chewable dispersible 5 mg	T1	QL (150 EA per 30 days)
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	T1	
levetiracetam intravenous solution 500 mg/5 ml	T1	
levetiracetam oral solution 100 mg/ml	T1	QL (900 ML per 30 days)
levetiracetam oral solution 500 mg/5 ml (5 ml)	T1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	T1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	T1	QL (120 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (pregabalin)	T1	PA
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG (ezogabine)	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg	T1	ST; QL (60 EA per 30 days)
pregabalin oral capsule 50 mg	T1	ST; QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T1	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine hcl/topiramate)	T1	PA
rufinamide oral suspension 40 mg/ml	T1	PA
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	T1	PA
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	T1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid oral capsule 250 mg	T1	
vigabatrin oral tablet 500 mg	T1	PA
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	T1	PA
<i>zonisamide oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	T1	
Antidepressants, Miscellaneous - Drugs For Depression & Psychosis		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	T1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet 7.5 mg</i>	T1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	T1	QL (30 EA per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	T1	PA
Antimanic Agents - Drugs For Personality Disorder		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet 200 mg</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T1	PA
<i>carbamazepine oral tablet, chewable 100 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	T1	QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
Antimigraine Agents, Miscellaneous - Migraine Treatment		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	T1	PA
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine tartrate/caffeine</i>)	T1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
Anxiolytics, Sedatives, And Hypnotics, Misc - Drugs For Anxiety & Sleep Disorder		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	T1	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	T1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	T1	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	T1	
<i>ramelteon oral tablet 8 mg</i>	T1	PA
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	T1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T1	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	T1	PA
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>zolpidem tartrate</i>)	T1	PA
Barbiturates (Anticonvulsants) - Drugs For Seizures		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Barbiturates (Anxiolytic, Sedative/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Benzodiazepines (Anticonvulsants) - Drugs For Seizures		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>lorazepam injection solution 2 mg/ml</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days); AL (Max 64 Years)
<i>lorazepam injection solution 2 mg/ml</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T1	PA
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	T1	QL (30 EA per 30 days)
Calcitonin Gene-Related Peptide Antag. - Migraine Treatment		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	T1	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	T1	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	T1	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	T1	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	T1	PA
Catechol-O-Methyltransferase(Comt)Inhib. - Drugs For Parkinson		
<i>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</i>	T1	ST
<i>entacapone oral tablet 200 mg</i>	T1	ST
<i>tolcapone oral tablet 100 mg</i>	T1	PA
Central Nervous System Agents, Misc. - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine oral tablet 10 mg, 5 mg</i>	T1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	T1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	T1	ST
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	T1	PA
<i>riluzole oral tablet 50 mg</i>	T1	QL (60 EA per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors - Drugs For Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	T1	QL (30 EA per 30 days)
Dopamine Precursors - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>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</i>	T1	ST
Ergot-Deriv. Dopamine Receptor Agonists - Drugs For Parkinson		
<i>cabergoline oral tablet 0.5 mg</i>	T1	AL (Min 21 Years)
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	T1	
Fibromyalgia Agents - Drugs For Nerve Pain		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	T1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral capsule 50 mg</i>	T1	ST; QL (90 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	T1	ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hydantoins - Drugs For Seizures		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	T1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet, chewable 50 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
Monoamine Oxidase B Inhibitors - Drugs For Parkinson		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
Monoamine Oxidase Inhibitors - Drugs For Depression & Psychosis		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
Nonergot-Deriv.Dopamine Receptor Agonist - Drugs For Parkinson		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T1	
Opiate Agonists - Drugs For Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T1	QL (90 EA per 30 days); AL (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T1	QL (1350 ML per 30 DYs)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL (90 QY per 30 DYs)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T1	QL (90 EA per 30 DYs)
<i>hydromorphone rectal suppository 3 mg</i>	T1	QL (6 QY per 30 DYs)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	T1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	T1	PA
<i>methadone oral tablet, soluble 40 mg</i>	T1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	T1	QL (90 ML per 30 DYs)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	T1	PA
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	T1	QL (450 ML per 30 DYs)
<i>morphine oral tablet 15 mg, 30 mg</i>	T1	QL (90 QTY per 30 DYs)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	T1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1	QL (90 Qty per 30 DYs)
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	T1	QL (90 QY per 30 DYs)
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 ML)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	T1	QL (120 QY per 30 DYs); AL (Min 18 Years)
Opiate Partial Agonists - Drugs For Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	T1	PA
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	T1	
Other Nonsteroidal Anti-Inflam. Agents - Drugs For Pain		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	T1	
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 25 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	T1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	T1	
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG (<i>ibuprofen</i>)	T1	
<i>ibuprofen oral capsule 200 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	T1	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	T1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	T1	
<i>ketorolac oral tablet 10 mg</i>	T1	QL (20 EA per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (<i>diclofenac sodium</i>)	T1	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T1	
WAL-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	T1	
Phenothiazines - Drugs For Depression & Psychosis		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Respiratory And Cns Stimulants - Drugs For The Nervous System		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (<i>methylphenidate</i>)	T1	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	T1	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	T1	ST; QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	T1	ST; QL (60 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
Salicylates - Drugs For Pain		
ANALGESIC RUB (TROLAMINE SALI) TOPICAL CREAM 10 % (<i>trolamine salicylate</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTHRITIS RELIEF WITH ALOE TOPICAL AEROSOL, SPRAY 10 % (<i>trolamine salicylate</i>)	T1	
<i>aspirin oral tablet, chewable 81 mg</i>	T1	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	T1	
Sel.Serotonin, Norepi Reuptake Inhibitor - Drugs For Depression & Psychosis		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T1	PA
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	T1	ST
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	T1	ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	
Selective Serotonin Agonists - Migraine Treatment		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T1	QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	T1	PA
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	T1	ST; QL (6 QY per 30 DYs)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (18 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	T1	PA
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	T1	PA
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	T1	PA
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T1	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T1	ST; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	T1	ST; QL (6 EA per 30 DYs)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	T1	QL (6 EA per 30 DYs)
Selective-Serotonin Reuptake Inhibitors - Drugs For Depression & Psychosis		
<i>citalopram oral solution 10 mg/5 ml</i>	T1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	T1	
<i>citalopram oral tablet 40 mg</i>	T1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	T1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>fluoxetine oral tablet 10 mg</i>	T1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
PAXIL ORAL SUSPENSION 10 MG/5 ML (<i>paroxetine hcl</i>)	T1	AL (Max 5 Years)
<i>sertraline oral concentrate 20 mg/ml</i>	T1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
Serotonin Modulators - Drugs For Depression & Psychosis		
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
Succinimides - Drugs For Seizures		
<i>ethosuximide oral capsule 250 mg</i>	T1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	T1	
Tricyclics, Other Norepi-Ru Inhibitors - Drugs For Depression & Psychosis		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral concentrate 10 mg/ml</i>	T1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T1	
Wakefulness-Promoting Agents - Drugs For The Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T1	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T1	PA
Devices - Medical Supplies And Durable Medical Equipment		
Devices - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
ADVOCATE LANCET 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	T1	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS 25 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ASSURE LANCE 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	T1	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1" (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 0.3 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	T1	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
BD LUER-LOK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	T1	QL (30 QY per 30 DYs)
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	T1	QL (200 QY per 30 DYs)
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (pen needle, diabetic)	T1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (pen needle, diabetic)	T1	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE II LANCETS 30 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	T1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	T1	
BUBBLES THE FISH PEDI MASK (nebulizer accessories)	T1	QL (1 QY per 365 DYs)
COMP-AIR ELITE COMP NEB SYSTEM DEVICE (nebulizer and compressor)	T1	QL (1 QY per 365 DYs)
COMP-AIR XLT COMPRESSOR NEB DEVICE (nebulizer and compressor)	T1	QL (1 QY per 365 DYs)
DEVILBISS COMPACT COMPRESSOR DEVICE (compressor, for nebulizer)	T1	QL (1 QY per 365 DYs)
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	T1	QL (1 QY per 365 DYs)
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	T1	QL (1 QY per 365 DYs)
EASY COMFORT LANCETS 30 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml)	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	T1	QL (200 QY per 30 DYs)
EASY TOUCH TWIST LANCETS 30 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)	T1	PA
E-Z JECT LANCETS 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	T1	
FINGERSTIX LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	T1	
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	T1	
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FREESTYLE LIBRE 10 DAY READER (<i>flash glucose scanning reader</i>)	T1	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT (<i>flash glucose sensor</i>)	T1	PA
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	T1	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	T1	PA
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	T1	PA
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	T1	PA
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (<i>heparin sodium,porcine</i>)	T1	
INJECT EASE LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	T1	QL (1 QY per 365 DYs)
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	T1	QL (1 QY per 365 DYs)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE ULTRAFINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i>	T1	QL (200 QY per 30 DYs)
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	T1	QL (200 EA per 30 days)
<i>insulin syringes (disposable) syringe 1 ml</i>	T1	QL (200 QY per 30 DYs)
<i>lancets , 26 gauge</i>	T1	QL (200 EA per 30 days)
<i>lancets 30 gauge, 33 gauge</i>	T1	QL (200 QY per 30 DYs)
LANCETS,THIN 23 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
LANCETS,ULTRA THIN (<i>lancets</i>)	T1	QL (200 EA per 30 days)
LANCETS,ULTRA THIN 26 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
LC PLUS (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
LITE TOUCH LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 days)
MICROLET LANCET (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 QY per 30 DYs)
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 QY per 30 DYs)
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	T1	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
PRONEB ULTRA II DEVICE (<i>nebulizer and compressor</i>)	T1	QL (1 QY per 365 DYs)
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
REUSABLE NEBULIZER KIT KIT (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SAMI THE SEAL DEVICE (<i>nebulizer and compressor</i>)	T1	QL (1 QY per 365 DYs)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	T1	
SOFT TOUCH LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
TECHLITE LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 ml)	T1	QL (200 QY per 30 DYs)
TOPCARE UNIVERSAL1 LANCET (lancets)	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	T1	QL (200 QY per 30 DYs)
TRUEPLUS INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	T1	QL (200 QY per 30 DYs)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	T1	QL (200 EA per 30 days)
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	T1	QL (200 QY per 30 DYs)
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	T1	QL (200 QY per 30 DYs)
ULILET CLASSIC LANCETS 28 GAUGE (lancets)	T1	QL (1 QY per 365 DYs)
ULILET CLASSIC LANCETS 30 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
ULILET LANCETS 28 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 ml (half unit mark))	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin 0.3 ml (half unit mark))	T1	QL (200 EA per 30 days)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	T1	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	T1	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 28 GAUGE, 33 GAUGE (lancets)	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 30 GAUGE (lancets)	T1	QL (200 EA per 30 days)
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	T1	QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET (lancets)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET EXCELITE II LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET GP LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer and compressor</i>)	T1	QL (1 QY per 365 DYs)
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	T1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	T1	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
WING TIP TUBING (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	T1	PA
Diabetes Mellitus		
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	T1	
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	T1	
Ketones		
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	T1	QL (100 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Myasthenia Gravis		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (<i>neostigmine methylsulfate</i>)	T1	PA
ENLON INJECTION SOLUTION 10 MG/ML (<i>edrophonium chloride</i>)	T1	PA
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	T1	
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	T1	QL (180 EA per 30 days)
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	T1	QL (60 EA per 30 days)
Ammonia Detoxicants		
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	T1	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	
Caloric Agents - Drugs For Nutrition		
L-CARNITINE (TARTRATE) ORAL CAPSULE 250 MG (<i>levocarnitine tartrate</i>)	T1	
<i>levocarnitine tartrate oral capsule 500 mg</i>	T1	
Carbonic Anhydrase Inhibitors - Drugs For Water Balance		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
Diuretics, Miscellaneous - Drugs For Water Balance		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Irrigating Solutions		
STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	T1	
WOUND CLEANSER IRRIGATION SPRAY, NON-AEROSOL (<i>sodium chloride/pyridoxine hcl (vitamin b6)/zinc acet/cit ac</i>)	T1	
Loop Diuretics - Drugs For Water Balance		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
Phosphate-Removing Agents		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG (<i>lanthanum carbonate</i>)	T1	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA
Potassium-Removing Agents		
LOKELMA 10 GRAM POWDER PACKET OUTER 10 GRAM (<i>sodium zirconium cyclosilicate</i>)	T1	QL (34 EA per 30 days)
LOKELMA 5 GRAM POWDER PACKET OUTER 5 GRAM (<i>sodium zirconium cyclosilicate</i>)	T1	QL (34 EA per 30 days)
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>sodium polystyrene sulfonate</i>)	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiomer calcium sorbitex</i>)	T1	ST; QL (30 EA per 30 days)
Potassium-Sparing Diuretics - Drugs For Water Balance		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
Replacement Preparations		
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) (calcium carbonate)	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) - 400 UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) - 200 UNIT, 600 MG(1,500MG) -400 UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) (calcium carbonate)	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) (calcium carbonate)	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (calcium carbonate)	T1	
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)	T1	
calcium carbonate oral tablet 260 mg calcium (648 mg)	T1	
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	T1	
calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit	T1	
calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit	T1	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)	T1	
calcium gluconate oral tablet 45 mg (500 mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium lactate oral tablet 650 mg	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	T1	AL (Max 50 Years)
MG-PLUS-PROTEIN ORAL TABLET 133 MG (magnesium oxide/magnesium amino acid chelate)	T1	PA
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	T1	AL (Max 50 Years)
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT (calcium carbonate/ergocalciferol (vitamin d2))	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT (calcium carbonate/cholecalciferol (vitamin d3))	T1	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	T1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	T1	AL (Max 50 Years)
potassium chloride oral capsule, extended release 10 meq, 8 meq	T1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	T1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	T1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	T1	
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.74/ferrous fumarate/folic acid)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
RISACAL-D ORAL TABLET 105-120 MG-UNIT (<i>calcium phosphate, dibasic/cholecalciferol (vitamin d3)</i>)	T1	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarate/folic acid</i>)	T1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
Thiazide Diuretics - Drugs For Water Balance		
<i>amlodipine-valsartan-hcthiacid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren hemifumarate/hydrochlorothiazide</i>)	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T1	
Thiazide-Like Diuretics - Drugs For Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	T1	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	ST; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	T1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T1	
Enzymes		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	T1	PA
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent) - Drugs For The Eye		
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
Antiallergic Agents - Drugs For Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	T1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (<i>bepotastine besilate</i>)	T1	PA
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	T1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
EMADINE OPHTHALMIC (EYE) DROPS 0.05 % (<i>emedastine difumarate</i>)	T1	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	T1	ST; QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	T1	QL (10 QY per 30 DYs)
LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 % (<i>alcaftadine</i>)	T1	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	T1	ST; QL (5 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	T1	ST; QL (2.5 ML per 30 days)
Antibacterials (Eent) - Drugs For Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	T1	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	T1	ST
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	T1	QL (2 fills per 365 DYs)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	QL (2 fills per 365 DYs)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	QL (2 fills per 365 DYs)
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	T1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	T1	PA
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	T1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T1	QL (2 fills per 365 DYs)
<i>ofloxacin otic (ear) drops 0.3 %</i>	T1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	T1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	T1	QL (2 fills per 365 DYs)
tobramycin ophthalmic (eye) drops 0.3 %	T1	QL (2 fills per 365 DYs)
Antivirals (Eent) - Drugs For Infections		
trifluridine ophthalmic (eye) drops 1 %	T1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	T1	QL (5 GM per 1 FILL)
Beta-Adrenergic Blocking Agents (Eent) - Drugs For The Eye		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T1	
levobunolol ophthalmic (eye) drops 0.5 %	T1	
metipranolol ophthalmic (eye) drops 0.3 %	T1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	T1	
Carbonic Anhydrase Inhibitors (Eent) - Drugs For The Eye		
acetazolamide oral capsule, extended release 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
dorzolamide ophthalmic (eye) drops 2 %	T1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	
Corticosteroids (Eent) - Drugs For Inflammation		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	T1	PA; QL (5 ML per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T1	ST
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	T1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T1	ST; QL (17 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	T1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	T1	QL (2 fills per 365 DYs)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	T1	
Eent Anti-Infectives, Miscellaneous - Drugs For Infections		
<i>acetic acid otic (ear) solution 2 %</i>	T1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T1	
Eent Anti-Inflammatory Agents, Misc. - Drugs For Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	T1	ST
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	T1	ST
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	T1	ST
Eent Drugs, Miscellaneous		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 % (<i>sodium chloride</i>)	T1	
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 % (<i>sodium chloride</i>)	T1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oil/petrolatum,white</i>)	T1	QL (60 GM per 30 days)
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE (<i>dextran 70/hypromellose</i>)	T1	QL (60 EA per 30 days)
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (<i>polyvinyl alcohol</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 % (<i>dextran 70/hypromellose</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 % (<i>polyethylene glycol 400/hypromellose/glycerin</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol/povidone</i>)	T1	QL (60 ML per 30 days)
AYR SALINE NASAL DROPS 0.65 % (<i>sodium chloride</i>)	T1	
ENUCLENE OPHTHALMIC (EYE) DROPS 0.25 % (<i>tyloxapol</i>)	T1	
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (<i>mineral oil/petrolatum,white</i>)	T1	QL (60 GM per 30 days)
FRESHKOTE OPHTHALMIC (EYE) DROPS 2-0.9-1.8 % (<i>eye lubricant combination no.1</i>)	T1	QL (60 ML per 30 days)
GENTEAL MILD OPHTHALMIC (EYE) DROPS 0.2 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC (EYE) GEL 0.3 % (<i>hypromellose</i>)	T1	QL (60 GM per 30 days)
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % (<i>dextran/hypromellose/glycerin</i>)	T1	QL (60 ML per 30 days)
HYPOTEARs OPHTHALMIC (EYE) DROPS 1-1 % (<i>polyethylene glycol 400/polyvinyl alcohol</i>)	T1	QL (60 ML per 30 days)
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin/propylene glycol</i>)	T1	QL (60 ML per 30 days)
LUBRICANT DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (CMC-GLYCER)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin/pf</i>)	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % (carboxymethylcellulose sodium/glycerin)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 % (propylene glycol/polyethylene glycol 400)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % (propylene glycol/polyethylene glycol 400/pf)	T1	QL (60 EA per 30 days)
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 % (propylene glycol)	T1	QL (60 ML per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (carboxymethylcellulose sodium)	T1	QL (60 EA per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (carboxymethylcellulose sodium)	T1	QL (60 ML per 30 days)
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 56.8-41.5 %, 57.3-42.5 %, 57.7-31.9 % (mineral oil/petrolatum,white)	T1	QL (60 GM per 30 days)
LUBRICANT EYE(DEXTRAN70-HYPML) OPHTHALMIC (EYE) DROPPERETTE (dextran 70/hypromellose)	T1	QL (60 EA per 30 days)
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 % (carboxymethylcellulose sodium/hypromellose)	T1	QL (60 ML per 30 days)
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (dextran 70/hypromellose/pf)	T1	QL (60 EA per 30 days)
PURALUBE OPHTHALMIC (EYE) OINTMENT 85-15 % (mineral oil/petrolatum,white)	T1	QL (60 GM per 30 days)
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % (hypromellose)	T1	QL (60 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (carboxymethylcellulose sodium)	T1	QL (60 EA per 30 days)
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 % (polyvinyl alcohol/povidone/pf)	T1	QL (60 EA per 30 days)
REFRESH CONTACTS OPHTHALMIC (EYE) DROPS (carboxymethylcellulose sodium)	T1	QL (60 ML per 30 days)
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % (mineral oil/petrolatum,white)	T1	QL (60 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (carboxymethylcellulose sodium/glycerin/polysorbate 80/pf)	T1	QL (60 EA per 30 days)
REFRESH OPTIVE ADVANCED OPHTHALMIC (EYE) DROPS 0.5-1-0.5 % (carboxymethylcellulose sodium/glycerin/polysorbate 80)	T1	QL (60 ML per 30 days)
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (carboxymethylcellulose sodium/glycerin/polysorbate 80/pf)	T1	QL (60 EA per 30 days)
REFRESH OPTIVE OPHTHALMIC (EYE) DROPS,GEL 1-0.9 % (carboxymethylcellulose sodium/glycerin)	T1	QL (60 ML per 30 days)
RETAIN E HPMC (PF) OPHTHALMIC (EYE) DROPS 0.3 % (hypromellose/pf)	T1	QL (60 ML per 30 days)
RETAIN E PM OPHTHALMIC (EYE) OINTMENT 80-20 % (mineral oil/petrolatum,white)	T1	QL (60 GM per 30 days)
SALINE MIST NASAL AEROSOL,SPRAY 0.65 % (sodium chloride)	T1	
SOOTHE HYDRATION OPHTHALMIC (EYE) DROPS 1.25 % (povidone)	T1	QL (60 ML per 30 days)
SOOTHE LUBRICANT OPHTHALMIC (EYE) DROPPERETTE 0.6-0.6 % (glycerin/propylene glycol)	T1	QL (60 EA per 30 days)
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 % (carboxymethylcellulose sodium)	T1	QL (60 ML per 30 days)
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % (propylene glycol/polyethylene glycol 400/pf)	T1	QL (60 EA per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) DROPS,GEL 0.4-0.3 % (propylene glycol/polyethylene glycol 400)	T1	QL (60 ML per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 % (hypromellose)	T1	QL (60 GM per 30 days)
SYSTANE LIQUID GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.4-0.3 % (propylene glycol/polyethylene glycol 400)	T1	QL (60 ML per 30 days)
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (mineral oil/petrolatum,white)	T1	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 % (carboxymethylcellulose sodium)	T1	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (carboxymethylcellulose sodium)	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT (<i>lanolin/mineral oil/petrolatum,white</i>)	T1	QL (60 GM per 30 days)
VISINE TIRED EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.36-0.2 % (<i>polyethylene glycol 400/hypromellose/glycerin</i>)	T1	QL (60 ML per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents - Drugs For Inflammation		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac tromethamine/pf</i>)	T1	PA
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	T1	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	T1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	T1	PA
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (<i>bromfenac sodium</i>)	T1	PA
Local Anesthetics (Eent) - Drugs For Numbing		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	T1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	T1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	T1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	T1	
Miotics - Drugs For The Eye		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
Mydriatics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	T1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	T1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	T1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	T1	
Prostaglandin Analogs - Drugs For The Eye		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T1	ST
Vasoconstrictors		
ADRENALIN NASAL SOLUTION 1 MG/ML (<i>epinephrine hcl</i>)	T1	QL (60 QY per 1 PD)
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.2 % (<i>naphazoline hcl/glycerin</i>)	T1	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.025-0.3 %, 0.02675-0.315 % (<i>naphazoline hcl/pheniramine maleate</i>)	T1	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	T1	
Gastrointestinal Drugs		
Antacids And Adsorbents		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	T1	
ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium carbonate/aluminum hydroxide</i>)	T1	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) (<i>calcium carbonate</i>)	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) (<i>calcium carbonate</i>)	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	T1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOAMING ANTACID ORAL TABLET,CHEWABLE 80-20 MG (<i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginic ac</i>)	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG (<i>calcium carbonate/simethicone</i>)	T1	
<i>magnesium oxide oral tablet 400 mg magnesium</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	T1	
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
<i>sodium bicarbonate oral tablet 650 mg</i>	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
Gastrointestinal Drugs - Drugs For The Stomach		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	T1	PA
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron hcl oral tablet 1 mg</i>	T1	PA
<i>ondansetron hcl oral tablet 24 mg</i>	T1	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	T1	PA
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrhea Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG (<i>loperamide hcl</i>)	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
<i>loperamide oral capsule 2 mg</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
Antiemetics, Miscellaneous - Drugs For Vomiting And Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T1	PA; QL (60 EA per 30 days)
Antiflatulents - Drugs For Gas		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG (<i>simethicone</i>)	T1	
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG (<i>calcium carbonate/simethicone</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	T1	
<i>simethicone oral drops,suspension 40 mg/0.6 ml</i>	T1	
Antihistamines (Gi Drugs) - Drugs For Vomiting And Nausea		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet,chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine hcl</i>)	T1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T1	
Anti-Inflammatory Agents (Gi Drugs) - Drugs For Inflammation		
<i>balsalazide oral capsule 750 mg</i>	T1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	T1	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	T1	ST
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	T1	PA
<i>mesalamine rectal enema 4 gram/60 ml</i>	T1	
<i>mesalamine rectal suppository 1,000 mg</i>	T1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	T1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	T1	
Cathartics And Laxatives - Drugs For Constipation		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	T1	PA
<i>aromatic cascara fld xt (bulk) oral fluid extract 100 %</i>	T1	
<i>bisacodyl rectal suppository 10 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BISA-LAX (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	T1	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	T1	
DOCUSOL RECTAL ENEMA 283 MG (<i>docusate sodium</i>)	T1	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML (<i>sodium phosphate, monobasic/sodium phosphate, dibasic</i>)	T1	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML (<i>docusate sodium</i>)	T1	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	T1	
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	T1	
FIBER SMOOTH ORAL POWDER (<i>psyllium seed</i>)	T1	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	T1	
<i>glycerin (child) rectal suppository</i>	T1	
HYDROCIL INSTANT ORAL PACKET (<i>psyllium seed</i>)	T1	
<i>magnesium citrate oral solution</i>	T1	
METAMUCIL (WITH SUGAR) ORAL POWDER IN PACKET 3.4 GRAM (<i>psyllium husk (with sugar)</i>)	T1	
METAMUCIL PLUS CALCIUM ORAL CAPSULE 1-60 GRAM-MG (<i>psyllium husk/calcium carbonate</i>)	T1	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML (<i>magnesium hydroxide</i>)	T1	
<i>mineral oil oral oil</i>	T1	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	T1	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML (<i>docusate sodium</i>)	T1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram, 240-22.72-6.72 -5.84 gram</i>	T1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	T1	
SANI-SUPP (ADULT) RECTAL SUPPOSITORY (<i>glycerin</i>)	T1	
SENNALAX ORAL TABLET 8.6 MG (<i>sennosides</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENNA ORAL SYRUP 8.8 MG/5 ML (<i>sennosides</i>)	T1	
<i>sorbitol solution 70 %</i>	T1	
STOOL SOFTENER ORAL CAPSULE 250 MG, 50 MG (<i>docusate sodium</i>)	T1	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML (<i>docusate sodium</i>)	T1	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML (<i>docusate sodium</i>)	T1	
STOOL SOFTENER ORAL TABLET 100 MG (<i>docusate sodium</i>)	T1	
Cholelitholytic Agents - Drugs For The Stomach		
<i>ursodiol oral capsule 300 mg</i>	T1	
Digestants - Drugs For The Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	T1	AL (Min 21 Years)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000- UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT (<i>lipase/protease/amylase</i>)	T1	AL (Min 21 Years)
GI Drugs, Miscellaneous - Drugs For The Stomach		
ALLI ORAL CAPSULE 60 MG (<i>orlistat</i>)	T1	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	T1	PA
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	T1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	T1	PA
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	T1	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	T1	PA
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	T1	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	T1	PA
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	T1	PA
Histamine H2-Antagonists - Drugs For Ulcers And Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	T1	ST
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	T1	ST
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
Neurokinin-1 Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	T1	PA
Prokinetic Agents - Drugs For The Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	T1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	T1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	T1	PA
Prostaglandins - Drugs For Ulcers And Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T1	
Protectants - Drugs For Ulcers And Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	T1	
<i>sucralfate oral tablet 1 gram</i>	T1	
Proton-Pump Inhibitors - Drugs For Ulcers And Stomach Acid		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	T1	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	T1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	T1	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>	T1	QL (60 QY per 30 DYs)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
Heavy Metal Antagonists - Drugs To Reduce Iron		
Heavy Metal Antagonists - Drugs To Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	T1	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	T1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	T1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T1	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
<i>penicillamine oral capsule 250 mg</i>	T1	PA
<i>penicillamine oral tablet 250 mg</i>	T1	PA
<i>trientine oral capsule 250 mg</i>	T1	PA
Hormones And Synthetic Substitutes - Hormones		
Adrenals - Hormones		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	T1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide oral capsule, delayed, extend. release 3 mg	T1	QL (540 EA per 365 days)
budesonide oral tablet, delayed and ext. release 9 mg	T1	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T1	PA
dexamethasone oral elixir 0.5 mg/5 ml	T1	
dexamethasone oral solution 0.5 mg/5 ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet 1 mg, 2 mg	T1	
dexamethasone (Dexpak 13 Day Oral Tablets, Dose Pack 1.5 Mg (51 Tabs))	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	T1	PA; AL (Max 12 Years)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	T1	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	T1	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone propionate)	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (fluticasone propionate)	T1	
fludrocortisone oral tablet 0.1 mg	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablets, dose pack 4 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	T1	
<i>prednisolone sodium phosphate</i> (Pediapred Oral Solution 5 Mg Base/5 ML (6.7 Mg/5 ML))	T1	
<i>prednisolone oral solution 15 mg/5 ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	T1	
<i>prednisone oral solution 5 mg/5 ml</i>	T1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	T1	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION (<i>budesonide</i>)	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
Amylinomimetics - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	T1	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	T1	PA
Androgens - Hormones		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T1	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	T1	QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	T1	QL (5 ML per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	T1	PA; QL (5 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	T1	PA
Antiestrogens - Drugs For Women		
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>exemestane oral tablet 25 mg</i>	T1	
<i>letrozole oral tablet 2.5 mg</i>	T1	
Antigonadotropins - Hormones		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	T1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	T1	PA
Antiparathyroid Agents - Drugs For Bones		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	T1	
Antithyroid Agents - Drugs For The Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil oral tablet 50 mg</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Biguanides - Drugs For Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	T1	ST
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	T1	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin/metformin hcl</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	T1	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>saxagliptin hcl/metformin hcl</i>)	T1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	T1	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	T1	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	T1	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	T1	PA
Contraceptives - Drugs For Women		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Lo Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	T1	PA
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	PA
<i>levonorgestrel/ethinyl estradiol</i> (Amethyst (28) Oral Tablet 90-20 Mcg (28))	T1	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	T1	PA
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	T1	PA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	T1	PA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	T1	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	T1	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-0.03 Mg)	T1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	T1	
GIANVI (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol/drospirenone</i>)	T1	
<i>levonorgestrel/ethinyl estradiol</i> (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (<i>levonorgestrel/ethinyl estradiol</i>)	T1	
<i>norethindrone acetate-ethinyl estradiol</i> (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
<i>norethindrone acetate-ethinyl estradiol</i> (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	T1	PA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	T1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	T1	PA
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	PA
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	T1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	T1	PA
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (norethindrone-ethinyl estradiol)	T1	
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	T1	PA
norethindrone (contraceptive) oral tablet 0.35 mg	T1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	T1	
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	T1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (<i>norethindrone-ethinyl estradiol</i>)	T1	
<i>norethindrone-ethinyl estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	T1	
<i>levonorgestrel/ethinyl estradiol</i> (Portia 28 Oral Tablet 0.15-0.03 Mg)	T1	
<i>levonorgestrel/ethinyl estradiol</i> (Quasense Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> (Rajani Oral Tablet 3-0.02-0.451 Mg (24) (4))	T1	PA
<i>desogestrel-ethinyl estradiol</i> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	T1	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone-ethinyl estradiol</i>)	T1	
<i>levonorgestrel/ethinyl estradiol</i> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	
<i>desogestrel-ethinyl estradiol</i> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T1	
<i>ethinyl estradiol/drospirenone</i> (Vestura (28) Oral Tablet 3-0.02 Mg)	T1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (<i>norelgestromin/ethinyl estradiol</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	T1	
ethynodiol diacetate-ethinyl estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	T1	ST
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T1	ST
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin hcl)	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin hcl)	T1	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	T1	PA; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin hcl)	T1	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin hcl)	T1	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (saxagliptin hcl/metformin hcl)	T1	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin hcl)	T1	PA
TRADJENTA ORAL TABLET 5 MG (linagliptin)	T1	PA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin hcl)	T1	PA
Estrogen Agonist-Antagonists - Drugs For Women		
raloxifene oral tablet 60 mg	T1	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	T1	
tamoxifen oral tablet 10 mg, 20 mg	T1	
toremifene oral tablet 60 mg	T1	AL (Min 21 Years)
Estrogens - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %) (estradiol)	T1	PA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T1	QL (8 EA per 28 days); AL (Min 40 Years)
estradiol transdermal patch semiweekly 0.0375 mg/24 hr	T1	QL (8 EA per 28 fills); AL (Min 40 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T1	QL (4 EA per 28 days); AL (Min 40 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	QL (5 ML per 30 days)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	T1	
estrogens,esterified (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	T1	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	T1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	T1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	T1	
Glycogenolytic Agents - Hormones		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)	T1	QL (1 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (glucagon, human recombinant)	T1	QL (1 QY per 30 DYS)
Gonadotropins - Hormones		
leuprolide subcutaneous kit 1 mg/0.2 ml	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	T1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	T1	
Gonadotropins And Antigonadotropins - Hormones		
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	T1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	T1	
Incretin Mimetics - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	T1	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (<i>exenatide microspheres</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG (<i>exenatide microspheres</i>)	T1	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	T1	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) (<i>semaglutide</i>)	T1	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	T1	ST; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	T1	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	T1	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	T1	PA
Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	T1	QL (15 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
Intermediate-Acting Insulins - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	T1	QL (30 QY per 30 DYs)
Long-Acting Insulins - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	T1	QL (30 ML per 30 days)
Meglitinides - Drugs For Diabetes		
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	T1	
Parathyroid Agents - Drugs For Bones		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (<i>teriparatide</i>)	T1	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Parathyroid And Antiparathyroid Agents - Drugs For Bones		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (<i>teriparatide</i>)	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Pituitary - Hormones		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	T1	PA
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
Progestins - Drugs For Women		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	T1	
<i>hydroxyprogester(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	T1	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	T1	PA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (<i>hydroxyprogesterone caproate/pf</i>)	T1	PA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	T1	QL (1 QY per 84 DYs)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	T1	QL (1 QY per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>norethindrone acetate oral tablet 5 mg</i>	T1	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	T1	PA
Rapid-Acting Insulins - Drugs For Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	T1	QL (30 ML per 30 days)
Short-Acting Insulins - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	T1	QL (15 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	T1	QL (30 QY per 30 DYs)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	T1	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	T1	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	T1	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	T1	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	T1	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	T1	PA
Sulfonylureas - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	T1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	T1	AL (Max 65 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T1	
Thiazolidinediones - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T1	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
Thyroid Agents - Drugs For The Thyroid		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid,pork</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	T1	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG (<i>thyroid,pork</i>)	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral capsule 0.5 mg</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
Alcohol Deterrents - Drugs For Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T1	
Antidotes - Drugs For Overdose Or Poisoning		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	T1	QL (1 EA per 30 days)
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	T1	
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG (<i>lanthanum carbonate</i>)	T1	PA
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon,human recombinant</i>)	T1	QL (1 QY per 30 DYs)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>leucovorin calcium oral tablet 10 mg</i>	T1	AL (Min 21 Years)
<i>leucovorin calcium oral tablet 15 mg</i>	T1	
<i>leucovorin calcium oral tablet 25 mg</i>	T1	
<i>leucovorin calcium oral tablet 5 mg</i>	T1	AL (Min 21 Years)
<i>physostigmine salicylate injection solution 1 mg/ml</i>	T1	PA
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>sodium polystyrene sulfonate</i>)	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Antigout Agents - Drugs For Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral capsule 0.6 mg</i>	T1	QL (30 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	T1	QL (30 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
<i>probenecid oral tablet 500 mg</i>	T1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T1	
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (<i>teriparatide</i>)	T1	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Bone Resorption Inhibitors - Drugs For Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	T1	QL (300 QY per 30 DYs)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	T1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	T1	PA
<i>ibandronate oral tablet 150 mg</i>	T1	
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	T1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	T1	PA
<i>raloxifene oral tablet 60 mg</i>	T1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	T1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T1	PA
Cariostatic Agents - Vitamins And Fluoride		
FLUOR-A-DAY ORAL DROPS 2.5 MG (5.56 MG SOD.FLUORID)/ML (<i>fluoride (sodium)</i>)	T1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	T1	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (<i>fluoride (sodium)</i>)	T1	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>)	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2/sodium fluoride</i>)	T1	AL (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamins no.17 with sodium fluoride</i>)	T1	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE) (<i>fluoride (sodium)</i>)	T1	
PREVIDENT DENTAL SOLUTION 0.2 % (<i>fluoride (sodium)</i>)	T1	
Disease-Modifying Antirheumatic Agents - Drugs For Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	T1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	T1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	T1	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	T1	PA
<i>penicillamine oral capsule 250 mg</i>	T1	PA
<i>penicillamine oral tablet 250 mg</i>	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	T1	PA
Immunomodulatory Agents - Drugs For The Immune System		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	T1	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a/albumin human</i>)	T1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	T1	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	T1	PA
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	T1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	T1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	T1	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	T1	PA
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	T1	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	T1	PA
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod</i>)	T1	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	T1	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	T1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	T1	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	T1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	T1	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	T1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	T1	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	T1	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	T1	PA; AL (Min 21 Years)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	T1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	T1	PA
Immunosuppressive Agents - Drugs For Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (<i>mycophenolate mofetil</i>)	T1	AL (Min 21 Years)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
<i>mercaptopurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	T1	AL (Min 21 Years)
<i>mycophenolate mofetil oral tablet 500 mg</i>	T1	AL (Min 21 Years)
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (<i>mycophenolate sodium</i>)	T1	AL (Min 21 Years)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	T1	PA
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	T1	AL (Min 21 Years)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	T1	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	AL (Min 21 Years)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T1	AL (Min 21 Years)
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	T1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	T1	PA
ICAPS AREDS ORAL TABLET, DELAYED RELEASE (DR/EC) 7,160-113-100 UNIT-MG-UNIT (<i>beta-carotene/ascorbic acid/vite ac/zinc oxide/cupric oxide</i>)	T1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral tablet 330 mg</i>	T1	
<i>melatonin oral capsule 10 mg</i>	T1	
<i>melatonin oral liquid 1 mg/ml</i>	T1	
<i>melatonin oral tablet 1 mg, 5 mg</i>	T1	
<i>melatonin oral tablet 3 mg</i>	T1	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	T1	PA
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	T1	QL (90 EA per 30 days); AL (Min 16 Years)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	T1	AL (Min 21 Years)
Nonhormonal Contraceptives - Drugs For Women		
Nonhormonal Contraceptives - Drugs For Women		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	T1	
CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	T1	
CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	T1	
FC2 FEMALE CONDOM (<i>condoms, female</i>)	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	T1	
GYNOL II VAGINAL GEL 3 % (<i>nonoxynol 9</i>)	T1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	T1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	T1	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (<i>nonoxynol 9</i>)	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	T1	
Oxytocics - Drugs For Women		
Oxytocics - Drugs For Women		
<i>methylergonovine oral tablet 0.2 mg</i>	T1	
Respiratory Tract Agents - Drugs For The Lungs		
Alpha And Beta Adrenergic Agonist(Respr) - Drugs For Asthma/Copd		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i>)	T1	
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION (<i>epinephrine</i>)	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine hcl</i>)	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin/pseudoephedrine hcl</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine hcl/pseudoephedrine hcl</i>)	T1	ST
Anticholinergic Agents (Respir.Tract) - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	T1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	T1	QL (30 EA per 30 DYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	T1	QL (4 GM per 30 DYs)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
Antifibrotic Agents - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	T1	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	T1	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	T1	PA
Anti-Inflammatory Agents (Respiratory) - Drugs For Inflammation		
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	T1	PA
Antitussives - Drugs For Cough And Cold		
<i>benzonatate oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>benzonatate oral capsule 200 mg</i>	T1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>)	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 ML)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
ROBITUSSIN PEDIATRIC ORAL SYRUP 7.5 MG/5 ML (<i>dextromethorphan hbr</i>)	T1	
TUSSIN COUGH (DM ONLY) ORAL LIQUID 15 MG/5 ML (<i>dextromethorphan hbr</i>)	T1	
TUSSIN MAXIMUM STRENGTH COUGH ORAL SYRUP 15 MG/5 ML (<i>dextromethorphan hbr</i>)	T1	
VICKS DAYQUIL COUGH ORAL SYRUP 5 MG/5 ML (<i>dextromethorphan hbr</i>)	T1	
Cystic Fibrosis (Cftr) Correctors - Drugs For The Lungs		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (<i>lumacaftor/ivacaftor</i>)	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (<i>ellexacaftor/tezacaftor/ivacaftor</i>)	T1	PA
Cystic Fibrosis (Cftr) Potentiators - Drugs For The Lungs		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	T1	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (<i>lumacaftor/ivacaftor</i>)	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (<i>ellexacaftor/tezacaftor/ivacaftor</i>)	T1	PA
Expectorants - Drugs For The Lungs		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	T1	
<i>guaifenesin oral tablet extended release 600 mg</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin/pseudoephedrine hcl</i>)	T1	
First Generation Antihist.(Respir Tract) - Drugs For Allergy		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine maleate</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i>)	T1	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cypheptadine oral syrup 2 mg/5 ml</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine maleate</i>)	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	T1	AL (Min 2 Years)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	T1	
Interleukin Antagonists - Drugs For Inflammation		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (<i>reslizumab</i>)	T1	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>dupilumab</i>)	T1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	T1	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	T1	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (<i>benralizumab</i>)	T1	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	T1	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	T1	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mepolizumab</i>)	T1	PA
Leukotriene Modifiers - Drugs For Inflammation		
<i>montelukast oral granules in packet 4 mg</i>	T1	QL (30 QY per 30 DYs); AL (Min 6 Months and Max 24 Months)
<i>montelukast oral tablet 10 mg</i>	T1	QL (30 QY per 30 DYs)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs); AL (Max 14 Years)
Mast-Cell Stabilizers - Drugs For Inflammation		
<i>cromolyn nasal spray, non-aerosol 5.2 mg/spray (4 %)</i>	T1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	T1	
Mucolytic Agents - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	T1	PA
Nasal Preparations (Steroids) - Drugs For Inflammation		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T1	ST
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T1	ST; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	T1	
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	T1	
Non-Select.Beta-Adrenergic Agont(Respir) - Drugs For Asthma/Copd		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (<i>isoproterenol hcl</i>)	T1	
Orally Inhaled Preparations (Steroids) - Drugs For Inflammation		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	T1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	T1	PA; AL (Max 12 Years)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (<i>fluticasone propionate</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Phosphodiesterase Type 4 Inhibitors - Drugs For The Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	T1	PA
Respiratory Tract Agents, Miscellaneous - Drugs For The Lungs		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	T1	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>omalizumab</i>)	T1	PA
Second Generation Antihist(Respir Tract) - Drugs For Allergy		
<i>cetirizine oral solution 1 mg/ml</i>	T1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	T1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>desloratadine oral tablet 5 mg</i>	T1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	T1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	T1	
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet,disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine/pseudoephedrine sulfate</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine hcl/pseudoephedrine hcl</i>)	T1	ST
Select.Beta-2-Adrenergic Agonist(Respir) - Drugs For Asthma/Copd		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	T1	PA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	T1	QL (2 INH per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	T1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	T1	PA
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	T1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Vasodilating Agents (Respiratory Tract) - Drugs For The Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	T1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	T1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	T1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	T1	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	T1	PA
Xanthine Derivatives - Drugs For Asthma/Copd		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Skin And Mucous Membrane Agents - Drugs For The Skin		
Allylamines (Skin And Mucous Membrane) - Drugs For The Skin		
<i>terbinafine hcl topical cream 1 %</i>	T1	
Antibacterials (Skin, Mucous Membrane) - Drugs For The Skin		
<i>bacitracin topical ointment 500 unit/gram</i>	T1	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	T1	
<i>bacitracin-polymyxin b topical ointment 500-10,000 unit/gram</i>	T1	
<i>clindamycin phosphate topical gel 1 %</i>	T1	ST; QL (60 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>clindamycin phosphate topical solution 1 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>clindamycin phosphate topical swab 1 %</i>	T1	ST; QL (6 fills per 365 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate vaginal cream 2 %</i>	T1	
ERY PADS TOPICAL SWAB 2 % (<i>erythromycin base in ethanol</i>)	T1	ST; QL (6 fills per 365 DYs)
<i>erythromycin with ethanol topical gel 2 %</i>	T1	QL (6 fills per 365 DYs)
<i>erythromycin with ethanol topical solution 2 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>gentamicin topical cream 0.1 %</i>	T1	QL (2 fills per 365 days)
<i>gentamicin topical ointment 0.1 %</i>	T1	QL (2 fills per 365 days)
METROGEL VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	T1	
<i>metronidazole topical cream 0.75 %</i>	T1	
<i>metronidazole topical gel 0.75 %</i>	T1	
<i>mupirocin topical ointment 2 %</i>	T1	QL (22 QY per 30 DYs)
POLY BACITRACIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin/polymyxin b sulfate</i>)	T1	
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin zinc/polymyxin b sulfate</i>)	T1	
Anti-Inflammatory Agents (Skin, Mucous) - Drugs For The Skin		
<i>alclometasone topical cream 0.05 %</i>	T1	
<i>alclometasone topical ointment 0.05 %</i>	T1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	T1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	
<i>betamethasone, augmented topical cream 0.05 %</i>	T1	
<i>clobetasol scalp solution 0.05 %</i>	T1	
<i>clobetasol topical cream 0.05 %</i>	T1	
<i>clobetasol topical ointment 0.05 %</i>	T1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (<i>hydrocortisone</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	T1	PA
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	T1	
<i>desonide 0.05% ointment 0.05 %</i>	T1	
<i>desoximetasone topical ointment 0.25 %</i>	T1	
<i>fluocinolone topical cream 0.025 %</i>	T1	
<i>fluocinolone topical ointment 0.025 %</i>	T1	
<i>fluocinolone topical solution 0.01 %</i>	T1	
<i>fluocinonide topical cream 0.05 %</i>	T1	
<i>fluocinonide topical gel 0.05 %</i>	T1	
<i>fluocinonide topical ointment 0.05 %</i>	T1	
<i>fluocinonide topical solution 0.05 %</i>	T1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	T1	
<i>fluticasone propionate topical cream 0.05 %</i>	T1	
<i>fluticasone propionate topical ointment 0.005 %</i>	T1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	T1	
<i>hydrocortisone acetate topical ointment 1 %</i>	T1	
<i>hydrocortisone topical cream 0.5 %, 2.5 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 0.5 %, 2.5 %</i>	T1	
<i>mometasone furoate 0.1% cream 0.1 %</i>	T1	
<i>mometasone furoate 0.1% oint 0.1 %</i>	T1	
<i>mometasone furoate 0.1% soln lotion 0.1 %</i>	T1	
NOBLE FORMULA HC TOPICAL AEROSOL, SPRAY 1 % (<i>hydrocortisone</i>)	T1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	T1	
<i>hydrocortisone acetate</i> (Proctocort Rectal Suppository 30 Mg)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone acetate/pramoxine hcl (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	T1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (hydrocortisone)	T1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	
Antipruritics And Local Anesthetics - Drugs For The Skin		
ANTI-ITCH (DIPHENHYDRAMINE) TOPICAL AEROSOL, SPRAY 2 % (diphenhydramine hcl)	T1	
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 2-0.1 % (diphenhydramine hcl/zinc acetate)	T1	
diphenhydramine hcl topical cream 2 %	T1	
ITCH RELIEF (DIPHENHYDRAMINE) TOPICAL GEL 2 % (diphenhydramine hcl)	T1	
lidocaine topical adhesive patch, medicated 5 %	T1	PA
lidocaine topical ointment 5 %	T1	QL (71 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	T1	QL (30 GM per 30 days)
phenazopyridine oral tablet 100 mg, 200 mg	T1	
hydrocortisone acetate/pramoxine hcl (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
Antivirals (Skin And Mucous Membrane) - Drugs For The Skin		
ABREVA TOPICAL CREAM 10 % (docosanol)	T1	
Astringents - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	T1	
Azoles (Skin And Mucous Membrane) - Drugs For The Skin		
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) (miconazole nitrate)	T1	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % (clotrimazole)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	T1	
<i>clotrimazole mucous membrane troche 10 mg</i>	T1	
<i>clotrimazole topical cream 1 %</i>	T1	
<i>clotrimazole topical solution 1 %</i>	T1	
<i>clotrimazole vaginal cream 1 %</i>	T1	
CLOTTRIMAZOLE-3 VAGINAL CREAM 2 % (<i>clotrimazole</i>)	T1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	
<i>econazole topical cream 1 %</i>	T1	QL (30 QY per 30 DYs)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	T1	
<i>ketoconazole topical cream 2 %</i>	T1	QL (60 QY per 30 DYs)
<i>ketoconazole topical shampoo 2 %</i>	T1	
<i>miconazole nitrate vaginal cream 2 %</i>	T1	
<i>miconazole nitrate vaginal kit 1,200-2 mg-%</i>	T1	
<i>miconazole nitrate vaginal suppository 100 mg</i>	T1	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) (<i>miconazole nitrate</i>)	T1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	T1	
MICONAZORB AF TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	T1	
NIZORAL A-D TOPICAL SHAMPOO 1 % (<i>ketoconazole</i>)	T1	
NIZORAL TOPICAL SHAMPOO 2 % (<i>ketoconazole</i>)	T1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T1	
<i>tioconazole vaginal ointment 6.5 %</i>	T1	
Basic Lotions And Liniments - Drugs For The Skin		
<i>ammonium lactate topical lotion 12 %</i>	T1	
<i>calamine topical lotion</i>	T1	
GERI-HYDROLAC TOPICAL LOTION 12 % (<i>ammonium lactate</i>)	T1	
Basic Oils And Other Solvents - Drugs For The Skin		
<i>mineral oil oil</i>	T1	
Cell Stimulants And Proliferants - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.05 %</i>	T1	PA; QL (45 GM per 30 days); AL (Max 21 Years)
Corticosteroids (Skin, Mucous Membrane) - Drugs For The Skin		
<i>alclometasone topical cream 0.05 %</i>	T1	
<i>alclometasone topical ointment 0.05 %</i>	T1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	T1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	
<i>betamethasone, augmented topical cream 0.05 %</i>	T1	
<i>clobetasol scalp solution 0.05 %</i>	T1	
<i>clobetasol topical cream 0.05 %</i>	T1	
<i>clobetasol topical ointment 0.05 %</i>	T1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (<i>hydrocortisone</i>)	T1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	T1	PA
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	T1	
<i>desonide 0.05% ointment 0.05 %</i>	T1	
<i>desoximetasone topical ointment 0.25 %</i>	T1	
<i>fluocinolone topical cream 0.025 %</i>	T1	
<i>fluocinolone topical ointment 0.025 %</i>	T1	
<i>fluocinolone topical solution 0.01 %</i>	T1	
<i>fluocinonide topical cream 0.05 %</i>	T1	
<i>fluocinonide topical gel 0.05 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide topical ointment 0.05 %	T1	
fluocinonide topical solution 0.05 %	T1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	T1	
fluticasone propionate topical cream 0.05 %	T1	
fluticasone propionate topical ointment 0.005 %	T1	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate topical cream 0.5 %, 1 %	T1	
hydrocortisone acetate topical ointment 1 %	T1	
hydrocortisone topical cream 0.5 %, 2.5 %	T1	
hydrocortisone topical cream with perineal applicator 2.5 %	T1	
hydrocortisone topical lotion 1 %, 2.5 %	T1	
hydrocortisone topical ointment 0.5 %, 2.5 %	T1	
mometasone furoate 0.1% cream 0.1 %	T1	
mometasone furoate 0.1% oint 0.1 %	T1	
mometasone furoate 0.1% soln lotion 0.1 %	T1	
NOBLE FORMULA HC TOPICAL AEROSOL,SPRAY 1 % (hydrocortisone)	T1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (hydrocortisone)	T1	
hydrocortisone acetate (Proctocort Rectal Suppository 30 Mg)	T1	PA
hydrocortisone acetate/pramoxine hcl (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	T1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (hydrocortisone)	T1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hydroxypyridones (Skin, Mucous Membrane) - Drugs For The Skin		
<i>ciclopirox topical solution 8 %</i>	T1	
<i>ciclopirox topical suspension 0.77 %</i>	T1	
Keratolytic Agents - Drugs For The Skin		
ACNE MEDICATION TOPICAL LOTION 10 %, 5 % (<i>benzoyl peroxide</i>)	T1	
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	T1	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	T1	
NEUTROGENA ON THE SPOT TOPICAL CREAM 2.5 % (<i>benzoyl peroxide</i>)	T1	
SCALP RELIEF TOPICAL LIQUID 3 % (<i>salicylic acid</i>)	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
<i>urea topical cream 40 %</i>	T1	QL (200 QY per 30 DYs)
Keratoplastic Agents - Drugs For The Skin		
CUTAR TOPICAL EMULSION 7.5 % (<i>coal tar</i>)	T1	
Local Anti-Infectives, Miscellaneous - Drugs For The Skin		
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	T1	
<i>chlorhexidine gluconate (bulk) solution 20 %</i>	T1	
<i>chlorhexidine gluconate topical liquid 2 %, 4 %</i>	T1	
<i>chlorhexidine gluconate topical towelette 2 %</i>	T1	
DYNA-HEX TOPICAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	T1	
INSTACLEAN SOLUTION (<i>isopropyl alcohol</i>)	T1	
PERICLEAN TOPICAL CLEANSER 0.43 % (<i>chloroxylonol</i>)	T1	
<i>selenium sulfide topical lotion 2.5 %</i>	T1	
<i>silver sulfadiazine topical cream 1 %</i>	T1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
SWEEN PREP TOPICAL LIQUID 0.5 % (<i>chloroxylonol</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SWEEN PREP WIPES TOPICAL PADS, MEDICATED 0.5 % (<i>chloroxylonol</i>)	T1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	T1	ST
Nonsteroidal Anti-Inflammat.Agents(Skin) - Drugs For The Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 25 days)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (<i>diclofenac sodium</i>)	T1	PA
Polyenes (Skin And Mucous Membrane) - Drugs For The Skin		
<i>nystatin topical cream 100,000 unit/gram</i>	T1	
<i>nystatin topical ointment 100,000 unit/gram</i>	T1	
<i>nystatin topical powder 100,000 unit/gram</i>	T1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T1	
Scabicides And Pediculicides - Drugs For The Skin		
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 % (<i>pyrethrins/permethrin</i>)	T1	
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	T1	
<i>ivermectin topical lotion 0.5 %</i>	T1	ST
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % (<i>permethrin</i>)	T1	
LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 % (<i>pyrethrins</i>)	T1	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 % (<i>pyrethrins</i>)	T1	
<i>malathion topical lotion 0.5 %</i>	T1	ST
<i>permethrin topical cream 5 %</i>	T1	
<i>spinosad topical suspension 0.9 %</i>	T1	ST
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	T1	ST
Skin And Mucous Membrane Agents, Misc. - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin, micronized</i>)	T1	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	T1	PA
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % (<i>capsaicin</i>)	T1	
<i>calcipotriene scalp solution 0.005 %</i>	T1	ST
<i>calcipotriene topical cream 0.005 %</i>	T1	ST
<i>calcipotriene topical ointment 0.005 %</i>	T1	ST
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	T1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX TOPICAL GEL 0.5 % (<i>podofilox</i>)	T1	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	T1	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	T1	PA
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 25 days)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
DIFFERIN TOPICAL GEL 0.1 % (<i>adapalene</i>)	T1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>dupilumab</i>)	T1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	T1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorouracil topical cream 5 %	T1	
fluorouracil topical solution 2 %, 5 %	T1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (adalimumab)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	T1	PA
imiquimod topical cream in packet 5 %	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (infliximab-dyyb)	T1	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	PA
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
OTEZLA ORAL TABLET 30 MG (apremilast)	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	T1	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (diclofenac sodium)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)
<i>podofilox topical solution 0.5 %</i>	T1	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>tacrolimus topical ointment 0.03 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 2 Years)
<i>tacrolimus topical ointment 0.1 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 16 Years)
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,INNER 80 MG/ML (<i>ixekizumab</i>)	T1	PA
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,INNER 80 MG/ML (<i>ixekizumab</i>)	T1	PA
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	T1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Thiocarbamates(Skin And Mucous Membrane) - Drugs For The Skin		
<i>tolnaftate topical cream 1 %</i>	T1	
<i>tolnaftate topical solution 1 %</i>	T1	
Smooth Muscle Relaxants - Drugs To Relax Muscles		
Antimuscarinics - Drugs For The Urinary System		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	T1	PA
<i>flavoxate oral tablet 100 mg</i>	T1	PA
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %) (<i>oxybutynin chloride</i>)	T1	PA
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (<i>oxybutynin chloride</i>)	T1	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	T1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR (<i>oxybutynin</i>)	T1	QL (8 EA per 28 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T1	PA
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	T1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	T1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	T1	PA
<i>trospium oral capsule,extended release 24hr 60 mg</i>	T1	ST
<i>trospium oral tablet 20 mg</i>	T1	ST
Respiratory Smooth Muscle Relaxants - Drugs For Lungs		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Selective Beta-3-Adrenergic Agonists - Drugs For The Urinary System		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	T1	PA
Vitamins		
Multivitamin Preparations		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid/multivit with iron, minerals/lutein</i>)	T1	
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin,therapeutic with iron and minerals</i>)	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	T1	
DAILY MULTI-VITAMIN ORAL TABLET (<i>multivitamin</i>)	T1	
KPN ORAL TABLET (<i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i>)	T1	AL (Max 50 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>)	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2/sodium fluoride</i>)	T1	AL (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamins no.17 with sodium fluoride</i>)	T1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET (<i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
THERA ORAL TABLET (<i>multivitamin,therapeutic</i>)	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarate/folic acid</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
VINATE II ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium/iron fum,b-g/folic acid</i>)	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
VITAMINS AND MINERALS ORAL TABLET (<i>multivitamin,therapeutic with minerals</i>)	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
Vitamin A		
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
Vitamin B Complex		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid/multivit with iron, minerals/lutein</i>)	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	T1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	T1	
DIALYVITE ORAL TABLET 100-1 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	T1	
<i>folic acid oral tablet 1 mg</i>	T1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
NEPHRO-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (<i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>)	T1	
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	T1	
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarate/folic acid</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG (<i>thiamine hcl</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN B-6 ORAL TABLET 100 MG (<i>pyridoxine hcl (vitamin b6)</i>)	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i>)	T1	AL (Max 50 Years)
Vitamin C		
DIALYVITE 800 ORAL TABLET 0.8 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	T1	
DIALYVITE ORAL TABLET 100-1 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	T1	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) - 400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) - 200 UNIT, 600 MG(1,500MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
<i>calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit</i>	T1	
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	T1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit)</i>	T1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	T1	
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT (<i>calcium carbonate/ergocalciferol (vitamin d2)</i>)	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	T1	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
RISACAL-D ORAL TABLET 105-120 MG-UNIT (<i>calcium phosphate, dibasic/cholecalciferol (vitamin d3)</i>)	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	T1	
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	T1	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	T1	
Vitamin K Activity		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	

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Alameda MCAL Formulary

1		
12 HOUR DECONGESTANT		
..... 18, 123		
3		
3 DAY VAGINAL	137	
A		
abiraterone	12	
ABREVA	137	
ABSORICA.....	143	
ABSORICA LD	143	
acarbose	97	
ACCU-CHEK SOFTCLIX		
LANCETS	65	
ACEPHEN.....	49	
acetaminophen.....	49	
acetaminophen-codeine ...	49, 50, 59	
acetazolamide	38, 73, 81	
acetic acid	82	
acetylcysteine.....	122, 129	
ACNE MEDICATION.....	141	
ACTEMRA.....	114, 117	
ACTEMRA ACTPEN	114, 117	
ACTHAR H.P.	72, 109	
ACTHIB (PF).....	15	
ACUVAIL (PF).....	86	
acyclovir	10	
ADACEL(TDAP		
ADOLESN/ADULT)(PF). 14		
adefovir	10	
ADEMPAS.....	47, 133	
ADMELOG SOLOSTAR U-		
100 INSULIN	106, 110	
ADMELOG U-100 INSULIN		
LISPRO	106, 110	
ADRENALIN.....	87	
ADULT TUSSIN CHEST		
CONGESTION	127	
ADVAIR HFA.....	23, 95, 130, 132	
ADVANCED TRAVEL		
LANCETS	65	
ADVOCATE LANCET	65	
ADVOCATE SYRINGES...	65	
AEMCOLO	11	
AEROCHAMBER PLUS		
FLOW-VU,M MSK	65	
		AEROCHAMBER PLUS Z
		STAT
		65
		AEROCHAMBER PLUS Z
		STAT LG MSK.....
		65
		AEROCHAMBER PLUS Z
		STAT MD MSK
		65
		AEROCHAMBER PLUS Z
		STAT SM MSK
		65
		AEROCHAMBER Z-STAT
		PLUS-FLW SG
		65
		AFINITOR
		12
		AFINITOR DISPERZ.....
		12
		AFLURIA QD 2020-21(3YR
		UP)(PF)
		15
		AFLURIA QUAD 2020-
		2021(6MO UP)
		15
		AIMOVIG AUTOINJECTOR
		
		54, 57
		AIMOVIG AUTOINJECTOR
		(2 PACK)
		54, 57
		AIR TUBE WITH AIR PLUGS
		
		65
		AIRS ADULT AEROSOL
		MASK
		66
		AIRS DISPOSABLE
		NEBULIZER
		66
		AJOVY AUTOINJECTOR..
		57
		AJOVY SYRINGE
		54, 57
		albuterol sulfate
		23, 132
		alclometasone
		135, 139
		ALCOHOL PREP PADS..
		141
		ALDURAZYME.....
		79
		alendronate
		113
		alfuzosin
		23
		aliskiren
		45
		ALLERGY
		RELIEF(CHLORPHENIRA
		MN).....
		2, 3, 127
		ALLERGY SINUS-D3, 18, 50,
		124, 127
		ALLI.....
		92
		allopurinol.....
		113
		ALMACONE-2
		87, 89
		alogliptin
		103
		alogliptin-metformin ...
		98, 103
		alogliptin-pioglitazone....
		103,
		111
		ALTACHLORE
		82
		ALTERNATE SITE LANCET
		
		66
		aluminum hydroxide gel
		87
		Alyacen 1/35 (28)
		99
		Alyacen 7/7/7 (28)
		99
		ambrisentan
		47, 133
		Amethia
		99
		Amethia Lo
		99
		Amethyst (28)
		99
		amiloride.....
		45, 74
		amiodarone
		40
		AMITIZA
		90
		amitriptyline
		64
		amlodipine.....
		36, 41, 43, 47
		amlodipine-benazepril 32, 36,
		41, 43, 47
		amlodipine-valsartan ..
		30, 31,
		36, 41, 43, 47
		amlodipine-valsartan-
		hcthiacid 30, 31, 36, 41, 45,
		77
		ammonium lactate
		138
		amoxicillin.....
		5
		amoxicillin-pot clavulanate ..
		5
		ampicillin
		6
		anagrelide
		29
		ANALGESIC RUB
		(TROLAMINE SALI).....
		62
		anastrozole.....
		12, 98
		ANTACID EXST (MAG
		CARB-AL HYD)
		87
		ANTACID EXTRA-
		STRENGTH.....
		75, 87
		ANTACID REGULAR
		STRENGTH.....
		87, 89
		ANTI-DIARRHEAL
		(LOPERAMIDE).....
		89
		ANTIFUNGAL
		(CLOTRIMAZOLE)
		137
		ANTIFUNGAL CREAM
		(MICONAZOLE).....
		138
		ANTI-ITCH
		(DIPHENHYDRAMINE)137
		ANTI-ITCH (HC).....
		135, 139
		ANTI-ITCH(DIPHENHYD)
		WITH ZINC
		137
		apraclonidine
		82
		aprepitant
		94

Apri.....	99	azelastine	79	BEPREVE	79
APTIOM	51	azithromycin	10	betamethasone dipropionate	135, 139
ARANESP (IN POLYSORBATE).....	25	B		betamethasone valerate .	135, 139
ARIKAYCE	5	bacitracin.....	80, 134	betamethasone, augmented	135, 139
armodafinil.....	65	bacitracin zinc	134	BETASERON	117
ARMOUR THYROID	111	bacitracin-polymyxin b.....	134	bethanechol chloride	22
ARNUITY ELLIPTA... 95, 130		baclofen.....	21	bexarotene	12
aromatic cascara fld xt (bulk)	90	balsalazide	90	BEXSERO	15
ARTHRITIS PAIN RELIEF(CAPSAIC).....	143	Balziva (28)	99	bicalutamide	12
ARTHRITIS RELIEF WITH ALOE.....	63	BANZEL	51	BIDIL	42, 44
ARTIFICIAL TEARS (PETRO/MIN)	83	BAQSIMI	104, 112	bisacodyl	90
ARTIFICIAL TEARS (PF)..	83	BARACLUDE	10	BISA-LAX (BISACODYL) ..	91
ARTIFICIAL TEARS (POLYVIN ALC).....	83	BASAGLAR KWIKPEN U-100 INSULIN	106, 108	bisoprolol fumarate 24, 34, 39	
ARTIFICIAL TEARS(DEXT70-HYPRO)	83	BD AUTOSHIELD DUO PEN NEEDLE	66	BLOXIVERZ	22, 73
ARTIFICIAL TEARS(PG-HYPM-GLYC)	83	BD INSULIN SYRINGE	66	BOOSTRIX TDAP	14
ARTIFICIAL TEARS(PVALCH-POVID)	83	BD INSULIN SYRINGE HALF UNIT	66	bosentan	47, 133
aspirin	29, 54, 63	BD INSULIN SYRINGE MICRO-FINE	66	BOSULIF.....	12
aspirin-dipyridamole ... 29, 47, 63		BD INSULIN SYRINGE SAFETY-LOK	66	BREO ELLIPTA.. 23, 95, 130, 132	
ASSURE HAEMOLANCE PLUS	66	BD INSULIN SYRINGE ULTRA-FINE	66	Briellyn	99
ASSURE LANCE	66	BD LO-DOSE MICRO-FINE IV	66	BRILINTA	29
atenolol	24, 34, 39	BD LUER-LOK SYRINGE .	66	brimonidine.....	79
atenolol-chlorthalidone24, 34, 39, 46, 78		BD NANO 2ND GEN PEN NEEDLE	66	bromfenac	86
atomoxetine.....	57	BD SAFETYGLIDE INSULIN SYRINGE	67	BRONCHIAL MIST.... 18, 124	
atorvastatin.....	43	BD ULTRA FINE LANCETS	67	BROTAPP 3, 18, 124, 127	
atovaquone-proguanil	6	BD ULTRA-FINE II LANCETS	67	BROTAPP DM.. 18, 124, 126, 127	
atropine	86	BD ULTRA-FINE MICRO PEN NEEDLE.....	67	BUBBLES THE FISH PEDI MASK	67
ATROVENT HFA	20, 125	BD ULTRA-FINE MINI PEN NEEDLE	67	budesonide.....	95, 96, 130
AUBAGIO.....	117	BD ULTRA-FINE NANO PEN NEEDLE	67	budesonide-formoterol23, 96, 130, 132	
AUGMENTIN.....	6	BD ULTRA-FINE ORIG PEN NEEDLE	67	bumetanide	44, 74
AVONEX.....	117	benazepril.....	32, 33	bupropion hcl.....	53
AVONEX (WITH ALBUMIN)	117	benazepril-hydrochlorothiazide. 32, 33, 45, 77		bupropion hcl (smoking deter)	53
AYR SALINE	83	benzonatate	125	buspirone	55
AZASAN.....	114, 117, 121	benzoyl peroxide	141	butalbital-acetaminop-caf-cod	50, 54, 56, 59, 62
AZASITE	80			butalbital-acetaminophen-caff	50, 54, 56, 62
azathioprine.....	114, 117, 121			butorphanol	61

calamine.....	138	cephalexin.....	4	clindamycin phosphate... 134,	
calcipotriene.....	143	CERTA PLUS....	27, 146, 149	135	
calcitonin (salmon) ...	98, 109,	CERVARIX VACCINE (PF)	15	clobetasol.....	135, 139
113		cetirizine.....	4, 131	clomipramine.....	64
calcitriol.....	151	cetirizine-pseudoephedrine	4,	clonazepam.....	56
CALCIUM 500 + D	75, 151	18, 124, 131		clonidine.....	19, 38
CALCIUM 500 + D (D3) ...	75,	CHANTIX.....	21	clonidine hcl.....	19, 38
151		CHANTIX CONTINUING		clopidogrel.....	29
CALCIUM 500 WITH D	75,	MONTH BOX.....	21	clotrimazole.....	138
151		CHANTIX STARTING		CLOTTRIMAZOLE-3.....	138
CALCIUM 600.....	75	MONTH BOX.....	21	clotrimazole-betamethasone	
CALCIUM 600 + D(3) 75, 151		CHEMET.....	95, 112		135, 138, 139
calcium acetate(phosphat		CHILDREN'S FEVER		codeine-guaifenesin .	59, 126,
bind).....	74	REDUCING.....	50	127	
CALCIUM ANTACID ..	75, 87	chlordiazepoxide hcl.....	56	colchicine.....	113
CALCIUM ANTACID ULTRA		chlorhexidine gluconate....	82,	COLESTID FLAVORED	35
MAX ST.....	75, 87	141		COMBIVENT RESPIMAT. 20,	
calcium carbonate.....	75, 87	chlorhexidine gluconate		24, 125, 132	
calcium carbonate-vitamin d3		(bulk).....	141	COMP-AIR ELITE COMP	
.....	75	chloroquine phosphate.....	6	NEB SYSTEM.....	67
calcium citrate-vitamin d2. 75,		chlorpheniramine maleate ..	2,	COMP-AIR XLT	
151		3, 127		COMPRESSOR NEB	67
calcium citrate-vitamin d3. 75,		chlorthalidone.....	46, 78	Compazine.....	61, 90
151		cholecalciferol (vitamin d3)		COMPLETE LICE	
calcium gluconate.....	75		151	TREATMENT.....	142
calcium lactate.....	76	cholestyramine (with sugar)		COMPLETE MULTIVITAMIN	
CAMRESE.....	100		35		27, 146
CAMRESE LO.....	100	Cholestyramine Light.....	35	COMPLETE NATAL DHA 27,	
candesartan.....	30, 31	choline,magnesium salicylate		76, 146, 149	
candesartan-			63	COMPLETENATE.....	147
hydrochlorothiazid ..	30, 31,	ciclopirox.....	141	CONCEPTROL.....	122
45, 77		cilostazol.....	29, 45	CONDOMS-PREM	
capecitabine.....	12	CILOXAN.....	80	LUBRICATED.....	122
CAPRELSA.....	12	cimetidine.....	94	CONDYLOX.....	143
capsaicin.....	143	cimetidine hcl.....	94	CORGARD.....	22, 34, 39
captopril.....	32, 33	CIMZIA POWDER FOR		CORLANOR.....	38
carbamazepine.....	51, 53	RECONST.....	92, 114, 118	CORTENEMA.....	135, 139
carbidopa-levodopa.....	58	CIMZIA STARTER KIT.....	92,	CORTIFOAM.....	136, 139
carbidopa-levodopa-		114, 118		CORTIZONE-10.....	136, 139
entacapone.....	57, 58	cinacalcet.....	98, 122	COSENTYX.....	143
carvedilol..	21, 23, 30, 34, 39,	CINQAIR.....	129	COSENTYX PEN.....	143
43		ciprofloxacin hcl.....	7, 10, 80	CREON.....	92
CAYA CONTOURED.....	122	citalopram.....	64	cromolyn.....	79, 129
CAYSTON.....	9	Claravis.....	143	CUTAR.....	141
cefaclor.....	4	clarithromycin.....	7, 10	CUVPOSA.....	20
cefazolin.....	4	CLEAR EYES REDNESS		cyanocobalamin (vitamin b-	
cefdinir.....	5	RELIEF.....	87	12).....	149
cefuroxime axetil.....	4	clemastine.....	1, 2, 127	cyclobenzaprine.....	21
celecoxib.....	58	clindamycin hcl.....	9	cyclopentolate.....	86
CELLCEPT.....	121	Clindamycin Pediatric.....	9	cycloserine.....	7

cyclosporine 115, 118, 121
cyclosporine modified..... 115, 118, 121
cyproheptadine 1, 2, 127, 128
D
DAILY MULTI-VITAMIN .. 147
dalfampridine..... 122
DALIRESP 131
dapson 6
darifenacin..... 145
DAYHIST ALLERGY1, 2, 128
DAYTRANA..... 62
deferasirox 95
deferoxamine 95, 112
DEPO-SUBQ PROVERA 104
..... 109
desipramine..... 65
desloratadine..... 4, 131
desmopressin..... 26, 27, 109
desonide 136, 139
desoximetasone 136, 139
desvenlafaxine succinate .. 63
DEVILBISS COMPACT
COMPRESSOR..... 67
DEVILBISS PULMO-AIDE
COMPRESSR 67
DEVILBISS TRAVELER
COMPRESSOR..... 67
dexamethasone..... 96
dexamethasone sodium
phosphate..... 81
DEXILANT..... 94
dexmethylphenidate 62
Dexpak 13 Day..... 96
dextroamphetamine 49
dextroamphetamine-
amphetamine..... 49
dextromethorphan-
guaifenesin 126, 127
DIALYVITE..... 149, 151
DIALYVITE 800..... 149, 151
diazepam 56
diclofenac epolamine 61, 142,
143
diclofenac sodium 12, 61, 86,
142, 143
dicloxacillin 10
dicyclomine 20
didanosine..... 8
DIFFERIN..... 143

digoxin..... 33, 38
DILANTIN..... 39, 59
diltiazem hcl ... 35, 36, 37, 38,
40, 47
dimethyl fumarate..... 118
diphenhydramine hcl 1, 2,
128, 137
diphenoxylate-atropine20, 89,
125
dipyridamole 29, 47
disulfiram..... 112
divalproex..... 51, 53, 54
DIVIGEL 104
docusate sodium 91
DOCUSOL 91
donepezil..... 22
DOPTelet (10 TAB PACK)
..... 26
DOPTelet (15 TAB PACK)
..... 26
DOPTelet (30 TAB PACK)
..... 26
dorzolamide..... 81
dorzolamide-timolol 81
doxazosin 22, 30, 43
doxepin..... 65
doxycycline monohydrate.. 11
dronabinol 89
drospirenone-e.estradiol-
lm.fa..... 100
drospirenone-ethinyl estradiol
..... 100
DROXIA 12
DRYSOL DAB-O-MATIC. 137
DULERA..... 24, 96, 130, 132
duloxetine..... 58, 63
DUPIXENT PEN..... 129, 143
DUPIXENT SYRINGE... 129,
143
DUREX AVANTI BARE
REAL FEEL 123
DUREZOL 81
dutasteride 112
DYNA-HEX..... 141
E
EASY COMFORT LANCETS
..... 67
EASY TOUCH INSULIN
SYRINGE 67

EASY TOUCH TWIST
LANCETS 67
econazole..... 138
ED CHLORPED JR. 2, 3, 128
EDARBI..... 30, 31
EDARBYCLOR 30, 31, 47, 79
EDLUAR..... 55
ELIQUIS 25
ELIQUIS DVT-PE TREAT
30D START 25
ELLA 100
ELMIRON..... 122
EMADINE..... 79
EMCYT..... 12
EMFLAZA..... 96
EMGALITY PEN..... 54, 57
EMGALITY SYRINGE. 54, 57
enalapril maleate..... 32, 33
enalapril-hydrochlorothiazide
..... 32, 33, 46, 78
ENBREL..... 115, 118, 143
ENBREL MINI . 115, 118, 143
ENBREL SURECLICK ... 115,
118, 143
Endocet 50, 59
ENEMA 91
ENEMEEZ..... 91
ENGERIX-B (PF)..... 15
ENLON..... 73
enoxaparin 27
Enskyce..... 100
entacapone 57
entecavir..... 10
ENTRESTO..... 31, 45
ENUCLENE..... 83
EPIDIOLEX 51
epinastine..... 79
epinephrine 18, 124
EPOGEN 26
eprosartan 30, 31
ergocalciferol (vitamin d2)
..... 151, 152
ERGOMAR..... 22, 54
erlotinib..... 12
ERWINAZE 12
ERY PADS 135
Erythrocine (As Stearate) .. 7, 9
erythromycin..... 8, 9, 80
erythromycin ethylsuccinate7,
9

erythromycin with ethanol 135
 erythromycin-benzoyl
 peroxide..... 135
 ESBRIET..... 125
 escitalopram oxalate 64
 esomeprazole magnesium 94
 estradiol 104
 estradiol valerate..... 104
 estrogens-methyltestosterone
 97, 104
 eszopiclone 55
 ethambutol 7
 ethosuximide 64
 etodolac 61
 etonogestrel-ethinyl estradiol
 100
 EUFLEXXA 67
 EURAX..... 142
 everolimus (antineoplastic) 12
 exemestane..... 12, 98
 EXTAVIA..... 118
 EYE ALLERGY RELIEF ... 87
 E-Z JECT LANCETS..... 67
 E-Z JECT THIN LANCETS 68
 ezetimibe..... 39
F
 famciclovir 10
 famotidine..... 94
 FARXIGA 111
 FASENRA 129
 FASENRA PEN..... 129
 FC2 FEMALE CONDOM. 123
 febuxostat..... 113
 felodipine..... 36, 41, 43, 47
 FEMCAP 68, 123
 fenofibrate 42
 fenofibrate micronized..... 42
 fenofibrate nanocrystallized
 42
 fentanyl 60
 ferrous gluconate 27
 ferrous sulfate 27
 FEVERALL..... 50
 fexofenadine..... 4, 131
 fexofenadine-
 pseudoephedrine..... 4, 18,
 124, 131
 FIBER LAXATIVE (CA
 POLYCARBO)..... 91

FIBER LAXATIVE
 (PSYLLIUM HUSK)..... 91
 FIBER SMOOTH..... 91
 finasteride..... 112
 FINGERSTIX LANCETS ... 68
 FIRVANQ 8
 FISH OIL 33
 flavoxate 145
 flecainide 39
 FLOVENT DISKUS ... 96, 130
 FLOVENT HFA 96, 130
 FLUAD 2020-2021 (65 YR
 UP)(PF) 15
 FLUAD QUAD 2020-21(65Y
 UP)(PF) 15
 FLUARIX QUAD 2020-2021
 (PF)..... 15
 FLUBLOK QUAD 2020-2021
 (PF)..... 15
 FLUCELVAX QUAD 2020-
 2021..... 16
 FLUCELVAX QUAD 2020-
 2021 (PF)..... 15
 fluconazole 7
 fludrocortisone..... 96
 FLULAVAL QUAD 2020-
 2021 (PF)..... 16
 FLUMIST QUAD 2020-2021
 16
 flunisolide 81, 130
 fluocinolone 136, 139
 fluocinonide 136, 139, 140
 Fluocinonide-E 136, 140
 FLUOR-A-DAY 114
 fluoride (sodium) 114
 fluorometholone 81
 fluorouracil..... 12, 144
 fluoxetine..... 64
 FLURA-DROPS 114
 flurazepam 56
 flurbiprofen sodium..... 86
 flutamide..... 12
 fluticasone propionate 81,
 130, 136, 140
 fluticasone propion-
 salmeterol 24, 96, 131, 132
 fluvoxamine 64
 FLUZONE HIGHDOSE
 QUAD 20-21 PF 16

FLUZONE QUAD 2020-2021
 16
 FLUZONE QUAD 2020-2021
 (PF)..... 16
 FOAMING ANTACID..... 88
 folic acid 149
 FOR STY RELIEF 83
 FORACARE LANCETS..... 68
 FORTEO 108, 109, 113
 fosinopril..... 32, 33
 fosphenytoin..... 59
 FOSRENOL 74, 112
 FREESTYLE FREEDOM
 LITE 68
 FREESTYLE INSULINX... 68,
 72
 FREESTYLE INSULINX
 TEST STRIPS..... 72
 FREESTYLE LANCETS... 68
 FREESTYLE LIBRE 10 DAY
 READER..... 68
 FREESTYLE LIBRE 10 DAY
 SENSOR 68
 FREESTYLE LIBRE 14 DAY
 READER..... 68
 FREESTYLE LIBRE 14 DAY
 SENSOR 68
 FREESTYLE LIBRE 2
 READER..... 68
 FREESTYLE LIBRE 2
 SENSOR 68
 FREESTYLE LITE METER68
 FREESTYLE LITE STRIPS
 72
 FREESTYLE TEST 72
 FRESHKOTE 83
 FULPHILA..... 26
 furosemide 44, 74
G
 gabapentin 50, 51
 galantamine..... 23
 ganciclovir sodium..... 10
 GARDASIL (PF) 16
 GARDASIL 9 (PF) 16
 GAS RELIEF
 (SIMETHICONE) 89
 gatifloxacin 80
 GATTEX 30-VIAL 92
 Gavilyte-G 91
 GELNIQUE..... 145

GELUSIL ANTACID AND ANTI-GAS..... 88, 89	HUMALOG MIX 75-25(U- 100)INSULN 106, 108, 110	hydrocortisone acetate ... 136, 140
gemfibrozil..... 42	HUMIRA 93, 115, 119, 144	hydrocortisone-acetic acid 81, 82
Generlac 73	HUMIRA PEDIATRIC CROHNS START . 92, 115, 118, 144	hydromorphone 60
gentamicin..... 80, 135	HUMIRA PEN... 93, 115, 118, 144	hydroxychloroquine 6, 115, 119
GENTEAL MILD..... 83	HUMIRA PEN CROHNS-UC- HS START 92, 115, 118, 144	hydroxyprogesterone cap(ppres) 109
GENTEAL SEVERE..... 83	HUMIRA PEN PSOR- UVEITS-ADOL HS 93, 115, 118, 144	hydroxyprogesterone cap(ppres) 109
GENTEAL TEARS MODERATE 83	HUMIRA(CF) 93, 115, 119, 144	hydroxyurea 12
GERI-HYDROLAC 138	HUMIRA(CF) PEDI CROHNS STARTER..... 93, 115, 119, 144	hydroxyzine hcl..... 3, 55
GERI-MOX ANTACID- ANTIGAS..... 88, 89	HUMIRA(CF) PEN ... 93, 115, 119, 144	hydroxyzine pamoate 3, 55
GIANVI (28)..... 100	HUMIRA(CF) PEN CROHNS-UC-HS.. 93, 115, 119, 144	hyoscyamine sulfate..... 20
GILENYA 118	HUMIRA(CF) PEN PSOR- UV-ADOL HS 93, 115, 119, 144	HYPOTEARs 83
glatiramer 118	HUMULIN 70/30 U-100 INSULIN 106, 108, 110	I
Glatopa 118	HUMULIN 70/30 U-100 KWIKPEN 107, 108, 110	ibandronate 113
glimepiride..... 111	HUMULIN N NPH INSULIN KWIKPEN 107, 108	ibuprofen 61
glipizide 111	HUMULIN N NPH U-100 INSULIN 107, 108	IBUPROFEN JR STRENGTH 61
GLUCAGON EMERGENCY KIT (HUMAN) 104, 112	HUMULIN R REGULAR U- 100 INSULN 107, 110	ICAPS AREDS 122
glyburide 111	HUMULIN R U-500 (CONC) INSULIN 107, 110	ICLUSIG..... 12
glyburide micronized 111	HUMULIN R U-500 (CONC) KWIKPEN 107, 110	icosapent ethyl 33
glyburide-metformin .. 98, 111	HYCANTIN 12	ILEVRO 86
glycerin (child)..... 91	hydralazine..... 42	imatinib..... 12
glycopyrrolate..... 20	hydrochlorothiazide 46, 78	imipramine hcl 65
granisetron (pf)..... 88	HYDROCIL INSTANT 91	imiquimod..... 144
granisetron hcl..... 88	hydrocodone-acetaminophen 50, 60	IMOVAX RABIES VACCINE (PF)..... 17
griseofulvin microsize..... 6	hydrocodone-homatropine 20, 60, 126	INCRUSE ELLIPTA... 20, 125
griseofulvin ultramicrosize... 6	hydrocortisone... 96, 136, 140	indapamide..... 47, 79
guaifenesin..... 127		indomethacin..... 61, 113
guanfacine..... 38, 57		INFANT PAIN RELIEVER . 50
GYNAZOLE-1 138		INFANT'S IBUPROFEN 61
GYNOL II..... 123		INFED 27
H		INFLECTRA 93, 116, 119, 144
HARVONI..... 8		INJECT EASE LANCETS.. 68
HAVRIX (PF)..... 16		INNOSPIRE ELEGANCE .. 68
HEADACHE RELIEF (ASA- ACET-CAF) 29, 50, 54, 62, 63		INNOSPIRE ESSENCE 68
heparin (porcine) 27		INSTACLEAN..... 141
HEPARIN LOCK FLUSH.. 27, 68		insulin asp prt-insulin aspart 107, 108, 110
HEPLISAV-B (PF) 16, 17		insulin lispro 107, 110
HEXALEN 12		insulin lispro protamin-lispro 107, 108, 110
HOMATROPAIRE 87		INSULIN SYRINGE 68
HUMALOG MIX 50-50 INSULN U-100.... 106, 107, 110		INSULIN SYRINGE MICROFINE..... 68
HUMALOG MIX 50-50 KWIKPEN 106, 107, 110		

INSULIN SYRINGE		
ULTRAFINE.....	68	
insulin syringe-needle u-100		
.....	69	
insulin syringes (disposable)		
.....	69	
INTERMEZZO.....	55	
Introvale	100	
ipratropium bromide ..	20, 125	
ipratropium-albuterol ..	20, 24,	
125, 133		
irbesartan	30, 31	
irbesartan-		
hydrochlorothiazide	30, 31,	
46, 78		
isometh-dichloral-		
acetaminophn	50	
isoniazid	7	
ISOPTO TEARS.....	83	
isosorbide dinitrate	44	
isosorbide mononitrate	44	
isotretinoin.....	144	
ISUPREL.....	22, 130	
ITCH RELIEF		
(DIPHENHYDRAMINE)137		
itraconazole.....	7	
ivermectin.....	6, 142	
J		
JANUMET	98, 103	
JANUMET XR	98, 103	
JANUVIA.....	103	
JARDIANCE.....	111	
JENTADUETO	98, 103	
JENTADUETO XR	99, 103	
JOLESSA.....	100	
Junel 1.5/30 (21)	100	
Junel 1/20 (21)	100	
Junel Fe 1.5/30 (28)	100	
Junel Fe 1/20 (28)	100	
K		
KALYDECO.....	126, 127	
KAOPECTATE (BISMUTH		
SUBSALICY)	88, 89	
Kariva (28).....	100	
ketoconazole	7, 138	
KETONE CARE	72	
ketoprofen	61	
ketorolac	61, 86	
ketotifen fumarate	79	
KEVZARA	116, 119	
KINERET.....	116, 119	
KOMBIGLYZE XR.....	99, 103	
K-PHOS ORIGINAL	73	
KPN.....	147	
KYPROLIS	12	
L		
l norgest/e.estradiol-e.estrad		
.....	100	
labetalol.....	22, 23, 30, 34, 39	
lactulose	73	
lamotrigine.....	51, 52, 53	
lancets.....	69	
LANCETS,THIN	69	
LANCETS,ULTRA THIN....	69	
lansoprazole.....	94	
lanthanum	74, 112	
lapatinib.....	12	
LASTACFT	79	
latanoprost	87	
LC PLUS	69	
L-CARNITINE (TARTRATE)		
.....	73	
ledipasvir-sofosbuvir	8	
leflunomide.....	116, 119	
letrozole.....	12, 98	
leucovorin calcium.....	112	
LEUKERAN.....	12	
LEUKINE.....	26	
leuprolide.....	13, 104, 105	
levabuterol hcl	24, 133	
levabuterol tartrate ...	24, 133	
LEVIBID	20	
levetiracetam.....	52	
levetiracetam in nacl (iso-os)		
.....	52	
levobunolol.....	81	
levocarnitine	122	
levocarnitine (with sugar)	122	
levocarnitine tartrate.....	73	
levocetirizine	4, 131	
levofloxacin	7, 11	
levonorgestrel-ethinyl estrad		
.....	100	
levothyroxine	112	
LICE KILLING		
(PERMETHRIN)	142	
LICE PYRINYL SHAMPOO		
.....	142	
LICE TREATMENT	142	
lidocaine	137	
lidocaine hcl	86	
Lidocaine Viscous	86	
lidocaine-prilocaine.....	137	
linezolid	10	
LINZESS	93	
liothyronine.....	112	
lisinopril	32, 33	
lisinopril-hydrochlorothiazide		
.....	32, 33, 46, 78	
LITE COAT ASPIRIN .	29, 30,	
54, 63		
LITE TOUCH LANCETS ...	69	
LO LOESTRIN FE	101	
LOHIST - D ...	3, 19, 124, 128	
LOKELMA	74	
loperamide	89	
loratadine	4, 131, 132	
LORATADINE-D... 4, 19, 124,		
132		
lorazepam	56, 57	
Loryna (28).....	101	
losartan	30, 31	
losartan-hydrochlorothiazide		
.....	30, 31, 46, 78	
LOTRONEX	90	
lovastatin	43	
Low-Ogestrel (28).....	101	
LUBRICANT (P-GLYCOL-		
GLYCERIN)	83	
LUBRICANT DRY EYE		
RELIEF	83	
LUBRICANT EYE.....	84	
LUBRICANT EYE (CMC-		
GLYCER)(PF).....	83	
LUBRICANT EYE (CMC-		
GLYCERIN)	84	
LUBRICANT EYE (PG-PEG		
400)	84	
LUBRICANT EYE (PG-PEG		
400)(PF)	84	
LUBRICANT EYE (PROPYL		
GLYCOL).....	84	
LUBRICANT EYE DROPS	84	
LUBRICANT		
EYE(DEXTRAN70-		
HYPML)	84	
LUBRICANT GEL.....	84	
LUPRON DEPOT	13, 105	
LUPRON DEPOT (3		
MONTH)	13, 105	

LUPRON DEPOT (4 MONTH) 13, 105
 LUPRON DEPOT (6 MONTH) 13, 105
 LUPRON DEPOT-PED 13, 105
 LUPRON DEPOT-PED (3 MONTH) 13, 105
 Lutera (28)..... 101
 LYRICA CR 50, 52, 58
 LYSODREN 13
M
 MAALOX ADVANCED 88, 89
 magnesium citrate 91
 magnesium oxide 88
 MAKENA (PF) 109
 malathion 142
 MAPAP (ACETAMINOPHEN) 50
 Marlissa (28) 101
 MATULANE..... 13
 MAVYRET 8
 MAXIDEX 81
 MAYZENT 119
 MAYZENT STARTER PACK 119
 meclizine 3, 90
 MEDROL..... 96
 medroxyprogesterone 109
 mefloquine..... 6
 megestrol 13, 109
 melatonin 122
 meloxicam 61
 melphalan..... 13
 melphalan hcl 13
 memantine 57, 58
 MENACTRA (PF) 17
 Menest 104
 MENQUADFI (PF)..... 17
 MENVEO A-C-Y-W-135-DIP (PF) 17
 MEPRON 6
 mercaptopurine 13, 121
 mesalamine..... 90
 mesalamine with cleansing wipe 90
 MESNEX..... 122
 METAMUCIL (WITH SUGAR)..... 91

METAMUCIL PLUS
 CALCIUM 91
 metaproterenol 24, 133
 metformin 99
 methadone 60
 methazolamide 81
 methenamine mandelate... 11
 methimazole 98
 methocarbamol 21
 methotrexate sodium 13, 116, 119, 121
 methotrexate sodium (pf) . 13, 116, 119, 121
 methyl dopa..... 19, 38
 methyl dopa- hydrochlorothiazide. 19, 38, 46, 78
 methyl ergonovine 123
 methylphenidate hcl 62
 methylprednisolone 96
 metipranolol..... 81
 metoclopramide hcl 94
 metolazone..... 47, 79
 metoprolol succinate .. 24, 34, 35, 39
 metoprolol tartrate 25, 34, 35, 39
 METROGEL VAGINAL.... 135
 metronidazole..... 5, 6, 135
 mexiletine 39
 MG-PLUS-PROTEIN..... 76
 Mibelas 24 Fe..... 101
 miconazole nitrate 138
 MICONAZOLE-3 138
 MICONAZORB AF 138
 MICRO THIN LANCETS ... 69
 MICROCHAMBER 69
 Microgestin 1.5/30 (21).... 101
 Microgestin 1/20 (21)..... 101
 Microgestin Fe 1.5/30 (28) 101
 Microgestin Fe 1/20 (28) . 101
 MICROLET LANCET..... 69
 midodrine 19
 MIGERGOT..... 22, 54
 MILK OF MAGNESIA..... 91
 MILLIPRED 97
 mineral oil..... 91, 138
 minocycline 11
 minoxidil 42

mirtazapine..... 53
 misoprostol..... 94
 M-M-R II (PF) 17
 modafinil..... 65
 mometasone 81, 130, 136, 140
 MONOJECT INSULIN SYRINGE 69
 MONOJECT ULTRA COMFORT INSULIN 69
 montelukast..... 129
 morphine 60
 morphine concentrate..... 60
 MOTEGRITY 94
 MOTION SICKNESS (MECLIZINE) 3, 90
 MOTION SICKNESS RELIEF 1, 2, 90, 128
 MOTION SICKNESS RELIEF (MECLIZ)..... 3, 90
 MOVANTIK 93
 moxifloxacin 7, 11, 80
 MOZOBIL 26
 MULPLETA 26
 MULTAQ 40
 MULTI-VIT WITH FLUORIDE-IRON . 28, 114, 147
 MULTIVITAMIN WITH FLUORIDE 114, 147
 MULTI-VITAMIN WITH FLUORIDE 114
 MULTI-VITAMIN WITH FLUORIDE 147
 mupirocin..... 135
 MY WAY..... 101
 mycophenolate mofetil 121
 MYFORTIC 121
 MYLERAN..... 13
 MYNATAL PLUS 28, 76, 147, 149
 Myorisan..... 144
 MYRBETRIQ 146
 MYSOLINE..... 56
N
 nabumetone 61
 NAMENDA XR 58
 naproxen 61, 113
 naratriptan 63
 NASAL ALLERGY 82, 130

NASAL DECONGESTANT
 (PSEUDOEPH)..... 19, 124
 NATAZIA..... 101
 NATURAL FIBER LAXATIVE
 (SUGAR) 91
 NATURAL TEARS (PF) 84
 Necon 0.5/35 (28) 101
 NECON 7/7/7 (28)..... 101
 neomycin..... 5
 neomycin-bacitracin-poly-hc
 80, 82
 neomycin-bacitracin-
 polymyxin..... 80
 neomycin-polymyxin b-
 dexameth..... 80, 82
 neomycin-polymyxin-
 gramicidin 80
 neomycin-polymyxin-hc..... 80
 NEPHRO-VITE RX..... 149
 NEUTROGENA ON THE
 SPOT..... 141
 NEVANAC..... 86
 NEXAVAR..... 13
 NEXLETOL 33
 NEXLIZET 33, 39
 niacin..... 33
 nicardipine. 36, 41, 42, 43, 47
 NICODERM CQ 21
 nicotine..... 21
 nicotine (polacrilex) 21
 NICOTROL..... 21
 NICOTROL NS..... 21
 nifedipine... 36, 41, 42, 43, 47
 NILANDRON 13
 NITE TIME-D COLD-FLU
 RELIEF..... 1
 Nitro-Bid 44
 nitrofurantoin 11
 nitrofurantoin macrocrystal 11
 nitrofurantoin monohyd/m-
 cryst..... 11
 nitroglycerin..... 44
 NIVESTYM..... 26
 NIZORAL..... 138
 NIZORAL A-D 138
 NOBLE FORMULA HC .. 136,
 140
 NOHIST-LQ..... 3, 19, 128
 NON-ASPIRIN..... 50

NON-ASPIRIN EXTRA
 STRENGTH..... 50
 NON-ASPIRIN JR
 STRENGTH..... 50
 noreth-ethinyl estradiol-iron
 101
 norethindrone (contraceptive)
 101
 norethindrone acetate 109
 norethindrone-e.estradiol-iron
 101
 norgestimate-ethinyl estradiol
 102
 NORTEMP 51
 NORTREL 1/35 (21)..... 102
 Nortrel 1/35 (28) 102
 Nortrel 7/7/7 (28) 102
 nortriptyline..... 65
 NOVOLIN 70/30 U-100
 INSULIN 107, 108, 110
 NOVOLIN N NPH U-100
 INSULIN 107, 108
 NOVOLIN R REGULAR U-
 100 INSULN 107, 111
 NP THYROID 112
 NPLATE 26
 NUCALA..... 125, 129
 NUEDEXTA..... 58
 NURTEC ODT 57
 nystatin..... 10, 142
 nystatin-triamcinolone 142
O
 O-CAL FA... 28, 76, 147, 149
 OFEV 125
 ofloxacin 11, 80
 OGESTREL (28) 102
 olmesartan 31, 32
 olmesartan-amlodipin-
 hcthiacid 31, 32, 36, 41, 42,
 46, 48, 78
 olmesartan-
 hydrochlorothiazide. 31, 32,
 46, 78
 olopatadine..... 79
 omega 3-dha-epa-fish oil... 33
 omega-3 acid ethyl esters . 33
 omeprazole 94, 95
 ondansetron 88
 ondansetron hcl..... 88

ONETOUCH DELICA
 LANCETS 69
 ONETOUCH ULTRASOFT
 LANCETS 69
 ONGLYZA 103
 OPSUMIT 48, 133
 ORENCIA..... 116, 120
 ORENCIA (WITH MALTOSE)
 116, 119
 ORENCIA CLICKJECT .. 116,
 120
 ORENITRAM..... 48, 133
 ORIAHNN..... 98, 104, 109
 ORILISSA..... 98
 ORKAMBI..... 126, 127
 oseltamivir 9
 OTEZLA 116, 120, 144
 OTEZLA STARTER 116, 120,
 144
 OTREXUP (PF) 13, 116, 120,
 121
 OXBRYTA 25
 oxcarbazepine 52
 oxybutynin chloride.. 145, 146
 oxycodone..... 60
 oxycodone-acetaminophen
 51, 60
 OXYTROL FOR WOMEN 146
 OYSTER SHELL + D3 76,
 152
 OYSTER SHELL CALCIUM
 500..... 76
 OYSTER SHELL CALCIUM-
 VIT D2 76, 152
 OYSTER SHELL CALCIUM-
 VIT D3 76, 152
 OZEMPIC..... 106
P
 PAIN RELIEF
 (ACETAMINOPHEN)..... 51
 PAIN RELIEVER
 (ACETAMINOPHEN)..... 51
 palonosetron 88
 pamidronate 113
 pantoprazole 95
 PARLODEL 58
 paroxetine hcl 64
 PASER 7
 PAXIL 64

PEAK AIR PEAK FLOW METER..... 69	podofilox..... 145	PRIFTIN 7, 11
PEDIA RELIEF INFANT NASAL..... 19, 124	POLY BACITRACIN 135	primaquine 6
PEDIA TRI-VITE 147, 149, 151, 152	Polycin..... 80	PRIMSOL 11
PEDIA-LAX STOOL SOFTENER..... 91	polyethylene glycol 3350 ... 91	probenecid 79, 113
Pediapred..... 97	polymyxin b sulf-trimethoprim 80	probenecid-colchicine 79, 113
PEDIATRIC ELECTROLYTE 76	Portia 28..... 102	PROCHAMBER..... 70
peg 3350-electrolytes..... 91	potassium chloride 76	prochlorperazine maleate .61, 90
peg-electrolyte soln 91	potassium citrate 73	PROCRIT 26
penicillamine 95, 116	POTIGA..... 52	Proctocort..... 136, 140
penicillin v potassium 9	PRADAXA 25	Proctofoam Hc..... 137, 140
PENNSAID..... 61, 142, 144	PRALUENT PEN..... 44	Proctozone-Hc..... 137, 140
PENTASA 90	pramipexole..... 59	PRODIGY TWIST TOP LANCET 70
pentazocine-naloxone 61	prasugrel 29	PROLENSA..... 86
pentoxifylline 26	pravastatin..... 43	PROLIA 113
PERICLEAN..... 141	prazosin..... 22, 30	PROMACTA..... 26
permethrin 142	PRECISION XTRA MONITOR..... 70	promethazine 2, 55, 128
perphenazine-amitriptyline 61, 65	PRECISION XTRA TEST .. 72	Promethazine Vc... 2, 20, 128
PERSONAL BEST FULL RANGE..... 70	PRED MILD..... 82	Promethazine Vc-Codeine . 2, 20, 60, 126, 128
phenazopyridine..... 137	prednisolone..... 97	promethazine-codeine..... 60, 126, 128
phenobarbital 56	prednisolone acetate..... 82	promethazine-dm 2, 126, 128
phentermine 49	prednisolone sodium phosphate..... 82, 97	promethazine-phenyleph- codeine 3, 20, 60, 126, 128
phenylephrine hcl..... 87	prednisone 97	Promethegan..... 3, 55
phenytoin 39, 59	PREDNISON INTENSOL 97	PRONEB ULTRA II 70
phenytoin sodium 39, 59	pregabalin 51, 52, 58	propafenone 39
phenytoin sodium extended 39, 59	PREMARIN 104	propantheline 20
PHOS-FLUR 114	PREMPHASE..... 104	proparacaine 86
physostigmine salicylate .. 23, 112	PREMPRO 104	propranolol 22, 34, 35, 40, 43, 54, 55
phytonadione (vitamin k1) 112, 152	PRENATABS FA 28, 76, 147, 149	propranolol- hydrochlorothiazid... 22, 34, 35, 40, 46, 78
pilocarpine hcl 86	PRENATAL 19 .. 28, 147, 150	propylthiouracil 98
pimecrolimus..... 121, 145	PRENATAL LOW IRON ... 28, 76, 147, 150	pseudoephedrine hcl . 19, 124
pindolol..... 22, 34, 35, 39, 43	PRENATAL PLUS..... 28, 77, 147, 150	PULMO-AIDE COMPRESSOR..... 70
PINK BISMUTH..... 88, 89	PRENATAL PLUS (CALCIUM CARB) .. 28, 77, 147, 150	PULMOZYME..... 79, 130
PIN-X 6	PRENATAL TABLET.. 28, 77, 148, 150	PURALUBE 84
pioglitazone 111	PRENATAL VITAMIN..... 148	PURE AND GENTLE EYE 84
piroxicam..... 61	prenatal vits96-iron fum-folic 28, 77, 148, 150	pyrazinamide 7
PLEGRIDY 120	PRENATAL-U 148	pyridostigmine bromide 23
PNEUMOVAX-23..... 17	pretomanid 7	pyridoxine (vitamin b6) 150
PNV 29-1 28, 76, 147, 149	PREVIDENT..... 114	Q
POCKET PEAK FLOW METER..... 70	PREVNAR 13 (PF) 17	QSYMIA 49, 52
	Prevpac..... 6, 10, 95	Quasense..... 102
		quinidine sulfate 6, 39

QVAR REDHALER .. 97, 131
R
RABAVER (PF)..... 17
rabeprazole 95
Rajani..... 102
raloxifene 103, 113
ramelteon 55
ramipril 32, 33
ranolazine..... 38
RAPAMUNE..... 122
RASUVO (PF).. 13, 116, 120, 122
REBIF (WITH ALBUMIN) 120
REBIF REBIDOSE 120
REBIF TITRATION PACK120
Reclipsen (28)..... 102
RECOMBIVAX HB (PF) 17
REFRESH CELLUVISC 84
REFRESH CLASSIC (PF). 84
REFRESH CONTACTS 84
REFRESH LACRI-LUBE... 84
REFRESH OPTIVE 85
REFRESH OPTIVE
ADVANCED..... 85
REFRESH OPTIVE
ADVANCED (PF)..... 85
REFRESH OPTIVE MEGA-3
(PF) 85
REGONOL 23
RELENZA DISKHALER 9
RELISTOR..... 93
RENFLEXIS 93, 116, 120, 145
repaglinide..... 108
REPATHA PUSHTRONEX44
REPATHA SURECLICK.... 44
REPATHA SYRINGE 45
RESTASIS 82
RESTASIS MULTIDOSE... 82
RETACRIT 26
RETAIN HPMC (PF) 85
RETAIN PM 85
REUSABLE NEBULIZER KIT
..... 70
REVLIMID 13, 120
REYVOW 63
ribavirin 10
RIDAURA..... 95, 117, 120
rifabutin 7, 11
rifampin 7, 11

RIGHT STEP PRENATAL
VITAMINS 28, 77, 148, 150
riluzole..... 58
RI-MOX PLUS..... 88, 90
RISACAL-D 77, 152
RITIFED 3, 19, 124, 128
rivastigmine 23
rivastigmine tartrate..... 23
rizatriptan 63
ROBITUSSIN PEDIATRIC
..... 126
ropinirole 59
rosuvastatin..... 43
rufinamide 52
RYBELSUS 106
S
SABRIL 52
SAFETY SEAL LANCETS. 70
SAFETY-LET LANCETS... 70
SALINE MIST 85
salsalate 63
SAMI THE SEAL 70
SANI-SUPP (ADULT)..... 91
SANTYL 145
SAVELLA 58, 63
SCALACORT 137, 140
SCALP RELIEF..... 141
SCALPICIN ANTI-ITCH.. 137, 140
SEGLUROMET 99, 111
selegiline hcl..... 59
selenium sulfide 141
SE-NATAL 19 CHEWABLE
..... 28, 148, 150
SENNA..... 92
SENNA LAX 91
SEREVENT DISKUS. 24, 133
sertraline 64
sevelamer carbonate. 74, 112
sevelamer hcl 74, 112
SHINGRIX (PF)..... 17
sildenafil (pulm.hypertension)
..... 45, 133
SILPHEN COUGH .. 1, 2, 128
silver sulfadiazine 141
simethicone 90
SIMPONI 93, 94, 117, 120, 121
SIMPONI ARIA.. 93, 117, 120
simvastatin 43

sirolimus 122
SIRTURO 7
SLEEP AID
(DIPHENHYDRAMINE) .. 1, 2, 55, 128
SLEEP AID (DOXYLAMINE)
..... 1, 2, 55, 128
SLEEP TABLET
(DIPHENHYDRAMINE) .. 1, 2, 55, 128
sodium bicarbonate 88
sodium chloride 70, 77
SODIUM POLYSTYRENE
(SORB FREE)..... 74, 113
sodium polystyrene sulfonate
..... 74, 113
sofosbuvir-velpatasvir..... 8
SOFT TOUCH LANCETS . 70
solifenacin 146
SOLTAMOX 14, 103
SOOTHE HYDRATION 85
SOOTHE LUBRICANT 85
sorbitol..... 92
sotalol..... 22, 34, 35, 40, 43
Sotalol Af... 22, 34, 35, 40, 43
SOVALDI..... 8
spinosad..... 142
SPIRIVA RESPIMAT. 21, 125
spironolactone 44, 45, 74
spironolacton-
hydrochlorothiaz 44, 45, 46, 75, 78
SPORANOX..... 7
SPRAVATO..... 53
SPRYCEL 14
SSKI 6, 98, 113, 127
STEGLATRO 111
STELARA..... 117, 121, 145
STERILE LUBRICANT 85
STERILE SALINE..... 74
STIOLTO RESPIMAT.. 21, 24
STOMACH RELIEF MAX
STRENGTH..... 88, 89
STOOL SOFTENER..... 92
sucralfate..... 94
SUDOGEST COLD AND
ALLERGY .. 3, 19, 124, 129
sulfacetamide sodium..... 80
sulfacetamide sodium (acne)
..... 141

sulfacetamide sodium-sulfur	141	telmisartan-amlodipine	31, 32, 37, 41, 42, 48	TOVIAZ	146
sulfacetamide-prednisolone	81	telmisartan-hydrochlorothiazid ..	31, 32, 46, 78	TRACLEER	48, 133
sulfamethoxazole-trimethoprim.....	11	temazepam	57	TRADJENTA	103
sulfasalazine	11, 90, 117, 121	temozolomide	14	tramadol	60
sulindac	61	TENIVAC (PF)	14	travoprost	87
sumatriptan	63	terazosin	22, 30, 43	trazodone	64
sumatriptan succinate .	63, 64	terbinafine hcl.....	5, 134	TRECATOR	7
SUNRISE COMPRESSOR-NEBULIZER	70	terbutaline	24, 133	TRELEGY ELLIPTA ...	21, 24, 97, 125, 131, 133
SUPER THIN LANCETS...	70	terconazole.....	138	treprostinil sodium	48, 133
SUPHEDRIN	19, 124	teriparatide	108, 113	tretinoin	139
SUPRAX	5	testosterone	97, 98	tretinoin (antineoplastic)	14
SURE COMFORT INS. SYR. U-100.....	70	testosterone cypionate	97	TRIACTING ORANGE .	3, 19, 124, 129
SURE COMFORT INSULIN SYRINGE	70	testosterone enanthate.....	97	triamcinolone acetonide ...	82, 130, 137, 140
SURE COMFORT LANCETS	70	tetanus-diphtheria toxoids-td	15	triamterene-hydrochlorothiazid...	45, 46, 75, 78
SUTENT	14	tetracaine hcl.....	86	triazolam.....	57
SWEEN PREP	141	tetracycline	11	TRICARE	28, 148, 150
SWEEN PREP WIPES....	142	THALOMID.....	121	trientine	95
SYMDEKO	126, 127	THEO-24	42, 73, 134, 146	trifluridine.....	81
SYMJEPI.....	19, 124	theophylline .	42, 73, 134, 146	TRIJARDY XR... 99, 103, 111	
SYMLINPEN 120	97	THERA	148	TRIKAFTA.....	126, 127
SYMLINPEN 60	97	THERA-M....	28, 77, 148, 150	Tri-Legest Fe	102
SYMPROIC	94	THERATEARS	85, 86	Tri-Lo-Sprintec.....	102
SYNAREL	105	THIN LANCETS	70	trimethoprim	11
SYSTANE (PF)	85	THINPRO INSULIN SYRINGE	71	TRINATAL RX 1.	29, 77, 148, 150
SYSTANE GEL	85	tiagabine.....	52	TRINATE.....	29, 77, 148, 150
SYSTANE LIQUID GEL	85	Tilia Fe	102	TRI-NORINYL (28).....	102
SYSTANE NIGHTTIME.....	85	timolol maleate	81	TRI-VI-SOL	148, 149, 151, 152
T		tioconazole	138	Trivora (28).....	102
TABLOID.....	14	tizanidine	21	tropicamide.....	87
tacrolimus.....	122, 145	TOBI PODHALER	5	trospium	146
tadalafil (pulm. hypertension)	45, 133	TOBRADEX	81, 82	TRUEPLUS INSULIN.....	71
TALTZ AUTOINJECTOR	145	tobramycin.....	81	TRUEPLUS LANCETS.....	71
TALTZ SYRINGE	145	tobramycin in 0.225 % nacl .	5	TRULANCE.....	94
Tamiflu	9	tobramycin with nebulizer	5	TRULICITY.....	106
tamoxifen	14, 103	TODAY CONTRACEPTIVE SPONGE	123	TRUMENBA	17
tamsulosin.....	23	tolazamide.....	111	TRUST NATAL DHA ..	29, 77, 148, 150
TARGRETIN	14, 145	tolcapone.....	57	TUSNEL PEDIATRIC	19, 125, 127
TASIGNA	14	tolnaftate	145	TUSSIN COUGH (DM ONLY)	126
TECHLITE LANCETS	70	tolterodine	146	TUSSIN MAXIMUM STRENGTH COUGH...	126
TEKAMLO. 37, 41, 42, 45, 48		TOPCARE UNIVERSAL1 LANCET	71		
TEKTURN HCT ..	45, 46, 78	topiramate	52		
telmisartan.....	31, 32	toremifene	14, 103		
		torseamide	44		

TWINRIX (PF) 18
 TYMLOS 109, 113
 TYVASO 48, 133
 TYVASO REFILL KIT 48, 134
 TYVASO STARTER KIT .. 48,
 134

U

UBRELVY 57
 UCERIS 97
 UDENYCA..... 26
 ULESFIA 142
 ULTICARE 71
 ULTILET CLASSIC
 LANCETS 71
 ULTILET LANCETS 71
 ULTRA CMFT INS SYR
 HALF UNIT 71
 ULTRA COMFORT INSULIN
 SYRINGE 71
 ULTRA FRESH PM 86
 ULTRA THIN LANCETS ... 71
 ULTRA THIN PLUS
 LANCETS 71
 UNILET COMFORTOUCH
 LANCET 71
 UNILET EXCELITE II
 LANCET 72
 UNILET GP LANCET 72
 UNILET SUPER THIN
 LANCETS 72
 UNIVERSAL 1 LANCETS . 72
 UPTRAVI..... 48, 134
 urea..... 141
 ursodiol 92

V

VAGINAL CONTRACEPTIVE
 FILM 123
 VAGINAL CONTRACEPTIVE
 FOAM 123
 valacyclovir..... 10
 valganciclovir..... 10
 valproate sodium... 52, 54, 55
 valproic acid 52, 54, 55
 valproic acid (as sodium salt)
 52, 54, 55
 valsartan 31, 32
 valsartan-hydrochlorothiazide
 31, 32, 46, 78
 vancomycin 8
 VAQTA (PF) 18

VARIVAX (PF)..... 18
 VASCEPA 34
 Velivet Triphasic Regimen
 (28) 102
 VELTASSA..... 74
 venlafaxine 63
 VENTAVIS 48, 134
 verapamil.. 35, 36, 37, 38, 40,
 41, 48
 Vestura (28) 102
 VIBERZI 94
 VICKS DAYQUIL COUGH
 126
 VICTOZA 2-PAK 106
 VICTOZA 3-PAK 106
 VIDEX 4 GRAM PEDIATRIC
 9
 vigabatrin..... 52
 VIMPAT 52, 53
 VINATE II 148
 VINATE M 29, 148, 150
 VIOS AEROSOL DELIVERY
 SYSTEM..... 72
 VISINE TIRED EYE RELIEF
 86
 VITAMIN B-1 150
 VITAMIN B-6 151
 VITAMIN D3 152
 VITAMINS AND MINERALS
 148
 VIVOTIF 18
 VOL-NATE .. 29, 77, 148, 151
 VOL-TAB RX.... 29, 149, 151
 voriconazole 7
 VORTEX FROG MASK-
 CHILD..... 72
 VORTEX HOLDING
 CHAMBER..... 72
 VORTEX HOLDING
 CHAMBER CHILD 72
 VORTEX HOLDING
 CHAMBER TODDLER... 72
 VORTEX LADYBUG MASK-
 TODDLER 72
 VORTEX VHC FROG MASK-
 CHILD..... 72
 VORTEX VHC LADYBUG
 MASK-TODDLR 72
 VOTRIENT 14
 VYVANSE 49

W

WAL-FEX D 24 HOUR . 4, 19,
 125, 132
 WAL-PROFEN 61
 WAL-SPORIN..... 135
 warfarin 25
 WESTHROID 112
 WIDE-SEAL DIAPHRAGM
 60..... 123
 WIDE-SEAL DIAPHRAGM
 65..... 123
 WIDE-SEAL DIAPHRAGM
 70..... 123
 WIDE-SEAL DIAPHRAGM
 75..... 123
 WIDE-SEAL DIAPHRAGM
 80..... 123
 WIDE-SEAL DIAPHRAGM
 85..... 123
 WIDE-SEAL DIAPHRAGM
 90..... 123
 WIDE-SEAL DIAPHRAGM
 95..... 123
 WING TIP TUBING 72
 Wixela Inhub 24, 97, 131, 133
 WOUND CLEANSER 74

X

XALKORI..... 14
 XARELTO 25
 XARELTO DVT-PE TREAT
 30D START 25
 XELJANZ 117, 121
 XELJANZ XR 117, 121
 XENICAL..... 94
 XEOMIN 25, 122
 XGEVA..... 113
 XIFAXAN..... 11
 XIGDUO XR 99, 111
 XIIDRA 82
 XOLAIR 131
 XULANE..... 102

Z

zaleplon..... 55
 ZARXIO..... 26
 Zenatane 145
 ZENPEP 92
 ZEPATIER..... 8
 ZIAC... 25, 34, 35, 40, 46, 78
 zidovudine 9
 ZIRGAN..... 81

zoledronic acid	114	zolmitriptan.....	64	ZOSTAVAX (PF)	18
zoledronic acid-mannitol-		zolpidem.....	55	Zovia 1/35E (28).....	103
water.....	114	ZOLPIMIST	55	Zovia 1/50E (28).....	103
ZOLINZA.....	14	zonisamide	53	ZUPLENZ.....	88