



Medical Assistance List of Covered Drugs (Formulary)

South Country Health Alliance:

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

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

South Country Health Alliance
6380 West Frontage Road, Medford MN 55049

Member Services

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

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

Effective Date: 07/06/2026

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

DHS Accepted date 12/31/2025

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

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

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

NO ENGLISH



1-866-567-7242

TRS: 711

ဟ်သူဉ်ဟ်သး- နမ့ၢ်ကတိၢ်ကညီၣ်ကိၣ်အယိ, နမၤန့ၢ် ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢကတၢ်လၢကတၢ်စ့ၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၤဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပုၤအါဂၤန့ၢ်ပၢ်အီၤသ့ လၢတအိၣ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၢ်န့ၣ်လီၤ. ဝံသးစ့ၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်မၤစၢၤ တက့ၢ်. ကညီၣ်ကိၣ် Karen

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

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

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

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

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

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

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

Civil Rights Notice

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

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

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

Civil Rights Coordinator

South Country Health Alliance

6380 West Frontage Road, Medford, MN 55049

Toll Free: 866-567-7242 TTY: 800-627-3529 or 711 Fax: 507-444-7774

Email: grievances-appeals@mnscha.org

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

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

Civil Rights Complaints

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

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

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

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

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

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

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

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

Minnesota Department of Human Rights

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

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

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

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

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

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

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

Table of Contents

Table of Contents	1
What is a list of covered drugs?	2
Does the list of covered drugs ever change?	2
How are drugs listed in the list of covered drugs?	2
What is a Preferred Drug List?	2
What are generic or biosimilar drugs?	3
What are over-the-counter drugs?	3
What are specialty drugs?	3
What if a drug is not on the list of covered drugs?	4
Are there any restrictions on my coverage?	4
Can I ask for an exception to the coverage restrictions?	5
What will a prescription cost?	5
List of Covered Drugs	5
Index	196

Important Information

What is a list of covered drugs?

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

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

Does the list of covered drugs ever change?

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

Examples of some changes that may occur are:

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

How are drugs listed in the list of covered drugs?

There are two ways to find a drug:

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

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

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

What is a Preferred Drug List?

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

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

What are generic or biosimilar drugs?

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

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

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

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

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

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

What are over-the-counter drugs?

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

What are specialty drugs?

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

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

Name of Specialty Pharmacy: AcariaHealth

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

Fax: 1-877-541-1503

Hours of Operation:

Monday - Friday 8:00 AM – 9:00 PM CST

Saturday 8:00 AM – 2:00 PM CST

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

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

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

Can I ask for an exception to the coverage restrictions?

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

What will a prescription cost?

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

List of Covered Drugs

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

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

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

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

Antidote Therapeutics	7
Antihistamine Drugs.....	8
Anti-Infective Agents	13
Antineoplastic Agents	21
Antitoxins,Immune Glob,Toxoids,Vaccines	22
Autonomic Drugs.....	23
Blood Formation, Coagulation, Thrombosis.....	33
Cardiovascular Drugs	38
Central Nervous System Agents	55
Dental Agents.....	84
Devices	85
Diagnostic Agents	91
Electrolytic, Caloric, And Water Balance	92
Enzymes	98
Eye, Ear, Nose And Throat (Eent) Preps.....	99
Gastrointestinal Drugs	108
Heavy Metal Antagonists	119
Hormones And Synthetic Substitutes	119
Immunomodulatory Agents	143
Local Anesthetics	149
Miscellaneous Therapeutic Agents.....	149
Nonhormonal Contraceptives	161
Oxytocics.....	162
Pharmaceutical Aids	162
Respiratory Tract Agents	162
Skin And Mucous Membrane Agents.....	172
Smooth Muscle Relaxants	186
Vitamins.....	187

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
promethazine vc oral syrup	Formulary	
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
rynex pe oral elixir	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
sm motion sickness oral tablet 25 mg	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
total allergy oral tablet	Formulary	OTC
travel-ease oral tablet 25 mg	Formulary	OTC
Other Antihistamines		
acid controller max st oral tablet	Formulary	90 Day Supply; OTC
acid reducer maximum strength oral tablet 20 mg	Formulary	90 Day Supply; OTC
bepotastine besilate ophthalmic solution	Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION	Preferred	QL
cimetidine oral tablet 200 mg	Formulary	
cvs olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
eql heartburn prevention oral tablet 10 mg	Formulary	OTC
eql heartburn prevention oral tablet 20 mg	Formulary	90 Day Supply; OTC
famotidine oral suspension reconstituted	Formulary	
famotidine oral tablet 10 mg	Formulary	OTC
famotidine oral tablet 20 mg, 40 mg	Formulary	90 Day Supply
gnp olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
heartburn relief max st oral tablet 20 mg	Formulary	90 Day Supply; OTC
heartburn relief oral tablet 10 mg	Formulary	OTC
hydroxyzine hcl oral syrup 10 mg/5ml	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate oral capsule	Formulary	
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	OTC; QL
kp ketotifen fumarate ophthalmic solution	Preferred	OTC; QL
olopatadine hcl nasal solution	Non-Preferred	PA
olopatadine hcl ophthalmic solution	Preferred	90 Day Supply
px acid reducer oral tablet 200 mg	Formulary	OTC
qc olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
sm acid reducer oral tablet 10 mg	Formulary	OTC
sm olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	Non-Preferred	PA; OTC; QL
Phenothiazine Derivatives		
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
promethazine vc oral syrup	Formulary	
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Propylamine Derivatives		
allergy oral tablet 4 mg	Formulary	OTC
allergy relief oral tablet 4 mg	Formulary	OTC
childrens cold & allergy oral elixir	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
ed chlorped jr oral syrup	Formulary	OTC
ENDACOF-DM ORAL LIQUID	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
LOHIST-D ORAL LIQUID	Formulary	OTC
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
rynex pe oral elixir	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
Second Generation Antihistamines		
12hr allergy relief oral tablet	Preferred	OTC; QL
24hr allergy relief oral tablet	Preferred	OTC; QL
all day allergy d oral tablet extended release 12 hour	Preferred	OTC; QL
all day allergy oral tablet	Preferred	OTC; QL
all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy 24-hr oral tablet	Preferred	OTC; QL
allergy childrens oral suspension	Preferred	OTC; QL
allergy childrens oral syrup	Preferred	OTC; QL
allergy rel child (loratadine) oral solution	Preferred	OTC
allergy relief (cetirizine) oral tablet	Preferred	OTC; QL
allergy relief d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-12 oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-24 oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief oral tablet 10 mg, 180 mg	Preferred	OTC; QL
allergy relief oral tablet 5 mg	Formulary	90 Day Supply; OTC
allergy relief/indoor/outdoor oral tablet	Preferred	OTC; QL
allergy relief/nasal decongest oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief-d oral tablet extended release 24 hour	Preferred	OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sm all day allergy oral tablet	Preferred	OTC; QL
sm all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
sm allergy childrens oral syrup	Preferred	OTC; QL
sm allergy relief oral tablet 60 mg	Preferred	OTC; QL
sm childrens loratadine oral syrup	Preferred	OTC; QL
sm fexofenadine hcl oral tablet	Preferred	OTC; QL
sm loratadine d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
sm lorata-dine d oral tablet extended release 24 hour	Preferred	OTC; QL
sm loratadine oral syrup	Preferred	OTC; QL
sm loratadine oral tablet	Preferred	OTC; QL
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	Preferred	OTC; QL
WAL-ZYR ORAL TABLET	Preferred	OTC; QL
ZERVIATE OPHTHALMIC SOLUTION	Non-Preferred	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule	Preferred	
cefadroxil oral suspension reconstituted	Preferred	
cefadroxil oral tablet	Non-Preferred	PA
cephalexin oral capsule	Preferred	
cephalexin oral suspension reconstituted	Preferred	
cephalexin oral tablet	Non-Preferred	PA
2Nd Generation Cephalosporin Antibiotics		
cefaclor er oral tablet extended release 12 hour	Non-Preferred	PA
cefaclor oral capsule	Preferred	
cefaclor oral suspension reconstituted	Preferred	
cefprozil oral suspension reconstituted	Preferred	
cefprozil oral tablet	Preferred	
cefuroxime axetil oral tablet	Preferred	QL
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule	Preferred	QL
cefdinir oral suspension reconstituted	Preferred	
cefixime oral capsule	Preferred	
cefixime oral suspension reconstituted	Non-Preferred	PA
cefpodoxime proxetil oral suspension reconstituted	Non-Preferred	PA
cefpodoxime proxetil oral tablet	Non-Preferred	PA
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	Non-Preferred	PA
SUPRAX ORAL TABLET CHEWABLE	Non-Preferred	PA
Adamantane Antivirals		
amantadine hcl oral capsule	Formulary	90 Day Supply
amantadine hcl oral solution 50 mg/5ml	Formulary	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Allylamine Antifungals		
athletes foot (terbinafine) external cream	Formulary	OTC
cvs jock itch external cream	Formulary	OTC
gnp terbinafine hydrochloride external cream	Preferred	OTC
ra antifungal foot care external cream	Formulary	OTC
terbinafine hcl external cream	Preferred	OTC
terbinafine hcl oral tablet	Preferred	QL
Amebicides		
antiseptic skin cleanser external solution 4 %	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
chlorhexidine gluconate mouth/throat solution	Formulary	QL
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
Aminoglycoside Antibiotics		
ARIKAYCE INHALATION SUSPENSION	Non-Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
gentamicin sulfate ophthalmic solution	Formulary	QL
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
TOBI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA; Specialty
TOBI PODHALER INHALATION CAPSULE	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/4ml	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	Specialty
tobramycin ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
Aminopenicillin Antibiotics		
amoxicillin oral capsule	Formulary	
amoxicillin oral suspension reconstituted	Formulary	
amoxicillin oral tablet	Formulary	
amoxicillin oral tablet chewable 125 mg, 250 mg	Formulary	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Non-Preferred	PA
amoxicillin-pot clavulanate oral suspension reconstituted	Preferred	
amoxicillin-pot clavulanate oral tablet	Preferred	
amoxicillin-pot clavulanate oral tablet chewable	Non-Preferred	PA
ampicillin oral capsule 500 mg	Formulary	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Non-Preferred	PA
Anthelmintics		
praziquantel oral tablet	Formulary	
Antifungals, Miscellaneous		
BREXAFEMME ORAL TABLET	Non-Preferred	PA
griseofulvin microsize oral suspension	Non-Preferred	PA
griseofulvin microsize oral tablet	Non-Preferred	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Non-Preferred	PA
Antileprosy Agents		
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
Antimalarials		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
chloroquine phosphate oral tablet	Formulary	
DARAPRIM ORAL TABLET	Formulary	PA
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
mefloquine hcl oral tablet	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
primaquine phosphate oral tablet 26.3 (15 base) mg	Formulary	
quinidine sulfate oral tablet	Formulary	
tetracycline hcl oral capsule	Formulary	
Antimycobacterials, Miscellaneous		
dapsone oral tablet	Formulary	
Antiprotozoals, Miscellaneous		
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
sulfamethoxazole-trimethoprim oral suspension	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ethambutol hcl oral tablet	Formulary	
isoniazid oral syrup	Formulary	
isoniazid oral tablet	Formulary	
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL
moxifloxacin hcl oral tablet	Non-Preferred	PA
pyrazinamide oral tablet	Formulary	
rifabutin oral capsule	Formulary	
rifampin oral capsule	Formulary	
Antivirals, Miscellaneous		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non-Preferred	PA
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
DIFLUCAN ORAL TABLET	Non-Preferred	PA
fluconazole oral suspension reconstituted	Preferred	
fluconazole oral tablet	Preferred	
itraconazole oral capsule	Non-Preferred	PA
ketoconazole external cream	Preferred	
ketoconazole external foam	Non-Preferred	PA
ketoconazole external shampoo 2 %	Preferred	
ketoconazole oral tablet	Non-Preferred	PA
NOXAFIL ORAL SUSPENSION	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NOXAFIL ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
posaconazole oral tablet delayed release	Non-Preferred	PA
SPORANOX ORAL CAPSULE	Non-Preferred	PA
SPORANOX ORAL SOLUTION	Non-Preferred	PA
tolsura oral capsule	Non-Preferred	PA
VFEND ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
VFEND ORAL TABLET	Non-Preferred	PA
VIVJOA ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
voriconazole oral suspension reconstituted	Non-Preferred	PA
voriconazole oral tablet	Preferred	
Bacitracin Antibiotics		
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
double antibiotic external ointment	Formulary	OTC
eql first aid antibiotic external ointment	Formulary	OTC
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
POLYCIN OPHTHALMIC OINTMENT	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
wal-sporin external ointment	Formulary	OTC
Coronavirus (Covid-19)		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Preferred	QL; AL
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Non-Preferred	PA
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	Non-Preferred	PA
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ery external pad	Formulary	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ERY-TAB ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Non-Preferred	PA
erythromycin base oral capsule delayed release particles	Non-Preferred	PA
erythromycin base oral tablet	Preferred	
erythromycin base oral tablet delayed release	Preferred	
erythromycin ethylsuccinate oral suspension reconstituted	Non-Preferred	PA
erythromycin ethylsuccinate oral tablet	Non-Preferred	PA
erythromycin external gel	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
erythromycin external solution	Preferred	
erythromycin oral tablet delayed release	Non-Preferred	PA
Glycopeptide Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED	Formulary	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA ORAL PACKET	Non-Preferred	PA; Specialty
EPCLUSA ORAL TABLET	Non-Preferred	PA; Specialty
HARVONI ORAL PACKET	Non-Preferred	PA; Specialty
HARVONI ORAL TABLET	Non-Preferred	PA; Specialty
ledipasvir-sofosbuvir oral tablet	Non-Preferred	PA; Specialty
sofosbuvir-velpatasvir oral tablet	Non-Preferred	PA; Specialty
SOVALDI ORAL PACKET	Non-Preferred	PA; Specialty
SOVALDI ORAL TABLET	Non-Preferred	PA; Specialty
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET	Preferred	Specialty; QL
MAVYRET ORAL TABLET	Preferred	Specialty; QL
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
ZEPATIER ORAL TABLET	Non-Preferred	PA; Specialty
Hcv Replication Complex Inhibitors		
EPCLUSA ORAL PACKET	Non-Preferred	PA; Specialty
EPCLUSA ORAL TABLET	Non-Preferred	PA; Specialty
HARVONI ORAL PACKET	Non-Preferred	PA; Specialty
HARVONI ORAL TABLET	Non-Preferred	PA; Specialty
ledipasvir-sofosbuvir oral tablet	Non-Preferred	PA; Specialty
MAVYRET ORAL PACKET	Preferred	Specialty; QL
MAVYRET ORAL TABLET	Preferred	Specialty; QL
sofosbuvir-velpatasvir oral tablet	Non-Preferred	PA; Specialty
VOSEVI ORAL TABLET	Non-Preferred	PA; Specialty
ZEPATIER ORAL TABLET	Non-Preferred	PA; Specialty
Hiv Entry And Fusion Inhibitors		
maraviroc oral tablet	Formulary	
SELZENTRY ORAL SOLUTION	Formulary	
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY ORAL TABLET	Formulary	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Formulary	QL
DOVATO ORAL TABLET	Formulary	QL
GENVOYA ORAL TABLET	Formulary	QL
ISENTRESS HD ORAL TABLET	Formulary	
ISENTRESS ORAL PACKET	Formulary	QL
ISENTRESS ORAL TABLET	Formulary	
ISENTRESS ORAL TABLET CHEWABLE	Formulary	QL
JULUCA ORAL TABLET	Formulary	QL
TIVICAY ORAL TABLET 50 MG	Formulary	QL
TRIUMEQ ORAL TABLET	Formulary	
Hiv Nucleoside Rev. Transcrip. Inhib.		
BIKTARVY ORAL TABLET	Formulary	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	Formulary	QL
COMPLERA ORAL TABLET	Formulary	
EDURANT ORAL TABLET	Formulary	
efavirenz oral capsule	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
efavirenz oral tablet	Formulary	
JULUCA ORAL TABLET	Formulary	QL
methocarbamol oral tablet 500 mg	Formulary	
nevirapine er oral tablet extended release 24 hour 400 mg	Formulary	QL
nevirapine oral suspension	Formulary	QL
nevirapine oral tablet	Formulary	90 Day Supply; QL
ODEFSEY ORAL TABLET	Formulary	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	Formulary	QL
abacavir sulfate oral tablet	Formulary	QL
abacavir sulfate-lamivudine oral tablet	Formulary	QL
BIKTARVY ORAL TABLET	Formulary	QL
COMPLERA ORAL TABLET	Formulary	
DESCOVY ORAL TABLET 120-15 MG	Formulary	QL
DESCOVY ORAL TABLET 200-25 MG	Formulary	
DOVATO ORAL TABLET	Formulary	QL
emtricitabine oral capsule	Formulary	
emtricitabine-tenofovir df oral tablet	Formulary	QL
EMTRIVA ORAL SOLUTION	Formulary	
EPIVIR ORAL SOLUTION	Preferred	QL
EPIVIR ORAL TABLET	Preferred	QL
GENVOYA ORAL TABLET	Formulary	QL
lamivudine oral solution 10 mg/ml	Formulary	QL
lamivudine oral tablet 100 mg	Preferred	PA
lamivudine oral tablet 150 mg, 300 mg	Preferred	QL
ODEFSEY ORAL TABLET	Formulary	
SYMTUZA ORAL TABLET	Formulary	QL
tenofovir disoproxil fumarate oral tablet	Formulary	
TRIUMEQ ORAL TABLET	Formulary	
zidovudine oral capsule	Formulary	QL
zidovudine oral syrup	Formulary	
zidovudine oral tablet	Formulary	
Hiv Protease Inhibitor Antiretrovirals		
atazanavir sulfate oral capsule	Formulary	
darunavir oral tablet	Formulary	
lopinavir-ritonavir oral solution	Formulary	QL
lopinavir-ritonavir oral tablet	Formulary	
NORVIR ORAL PACKET	Formulary	
PREZCOBIX ORAL TABLET 800-150 MG	Formulary	
PREZISTA ORAL TABLET 150 MG, 75 MG	Formulary	
ritonavir oral tablet	Formulary	
SYMTUZA ORAL TABLET	Formulary	QL
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION	Preferred	Specialty; QL
Lincomycin Antibiotics		
ACANYA EXTERNAL GEL	Non-Preferred	PA
CLEOCIN-T EXTERNAL LOTION	Non-Preferred	PA
clindamycin hcl oral capsule 150 mg, 300 mg	Formulary	
clindamycin palmitate hcl oral solution reconstituted	Formulary	
clindamycin phos (once-daily) gel 1 % external	Non-Preferred	PA; QL
clindamycin phos (twice-daily) gel 1 % external	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
clindamycin phosphate external foam	Non-Preferred	PA
clindamycin phosphate external lotion	Preferred	QL
clindamycin phosphate external solution	Preferred	
clindamycin phosphate external swab	Preferred	
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
Monoclonal Antibodies		
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted	Formulary	
penicillin v potassium oral tablet	Formulary	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule	Preferred	
oseltamivir phosphate oral suspension reconstituted	Preferred	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Preferred	
TAMIFLU ORAL CAPSULE	Non-Preferred	PA
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Non-Preferred	PA
Nitroimidazole Derivatives, Misc		
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
Nucleoside And Nucleotide Antivirals		
acyclovir external cream	Non-Preferred	PA
acyclovir external ointment	Preferred	
acyclovir oral capsule	Preferred	90 Day Supply
acyclovir oral suspension 200 mg/5ml	Preferred	
acyclovir oral tablet	Preferred	90 Day Supply
adefovir dipivoxil oral tablet	Non-Preferred	PA
BARACLUDE ORAL SOLUTION	Preferred	PA
BARACLUDE ORAL TABLET	Non-Preferred	PA
COMPLERA ORAL TABLET	Formulary	
DESCOVY ORAL TABLET 120-15 MG	Formulary	QL
DESCOVY ORAL TABLET 200-25 MG	Formulary	
emtricitabine-tenofovir df oral tablet	Formulary	QL
entecavir oral tablet	Preferred	PA
famciclovir oral tablet	Non-Preferred	PA
LAGEVRIO ORAL CAPSULE	Formulary	QL; AL
ODEFSEY ORAL TABLET	Formulary	
ribavirin oral capsule	Preferred	Specialty; QL
ribavirin oral tablet 200 mg	Preferred	Specialty; QL
SITAVIG BUCCAL TABLET	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
valacyclovir hcl oral tablet	Preferred	90 Day Supply
VALTREX ORAL TABLET	Non-Preferred	PA
VEMLIDY ORAL TABLET	Non-Preferred	PA
XERESE EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL OINTMENT	Non-Preferred	PA
Other Macrolide Antibiotics		
azithromycin oral packet	Preferred	QL
azithromycin oral suspension reconstituted	Preferred	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ZITHROMAX ORAL PACKET	Non-Preferred	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ZITHROMAX TRI-PAK ORAL TABLET	Non-Preferred	PA; QL
ZITHROMAX Z-PAK ORAL TABLET	Non-Preferred	PA; QL
Other Macrolides		
azithromycin oral packet	Preferred	QL
azithromycin oral suspension reconstituted	Preferred	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Preferred	QL
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
ZITHROMAX ORAL PACKET	Non-Preferred	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ZITHROMAX TRI-PAK ORAL TABLET	Non-Preferred	PA; QL
ZITHROMAX Z-PAK ORAL TABLET	Non-Preferred	PA; QL
Oxazolidinone Antibiotics		
linezolid oral tablet	Formulary	QL
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule	Formulary	
Polyene Antifungals		
NYAMYC EXTERNAL POWDER	Preferred	
nystatin external cream	Preferred	
nystatin external ointment	Preferred	
nystatin external powder	Preferred	
nystatin mouth/throat suspension	Preferred	
nystatin oral tablet	Non-Preferred	PA
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
Polymyxin Antibiotics		
polymyxin b-trimethoprim ophthalmic solution	Formulary	
Pyrimidine Antifungals		
ANCOBON ORAL CAPSULE	Non-Preferred	PA
flucytosine oral capsule	Non-Preferred	PA
Quinolone Antibiotics		
BAXDELA ORAL TABLET	Non-Preferred	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
CIPRO ORAL TABLET 250 MG, 500 MG	Non-Preferred	PA; QL
ciprofloxacin hcl oral tablet 100 mg	Preferred	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Preferred	QL
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL
moxifloxacin hcl (2x day) ophthalmic solution	Non-Preferred	PA
moxifloxacin hcl ophthalmic solution	Preferred	QL
moxifloxacin hcl oral tablet	Non-Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ofloxacin ophthalmic solution	Preferred	90 Day Supply; QL
ofloxacin oral tablet 300 mg, 400 mg	Non-Preferred	PA
ofloxacin otic solution	Preferred	90 Day Supply
VIGAMOX OPHTHALMIC SOLUTION	Non-Preferred	PA
Rifamycin Antibiotics		
rifabutin oral capsule	Formulary	
rifampin oral capsule	Formulary	
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
sulfadiazine oral tablet	Formulary	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
Tetracycline Antibiotics		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
tetracycline hcl oral capsule	Formulary	
Urinary Anti-Infectives		
nitrofurantoin macrocrystal oral capsule	Formulary	
nitrofurantoin oral suspension 25 mg/5ml	Formulary	
sulfamethoxazole-trimethoprim oral suspension	Formulary	
sulfamethoxazole-trimethoprim oral tablet	Formulary	
trimethoprim oral tablet	Formulary	
Antineoplastic Agents		
Antineoplastic Agents		
ALTRENO EXTERNAL LOTION	Non-Preferred	PA
ATRALIN EXTERNAL GEL	Non-Preferred	PA; AL
AVITA EXTERNAL CREAM	Non-Preferred	PA; AL
bicalutamide oral tablet	Formulary	
cyclophosphamide oral capsule	Formulary	
DROXIA ORAL CAPSULE	Preferred	QL
EMCYT ORAL CAPSULE	Formulary	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg	Non-Preferred	PA
FARESTON ORAL TABLET	Formulary	PA
fluorouracil external cream 5 %	Formulary	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
hydroxyurea oral capsule	Formulary	90 Day Supply
letrozole oral tablet	Formulary	PA; 90 Day Supply; QL
LEUKERAN ORAL TABLET	Formulary	PA
lomustine oral capsule	Formulary	
LYSODREN ORAL TABLET	Formulary	PA
MATULANE ORAL CAPSULE	Formulary	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Preferred	QL
megestrol acetate oral suspension 625 mg/5ml	Non-Preferred	PA
megestrol acetate oral tablet	Preferred	90 Day Supply
melphalan oral tablet	Formulary	PA
mercaptopurine oral tablet	Formulary	
methotrexate sodium oral tablet	Formulary	
MYLERAN ORAL TABLET	Formulary	PA
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
RETIN-A MICRO EXTERNAL GEL	Non-Preferred	PA; AL
RETIN-A MICRO PUMP EXTERNAL GEL	Non-Preferred	PA; AL
SIKLOS ORAL TABLET	Non-Preferred	PA
TABLOID ORAL TABLET	Formulary	Specialty
tamoxifen citrate oral tablet	Formulary	90 Day Supply
toremifene citrate oral tablet	Formulary	PA
tretinoin external cream	Preferred	AL
tretinoin external gel 0.01 %, 0.025 %	Preferred	AL
tretinoin external gel 0.05 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.08 %	Non-Preferred	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere pump external gel 0.08 %	Non-Preferred	PA
XROMI ORAL SOLUTION	Non-Preferred	PA
ZORTRESS ORAL TABLET	Non-Preferred	PA
Antitoxins, Immune Glob, Toxoids, Vaccines		
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Formulary	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
TDVAX INTRAMUSCULAR SUSPENSION	Formulary	AL
TENIVAC INTRAMUSCULAR SUSPENSION	Formulary	AL
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL; AL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Formulary	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Formulary	QL; AL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	Formulary	QL; AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	Formulary	AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
HIBERIX INJECTION SOLUTION RECONSTITUTED	Formulary	QL; AL
IPOL INJECTION SUSPENSION	Formulary	QL; AL
JYNNEOS SUBCUTANEOUS SUSPENSION	Formulary	QL; AL
MENQUADFI INTRAMUSCULAR SOLUTION	Formulary	QL; AL
MENVEO INTRAMUSCULAR SOLUTION	Formulary	QL; AL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary	QL; AL
M-M-R II INJECTION SOLUTION RECONSTITUTED	Formulary	AL
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
novavax covid-19 vaccine intramuscular suspension prefilled syringe	Formulary	AL
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe	Formulary	AL
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL; AL
penmenvy intramuscular suspension reconstituted	Formulary	QL; AL
PNEUMOVAX 23 INJECTION SOLUTION	Formulary	QL; AL
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	Formulary	QL; AL
PREHEVBRIO INTRAMUSCULAR SUSPENSION	Formulary	QL; AL
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Formulary	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	Formulary	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML	Formulary	QL; AL
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Formulary	AL
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	AL
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	Formulary	AL
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Formulary	QL; AL
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Formulary	QL; AL
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
12 hour decongestant oral tablet extended release 12 hour	Formulary	OTC
12 hour nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
all day allergy d oral tablet extended release 12 hour	Preferred	OTC; QL
all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-12 oral tablet extended release 12 hour	Preferred	OTC; QL
allergy relief d-24 oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief/nasal decongest oral tablet extended release 24 hour	Preferred	OTC; QL
allergy relief-d oral tablet extended release 24 hour	Preferred	OTC; QL
allergy/congestion relief oral tablet extended release 12 hour	Preferred	OTC; QL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
cetirizine-pseudoephedrine er oral tablet extended release 12 hour	Preferred	OTC; QL
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Non-Preferred	PA; QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Preferred	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
gnp all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
gnp allergy & congestion oral tablet extended release 24 hour	Preferred	OTC; QL
gnp allergy/congestion relief oral tablet extended release 24 hour	Preferred	OTC; QL
gnp nasal decongestant oral tablet	Formulary	OTC
hm allergy relief/nasal decong oral tablet extended release 24 hour	Preferred	OTC; QL
LOHIST-D ORAL LIQUID	Formulary	OTC
loratadine-d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
loratadine-d 24hr oral tablet extended release 24 hour	Preferred	OTC; QL
mucus relief d oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
NEFFY NASAL SOLUTION	Non-Preferred	PA; QL
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
pseudoephedrine hcl er oral tablet extended release 12 hour	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
qc loratadine-d oral tablet extended release 24 hour	Preferred	OTC; QL
ra mucus relief d max strength oral tablet extended release 12 hour	Formulary	OTC; QL
ra suphedrine oral tablet 30 mg	Formulary	OTC
ra suphedrine oral tablet extended release 12 hour	Formulary	OTC
rynex pse oral liquid	Formulary	OTC
sm all day allergy-d oral tablet extended release 12 hour	Preferred	OTC; QL
sm loratadine d 12hr oral tablet extended release 12 hour	Preferred	OTC; QL
sm lorata-dine d oral tablet extended release 24 hour	Preferred	OTC; QL
sm nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
SUDAFED CHILDRENS ORAL LIQUID	Formulary	OTC
sudogest 12 hour oral tablet extended release 12 hour	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Formulary	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Formulary	OTC
WAL-PHED D ORAL TABLET	Formulary	OTC
WAL-PHED ORAL TABLET	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Alpha-Adrenergic Agonists		
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
childrens cold & allergy oral elixir	Formulary	OTC
clonidine hcl er oral tablet extended release 12 hour	Preferred	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
cvs sinus pe decongestant oral tablet	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
ed bron gp oral liquid	Formulary	OTC; QL
ENDACOF-DM ORAL LIQUID	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
hemorrhoidal cooling external gel	Formulary	OTC
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
nasal four nasal solution	Formulary	OTC
non-pseudo sinus decongestant oral tablet	Formulary	OTC
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	Non-Preferred	PA
promethazine vc oral syrup	Formulary	
promethazine-phenylephrine oral syrup	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
ra nose drops extra strength nasal solution	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
rynex pe oral elixir	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
WAL-PHED PE ORAL TABLET	Formulary	OTC
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
ATROVENT HFA INHALATION AEROSOL SOLUTION	Preferred	
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
dicyclomine hcl oral capsule	Formulary	90 Day Supply
dicyclomine hcl oral tablet 20 mg	Formulary	
diphenoxylate-atropine oral liquid	Formulary	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Formulary	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
glycopyrrolate oral tablet 1 mg	Formulary	90 Day Supply; QL
glycopyrrolate oral tablet 2 mg	Formulary	90 Day Supply
hydrocodone bit-homatrop mbr oral solution	Formulary	AL
hydrocodone bit-homatrop mbr oral tablet	Formulary	AL
hydromet oral solution	Formulary	AL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
hyoscyamine sulfate er oral tablet extended release 12 hour	Formulary	
hyoscyamine sulfate oral tablet	Formulary	
hyoscyamine sulfate oral tablet dispersible	Formulary	
hyoscyamine sulfate sublingual tablet sublingual	Formulary	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
ipratropium bromide inhalation solution	Preferred	90 Day Supply
ipratropium bromide nasal solution 0.03 %	Preferred	90 Day Supply; QL
ipratropium bromide nasal solution 0.06 %	Preferred	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
NULEV ORAL TABLET DISPERSIBLE	Formulary	
oscimin oral tablet	Formulary	
oscimin sublingual tablet sublingual	Formulary	
scopolamine transdermal patch 72 hour	Non-Preferred	PA
SPIRIVA HANDIHALER INHALATION CAPSULE	Preferred	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Preferred	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	QL
tiotropium bromide inhalation capsule	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Preferred	PA; QL
umeclidinium-vilanterol inhalation aerosol powder breath activated	Non-Preferred	PA; QL
YUPELRI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
YUPELRI INHALATION SOLUTION	Non-Preferred	PA
Antiparkinsonian Agents		
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
benztropine mesylate oral tablet	Formulary	90 Day Supply
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
ra nighttime sleep aid oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
trihexyphenidyl hcl oral solution	Formulary	
trihexyphenidyl hcl oral tablet	Formulary	90 Day Supply
Autonomic Drugs, Miscellaneous		
apo-varenicline oral tablet	Formulary	AL
CHANTIX ORAL TABLET 1 MG	Formulary	AL
cvs nicotine mouth/throat gum	Formulary	OTC
cvs nicotine mouth/throat lozenge	Formulary	OTC
cvs nicotine polacrilex mouth/throat gum	Formulary	OTC
cvs nicotine polacrilex mouth/throat lozenge	Formulary	OTC
cvs nicotine transdermal patch 24 hour	Formulary	OTC
eq nicotine mouth/throat gum 4 mg	Formulary	OTC
eq nicotine mouth/throat lozenge	Formulary	OTC
eq nicotine polacrilex mouth/throat gum	Formulary	OTC
eq nicotine polacrilex mouth/throat lozenge	Formulary	OTC
eq nicotine step 3 transdermal patch 24 hour	Formulary	OTC
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
ft nicotine mouth/throat gum	Formulary	OTC
gnp nicotine mini mouth/throat lozenge	Formulary	OTC
gnp nicotine mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat gum	Formulary	OTC
gnp nicotine polacrilex mouth/throat lozenge	Formulary	OTC
gnp nicotine transdermal patch 24 hour	Formulary	OTC
goodsense nicotine mouth/throat gum	Formulary	OTC
goodsense nicotine mouth/throat lozenge	Formulary	OTC
HABITROL TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
hm nicotine polacrilex mouth/throat gum	Formulary	OTC
hm nicotine polacrilex mouth/throat lozenge 2 mg	Formulary	OTC
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	Formulary	OTC
KLS QUIT2 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT2 MOUTH/THROAT LOZENGE	Formulary	OTC
KLS QUIT4 MOUTH/THROAT GUM	Formulary	OTC
KLS QUIT4 MOUTH/THROAT LOZENGE	Formulary	OTC
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	Formulary	OTC
NICORELIEF MOUTH/THROAT GUM 2 MG	Formulary	OTC
NICORETTE MINI MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE MOUTH/THROAT GUM	Formulary	OTC
NICORETTE MOUTH/THROAT LOZENGE	Formulary	OTC
NICORETTE STARTER KIT MOUTH/THROAT GUM	Formulary	OTC
nicotine mini mouth/throat lozenge	Formulary	OTC
nicotine polacrilex mini mouth/throat lozenge	Formulary	OTC
nicotine polacrilex mouth/throat gum	Formulary	OTC
nicotine polacrilex mouth/throat lozenge	Formulary	OTC
nicotine step 1 transdermal patch 24 hour	Formulary	OTC
nicotine step 2 transdermal patch 24 hour	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
nicotine step 3 transdermal patch 24 hour	Formulary	OTC
nicotine transdermal kit	Formulary	OTC
nicotine transdermal patch 24 hour	Formulary	OTC
NICOTROL INHALATION INHALER	Formulary	
NICOTROL NS NASAL SOLUTION	Formulary	
px stop smoking aid mouth/throat gum	Formulary	OTC
px stop smoking aid mouth/throat lozenge	Formulary	OTC
qc nicotine transdermal system transdermal patch 24 hour	Formulary	OTC
ra mini nicotine mouth/throat lozenge	Formulary	OTC
ra nicotine gum mouth/throat gum 2 mg, 4 mg	Formulary	OTC
ra nicotine mouth/throat gum	Formulary	OTC
ra nicotine polacrilex mouth/throat lozenge	Formulary	OTC
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	Formulary	OTC
sm nicotine mouth/throat gum	Formulary	OTC
sm nicotine mouth/throat lozenge	Formulary	OTC
sm nicotine polacrilex mouth/throat gum	Formulary	OTC
sm nicotine polacrilex mouth/throat lozenge	Formulary	OTC
sm nicotine transdermal patch 24 hour	Formulary	OTC
THRIVE MOUTH/THROAT GUM 2 MG	Formulary	OTC
varenicline tartrate (starter) oral tablet therapy pack	Formulary	AL
varenicline tartrate oral tablet 0.5 mg, 1 mg	Formulary	AL
varenicline tartrate(continue) oral tablet	Formulary	AL
Centrally Acting Skeletal Muscle Relaxant		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Formulary	QL
cyclobenzaprine hcl oral tablet 7.5 mg	Formulary	
methocarbamol oral tablet 500 mg, 750 mg	Formulary	
tizanidine hcl oral tablet	Formulary	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	Formulary	90 Day Supply; QL
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Non-SEL. Beta-Adrenergic Blocking Agents		
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
Non-Sele Alpha-1-Adrenergic Blocking Agts		
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
TEZRULY ORAL SOLUTION	Non-Preferred	PA
Parasympathomimetic (Cholinergic Agents)		
ADLARITY TRANSDERMAL PATCH WEEKLY	Non-Preferred	PA
ARICEPT ORAL TABLET 10 MG, 5 MG	Non-Preferred	PA; QL; AL
ARICEPT ORAL TABLET 23 MG	Non-Preferred	PA
bethanechol chloride oral tablet	Formulary	
donepezil hcl oral tablet 10 mg, 5 mg	Preferred	90 Day Supply; QL; AL
donepezil hcl oral tablet 23 mg	Non-Preferred	PA
donepezil hcl oral tablet dispersible	Preferred	AL
EXELON TRANSDERMAL PATCH 24 HOUR	Preferred	
galantamine hydrobromide er oral capsule extended release 24 hour	Non-Preferred	PA
galantamine hydrobromide oral solution	Non-Preferred	PA
galantamine hydrobromide oral tablet	Non-Preferred	PA
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	Non-Preferred	PA
pilocarpine hcl oral tablet 5 mg	Formulary	QL
pyridostigmine bromide er oral tablet extended release	Formulary	
pyridostigmine bromide oral tablet 60 mg	Formulary	
rivastigmine tartrate oral capsule	Non-Preferred	PA; QL; AL
rivastigmine transdermal patch 24 hour	Non-Preferred	PA
VUITY OPHTHALMIC SOLUTION	Non-Preferred	PA
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er oral tablet extended release 24 hour	Preferred	90 Day Supply; QL
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
dutasteride-tamsulosin hcl oral capsule	Non-Preferred	PA
FLOMAX ORAL CAPSULE	Non-Preferred	PA
JALYN ORAL CAPSULE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
RAPAFLO ORAL CAPSULE	Non-Preferred	PA
silodosin oral capsule	Non-Preferred	PA
tamsulosin hcl oral capsule	Preferred	90 Day Supply
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Preferred	90 Day Supply; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Preferred	QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	Preferred	
albuterol sulfate oral syrup 2 mg/5ml	Preferred	
albuterol sulfate oral tablet	Non-Preferred	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
arformoterol tartrate inhalation nebulization solution	Non-Preferred	PA
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
BREYNA INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
BROVANA INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
budesonide-formoterol fumarate inhalation aerosol	Non-Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
DULERA INHALATION AEROSOL	Preferred	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
formoterol fumarate inhalation nebulization solution	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Non-Preferred	PA
levalbuterol tartrate inhalation aerosol	Non-Preferred	PA
PERFORMIST INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Preferred	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Non-Preferred	PA
SYMBICORT INHALATION AEROSOL	Preferred	QL
terbutaline sulfate oral tablet	Formulary	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
umeclidinium-vilanterol inhalation aerosol powder breath activated	Non-Preferred	PA; QL
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Preferred	QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XOPENEX HFA INHALATION AEROSOL	Preferred	
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
betaxolol hcl ophthalmic solution	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
TENORMIN ORAL TABLET	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Skeletal Muscle Relaxants, Miscellaneous		
orphenadrine citrate er oral tablet extended release 12 hour	Formulary	
Smoking Cessation Agents		
apo-varenicline oral tablet	Formulary	AL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Formulary	
CHANTIX ORAL TABLET 1 MG	Formulary	AL
cvs nicotine mouth/throat gum	Formulary	OTC
cvs nicotine mouth/throat lozenge	Formulary	OTC
cvs nicotine polacrilex mouth/throat gum	Formulary	OTC
cvs nicotine polacrilex mouth/throat lozenge	Formulary	OTC
cvs nicotine transdermal patch 24 hour	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sm nicotine polacrilex mouth/throat lozenge	Formulary	OTC
sm nicotine transdermal patch 24 hour	Formulary	OTC
THRIVE MOUTH/THROAT GUM 2 MG	Formulary	OTC
TYRVAYA NASAL SOLUTION	Non-Preferred	PA
varenicline tartrate (starter) oral tablet therapy pack	Formulary	AL
varenicline tartrate oral tablet 0.5 mg, 1 mg	Formulary	AL
varenicline tartrate(continue) oral tablet	Formulary	AL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	PA; Specialty
PROCRIT INJECTION SOLUTION	Non-Preferred	PA; Specialty
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Preferred	PA; Specialty
Anticoagulants, Miscellaneous		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Blood Form., Coag, Thrombosis Agents Misc.		
ADAKVEO INTRAVENOUS SOLUTION	Preferred	PA
Coumarin Derivatives		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 7.5 MG	Preferred	90 Day Supply
JANTOVEN ORAL TABLET 6 MG	Preferred	
warfarin sodium oral tablet	Preferred	90 Day Supply
warfarin sodium powder	Preferred	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Preferred	QL
ELIQUIS ORAL TABLET	Preferred	90 Day Supply; QL
SAVAYSA ORAL TABLET	Non-Preferred	PA
XARELTO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Preferred	90 Day Supply; QL
XARELTO ORAL TABLET 2.5 MG	Preferred	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Preferred	QL
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule	Non-Preferred	PA; QL
PRADAXA ORAL CAPSULE	Preferred	QL
PRADAXA ORAL PACKET	Non-Preferred	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Preferred	PA; Specialty
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	PA; Specialty
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION	Formulary	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Formulary	PA
PROCRIT INJECTION SOLUTION	Non-Preferred	PA; Specialty
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Non-Preferred	PA; Specialty
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Formulary	PA; Specialty
Hemorrhologic Agents		
pentoxifylline er oral tablet extended release	Formulary	
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
adynovate intravenous solution reconstituted	Preferred	PA; Specialty
AFSTYLA INTRAVENOUS KIT	Preferred	PA; Specialty
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
aminocaproic acid oral solution	Formulary	
aminocaproic acid oral tablet	Formulary	
BENEFIX INTRAVENOUS KIT	Preferred	PA; Specialty
COAGADDEX INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
CORIFACT INTRAVENOUS KIT	Preferred	PA; Specialty
desmopressin ace spray refrig nasal solution	Formulary	QL
desmopressin acetate oral tablet 0.1 mg	Formulary	90 Day Supply; QL; AL
desmopressin acetate oral tablet 0.2 mg	Formulary	QL; AL
desmopressin acetate spray nasal solution	Formulary	QL
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Preferred	PA; Specialty
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Formulary	PA; Specialty
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Preferred	PA; Specialty
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Preferred	PA; Specialty
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Preferred	PA; Specialty
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	Preferred	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Preferred	PA; Specialty
KOGENATE FS INTRAVENOUS KIT	Preferred	PA; Specialty
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	PA; Specialty

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Preferred	PA; Specialty
obizur intravenous solution reconstituted	Preferred	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	Preferred	PA; Specialty
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
rixubis intravenous solution reconstituted	Preferred	PA; Specialty
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Preferred	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA; Specialty
WILATE INTRAVENOUS KIT	Preferred	PA; Specialty
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Preferred	PA; Specialty
XYNTHA SOLOFUSE INTRAVENOUS KIT	Preferred	PA; Specialty
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	Preferred	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml, 40 mg/0.4ml, 60 mg/0.6ml	Preferred	QL
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 30 mg/0.3ml, 80 mg/0.8ml	Preferred	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	Preferred	
LOVENOX INJECTION SOLUTION	Non-Preferred	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 150 MG/ML, 40 MG/0.4ML, 60 MG/0.6ML	Non-Preferred	PA; QL
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 30 MG/0.3ML, 80 MG/0.8ML	Non-Preferred	PA
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
fondaparinux sodium subcutaneous solution	Non-Preferred	PA
Iron Preparations		
BPROTECTED PEDIA IRON ORAL SOLUTION	Formulary	OTC
classic prenatal oral tablet	Formulary	OTC
cvs childrens complete oral tablet chewable 18 mg	Formulary	OTC
cvs iron oral tablet 240 (27 fe) mg	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
EZFE 200 ORAL CAPSULE	Formulary	OTC
fe c tab plus oral tablet	Formulary	OTC
FEOSOL ORAL TABLET 200 (65 FE) MG	Formulary	OTC
FERATE ORAL TABLET 240 (27 FE) MG	Formulary	OTC
FEROSUL ORAL TABLET	Formulary	OTC
FERREX 150 ORAL CAPSULE	Formulary	OTC; QL
ferric x-150 oral capsule	Formulary	OTC; QL
FERROCITE ORAL TABLET	Formulary	OTC; QL
ferrous fumarate oral tablet 324 (106 fe) mg	Formulary	OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg	Formulary	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml	Formulary	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Formulary	OTC
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG	Formulary	OTC
gnp childrens chewables/iron oral tablet chewable	Formulary	OTC
gnp iron oral tablet 200 (65 fe) mg	Formulary	OTC
gnp iron oral tablet extended release	Formulary	OTC
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE	Formulary	OTC
iron 100 plus oral tablet	Formulary	OTC
iron oral tablet 240 (27 fe) mg	Formulary	OTC
iron supplement childrens oral solution	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
m-natal plus oral tablet	Formulary	90 Day Supply
multi prenatal oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
multi-vitamin/fluoride/iron oral solution	Formulary	
NIVA-PLUS ORAL TABLET	Formulary	
one daily multivitamin/iron oral tablet	Formulary	OTC
POLY-IRON 150 ORAL CAPSULE	Formulary	OTC; QL
polysaccharide iron complex oral capsule	Formulary	OTC; QL
polysaccharide-iron complex oral capsule	Formulary	OTC; QL
PRENATABS RX ORAL TABLET	Formulary	OTC
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal complete oral tablet	Formulary	OTC
prenatal formula a-free oral tablet	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
prenatal one daily oral tablet	Formulary	OTC
prenatal oral tablet 27-0.8 mg	Formulary	
prenatal oral tablet 27-1 mg	Formulary	90 Day Supply
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Formulary	OTC
prenatal plus oral tablet	Formulary	90 Day Supply
prenatal vitamins oral tablet 28-0.8 mg	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
slow iron oral tablet extended release	Formulary	OTC
slow release iron oral tablet extended release 45 mg	Formulary	OTC
sm animal shapes complete oral tablet chewable 18 mg	Formulary	OTC
sm iron slow release oral tablet extended release 160 (50 fe) mg	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
stress formula/iron oral tablet	Formulary	OTC
TAB-A-VITE/IRON ORAL TABLET	Formulary	OTC
trinatal rx 1 oral tablet	Formulary	
VINATE ONE ORAL TABLET	Formulary	
westab plus oral tablet	Formulary	
Liver And Stomach Preparations		
B-12 DOTS ORAL TABLET DISPERSIBLE	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
b-12 tr oral tablet extended release 1000 mcg	Formulary	OTC
cyanocobalamin injection solution 1000 mcg/ml	Formulary	QL
MULTIGEN ORAL TABLET	Formulary	
vitamin b12 oral tablet 100 mcg	Formulary	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Formulary	OTC
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BRILINTA ORAL TABLET	Non-Preferred	PA
BUFFERIN ORAL TABLET	Formulary	OTC
childrens aspirin oral tablet chewable	Formulary	OTC
cilostazol oral tablet	Formulary	90 Day Supply
clopidogrel bisulfate oral tablet 300 mg	Preferred	QL
clopidogrel bisulfate oral tablet 75 mg	Preferred	90 Day Supply; QL
dipyridamole oral tablet	Preferred	
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
EFFIENT ORAL TABLET	Non-Preferred	PA
gnp aspirin oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
PLAVIX ORAL TABLET 75 MG	Non-Preferred	PA; QL
prasugrel hcl oral tablet	Preferred	
qc aspirin low dose oral tablet delayed release	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
ticagrelor oral tablet	Preferred	
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
YOSPRALA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
Thrombolytic Agents		
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
childrens aspirin oral tablet chewable	Formulary	OTC
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
gnp aspirin oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
Cardiovascular Drugs		
AcI Inhibitors		
NEXLETOL ORAL TABLET	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
TEZRULY ORAL SOLUTION	Non-Preferred	PA
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
terazosin hcl oral capsule	Preferred	90 Day Supply
Angiotensin li Recep Antagonist/Neprollys		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Non-Preferred	PA; QL
sacubitril-valsartan oral tablet	Preferred	QL
Angiotensin li Receptor Antagon.(Hypotn)		
ATACAND ORAL TABLET	Non-Preferred	PA
AVAPRO ORAL TABLET	Non-Preferred	PA
BENICAR ORAL TABLET	Non-Preferred	PA
candesartan cilexetil oral tablet	Non-Preferred	PA
COZAAR ORAL TABLET	Non-Preferred	PA; QL
DIOVAN ORAL TABLET	Non-Preferred	PA
EDARBI ORAL TABLET	Non-Preferred	PA
irbesartan oral tablet	Preferred	90 Day Supply
losartan potassium oral tablet	Preferred	90 Day Supply; QL
MICARDIS ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil oral tablet 20 mg, 5 mg	Preferred	
olmesartan medoxomil oral tablet 40 mg	Preferred	90 Day Supply
telmisartan oral tablet	Non-Preferred	PA
valsartan oral tablet 160 mg	Preferred	
valsartan oral tablet 320 mg, 40 mg, 80 mg	Preferred	90 Day Supply
Angiotensin li Receptor Antagonists		
amlodipine besylate-valsartan oral tablet	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
amlodipine-olmesartan oral tablet	Non-Preferred	PA
amlodipine-valsartan-hctz oral tablet	Preferred	
ATACAND HCT ORAL TABLET	Non-Preferred	PA
ATACAND ORAL TABLET	Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Preferred	PA
AVAPRO ORAL TABLET	Non-Preferred	PA
AZOR ORAL TABLET	Non-Preferred	PA
BENICAR HCT ORAL TABLET	Non-Preferred	PA
BENICAR ORAL TABLET	Non-Preferred	PA
candesartan cilexetil oral tablet	Non-Preferred	PA
candesartan cilexetil-hctz oral tablet	Non-Preferred	PA
COZAAR ORAL TABLET	Non-Preferred	PA; QL
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	Non-Preferred	PA
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	Non-Preferred	PA; QL
DIOVAN ORAL TABLET	Non-Preferred	PA
EDARBI ORAL TABLET	Non-Preferred	PA
EDARBYCLOR ORAL TABLET	Non-Preferred	PA
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Non-Preferred	PA; QL
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
EXFORGE ORAL TABLET	Non-Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG	Non-Preferred	PA
HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG	Non-Preferred	PA; QL
irbesartan oral tablet	Preferred	90 Day Supply
irbesartan-hydrochlorothiazide oral tablet	Preferred	
losartan potassium oral tablet	Preferred	90 Day Supply; QL
losartan potassium-hctz oral tablet 100-12.5 mg	Preferred	90 Day Supply
losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg	Preferred	90 Day Supply; QL
MICARDIS HCT ORAL TABLET	Non-Preferred	PA
MICARDIS ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil oral tablet 20 mg, 5 mg	Preferred	
olmesartan medoxomil oral tablet 40 mg	Preferred	90 Day Supply
olmesartan medoxomil-hctz oral tablet	Preferred	
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
sacubitril-valsartan oral tablet	Preferred	QL
telmisartan oral tablet	Non-Preferred	PA
telmisartan-amlodipine oral tablet	Non-Preferred	PA
telmisartan-hctz oral tablet	Non-Preferred	PA
TRIBENZOR ORAL TABLET	Non-Preferred	PA
valsartan oral tablet 160 mg	Preferred	
valsartan oral tablet 320 mg, 40 mg, 80 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-25 mg	Preferred	90 Day Supply; QL
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg	Preferred	QL
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ALTACE ORAL CAPSULE	Non-Preferred	PA
benazepril hcl oral tablet	Preferred	90 Day Supply; QL
captopril oral tablet	Preferred	
enalapril maleate oral solution	Non-Preferred	PA
enalapril maleate oral tablet	Preferred	90 Day Supply; QL
EPANED ORAL SOLUTION	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
fosinopril sodium oral tablet 10 mg, 20 mg	Preferred	90 Day Supply; QL
fosinopril sodium oral tablet 40 mg	Preferred	QL
lisinopril oral tablet	Preferred	90 Day Supply; QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
moexipril hcl oral tablet	Preferred	
perindopril erbumine oral tablet	Preferred	
quinapril hcl oral tablet 10 mg, 5 mg	Non-Preferred	PA
quinapril hcl oral tablet 20 mg, 40 mg	Non-Preferred	PA; 90 Day Supply
ramipril oral capsule 1.25 mg	Preferred	
ramipril oral capsule 10 mg, 2.5 mg, 5 mg	Preferred	90 Day Supply
trandolapril oral tablet	Preferred	
VASOTEC ORAL TABLET	Non-Preferred	PA; QL
ZESTRIL ORAL TABLET	Non-Preferred	PA; QL
Angiotensin-Converting Enzyme Inhibitors		
ALTACE ORAL CAPSULE	Non-Preferred	PA
amlodipine besy-benazepril hcl oral capsule	Preferred	90 Day Supply
benazepril hcl oral tablet	Preferred	90 Day Supply; QL
benazepril-hydrochlorothiazide oral tablet	Preferred	QL
captopril oral tablet	Preferred	
captopril-hydrochlorothiazide oral tablet	Preferred	
enalapril maleate oral solution	Non-Preferred	PA
enalapril maleate oral tablet	Preferred	90 Day Supply; QL
enalapril-hydrochlorothiazide oral tablet	Preferred	
EPANED ORAL SOLUTION	Non-Preferred	PA
fosinopril sodium oral tablet 10 mg, 20 mg	Preferred	90 Day Supply; QL
fosinopril sodium oral tablet 40 mg	Preferred	QL
fosinopril sodium-hctz oral tablet	Preferred	
lisinopril oral tablet	Preferred	90 Day Supply; QL
lisinopril-hydrochlorothiazide oral tablet	Preferred	90 Day Supply; QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA; QL
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Preferred	PA
moexipril hcl oral tablet	Preferred	
perindopril erbumine oral tablet	Preferred	
QBRELIS ORAL SOLUTION	Non-Preferred	PA
quinapril hcl oral tablet 10 mg, 5 mg	Non-Preferred	PA
quinapril hcl oral tablet 20 mg, 40 mg	Non-Preferred	PA; 90 Day Supply
quinapril-hydrochlorothiazide oral tablet	Preferred	
ramipril oral capsule 1.25 mg	Preferred	
ramipril oral capsule 10 mg, 2.5 mg, 5 mg	Preferred	90 Day Supply
trandolapril oral tablet	Preferred	
trandolapril-verapamil hcl er oral tablet extended release	Non-Preferred	PA
VASERETIC ORAL TABLET	Non-Preferred	PA
VASOTEC ORAL TABLET	Non-Preferred	PA; QL
ZESTORETIC ORAL TABLET	Non-Preferred	PA; QL
ZESTRIL ORAL TABLET	Non-Preferred	PA; QL
Angptl3 Inhibitors		
EVKEEZA INTRAVENOUS SOLUTION	Non-Preferred	PA
Antiarrhythmics, Miscellaneous		
DIGOX ORAL TABLET	Formulary	QL
digoxin oral tablet 125 mcg	Formulary	90 Day Supply; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Antilipemic Agents, Miscellaneous		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE	Formulary	OTC
EVKEEZA INTRAVENOUS SOLUTION	Non-Preferred	PA
icosapent ethyl oral capsule	Non-Preferred	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NEXLETOL ORAL TABLET	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
niacin (antihyperlipidemic) oral tablet	Preferred	
niacin er (antihyperlipidemic) oral tablet extended release	Preferred	
niacin er oral tablet extended release 250 mg, 500 mg	Formulary	OTC
omega-3-acid ethyl esters oral capsule	Preferred	QL
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
BYSTOLIC ORAL TABLET	Non-Preferred	PA
CARDURA ORAL TABLET	Non-Preferred	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA
doxazosin mesylate oral tablet	Preferred	90 Day Supply
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
prazosin hcl oral capsule 1 mg, 2 mg	Formulary	90 Day Supply
prazosin hcl oral capsule 5 mg	Formulary	
propranolol hcl er oral capsule extended release 24 hour	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
terazosin hcl oral capsule	Preferred	90 Day Supply
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Bile Acid Sequestrants		
cholestyramine light oral packet	Preferred	
cholestyramine light oral powder	Preferred	QL
cholestyramine oral packet	Preferred	
cholestyramine oral powder	Preferred	QL
colesevelam hcl oral packet	Non-Preferred	PA
colesevelam hcl oral tablet	Non-Preferred	PA
COLESTID ORAL TABLET	Non-Preferred	PA
colestipol hcl oral granules	Preferred	
colestipol hcl oral packet	Preferred	
colestipol hcl oral tablet	Preferred	
QUESTRAN LIGHT ORAL POWDER	Non-Preferred	PA; QL
QUESTRAN ORAL PACKET	Non-Preferred	PA
QUESTRAN ORAL POWDER	Non-Preferred	PA; QL
WELCHOL ORAL PACKET	Non-Preferred	PA
WELCHOL ORAL TABLET	Non-Preferred	PA
Bradykinin Receptors Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL SOLUTION	Formulary	PA
ivabradine hcl oral tablet	Formulary	PA
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	Formulary	PA
DIGOX ORAL TABLET	Formulary	QL
digoxin oral tablet 125 mcg	Formulary	90 Day Supply; QL
ivabradine hcl oral tablet	Formulary	PA
Central Alpha-Agonists		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate oral tablet	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Cgmp Synthesis Agent		
VERQUVO ORAL TABLET	Formulary	PA
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet	Preferred	90 Day Supply
ezetimibe-simvastatin oral tablet	Non-Preferred	PA
NEXLIZET ORAL TABLET	Non-Preferred	PA
VYTORIN ORAL TABLET	Non-Preferred	PA
ZETIA ORAL TABLET	Non-Preferred	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule	Formulary	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Formulary	
quinidine sulfate oral tablet	Formulary	
Class Ib Antiarrhythmics		
DILANTIN INFATABS ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
DILANTIN ORAL CAPSULE	Preferred	QL
DILANTIN ORAL SUSPENSION	Non-Preferred	PA
mexiletine hcl oral capsule	Formulary	
PHENYTEK ORAL CAPSULE	Preferred	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	Preferred	QL
phenytoin oral suspension	Preferred	
phenytoin oral tablet chewable	Preferred	QL
phenytoin sodium extended oral capsule 100 mg	Preferred	90 Day Supply; QL
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Class Ic Antiarrhythmics		
flecainide acetate oral tablet 100 mg, 50 mg	Formulary	90 Day Supply
flecainide acetate oral tablet 150 mg	Formulary	
propafenone hcl oral tablet	Formulary	
Class II Antiarrhythmics		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl ophthalmic solution	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
BYSTOLIC ORAL TABLET	Non-Preferred	PA
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nebivolol hcl oral tablet	Preferred	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply
timolol maleate oral tablet	Non-Preferred	PA
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	Formulary	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
PACERONE ORAL TABLET 200 MG	Formulary	
sotalol hcl (af) oral tablet	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
Class Iv Antiarrhythmics		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Non-Preferred	PA; QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	Non-Preferred	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	
verapamil hcl er oral tablet extended release 120 mg	Preferred	QL
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 120 mg	Preferred	90 Day Supply; QL
verapamil hcl oral tablet 40 mg, 80 mg	Preferred	90 Day Supply
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Dihydropyridines		
amlodipine besy-benazepril hcl oral capsule	Preferred	90 Day Supply
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
amlodipine besylate-valsartan oral tablet	Preferred	
amlodipine-atorvastatin oral tablet	Non-Preferred	PA
amlodipine-olmesartan oral tablet	Non-Preferred	PA
amlodipine-valsartan-hctz oral tablet	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
AZOR ORAL TABLET	Non-Preferred	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Preferred	PA
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
EXFORGE ORAL TABLET	Non-Preferred	PA
felodipine er oral tablet extended release 24 hour 10 mg	Preferred	90 Day Supply
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Preferred	
isradipine oral capsule	Non-Preferred	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Non-Preferred	PA
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	
nimodipine oral capsule	Non-Preferred	PA
nisoldipine er oral tablet extended release 24 hour	Non-Preferred	PA
NORLIQVA ORAL SOLUTION	Non-Preferred	PA
NORVASC ORAL TABLET	Non-Preferred	PA; QL
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non-Preferred	PA
telmisartan-amlodipine oral tablet	Non-Preferred	PA
TRIBENZOR ORAL TABLET	Non-Preferred	PA
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
felodipine er oral tablet extended release 24 hour 10 mg	Preferred	90 Day Supply
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Preferred	
isradipine oral capsule	Non-Preferred	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	
nimodipine oral capsule	Non-Preferred	PA
nisoldipine er oral tablet extended release 24 hour	Non-Preferred	PA
NORLIQVA ORAL SOLUTION	Non-Preferred	PA
NORVASC ORAL TABLET	Non-Preferred	PA; QL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Non-Preferred	PA
Direct Vasodilators		
clonidine hcl er oral tablet extended release 12 hour	Preferred	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Formulary	90 Day Supply
clonidine transdermal patch weekly	Formulary	
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
hydralazine hcl oral tablet	Formulary	90 Day Supply
methyldopa oral tablet 250 mg	Formulary	90 Day Supply
methyldopa oral tablet 500 mg	Formulary	
minoxidil oral tablet 10 mg	Formulary	
minoxidil oral tablet 2.5 mg	Formulary	90 Day Supply
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Factor Xiiia Inhibitors		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 90 MG	Non-Preferred	PA
fenofibrate micronized oral capsule 130 mg, 43 mg	Non-Preferred	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Preferred	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Preferred	
fenofibrate oral capsule 150 mg, 50 mg	Non-Preferred	PA
fenofibrate oral tablet 120 mg, 40 mg	Non-Preferred	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg	Preferred	90 Day Supply
fenofibrate oral tablet 54 mg	Preferred	
fenofibric acid oral capsule delayed release	Non-Preferred	PA
fenofibric acid oral tablet	Non-Preferred	PA
FENOGLIDE ORAL TABLET	Non-Preferred	PA
FIBRICOR ORAL TABLET	Non-Preferred	PA
gemfibrozil oral tablet	Preferred	90 Day Supply; QL
LIPOFEN ORAL CAPSULE	Non-Preferred	PA
LOPID ORAL TABLET	Non-Preferred	PA; QL
TRICOR ORAL TABLET	Non-Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
Hmg-Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
amlodipine-atorvastatin oral tablet	Non-Preferred	PA
ATORVALIQ ORAL SUSPENSION	Non-Preferred	PA
atorvastatin calcium oral tablet	Preferred	90 Day Supply; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Non-Preferred	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	Non-Preferred	PA
ezetimibe-simvastatin oral tablet	Non-Preferred	PA
flolipid oral suspension	Non-Preferred	PA
fluvastatin sodium er oral tablet extended release 24 hour	Non-Preferred	PA
fluvastatin sodium oral capsule	Non-Preferred	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
LIPITOR ORAL TABLET	Non-Preferred	PA; QL
LIVALO ORAL TABLET	Non-Preferred	PA
lovastatin oral tablet	Preferred	90 Day Supply; QL
pitavastatin calcium oral tablet	Non-Preferred	PA
pravastatin sodium oral tablet	Preferred	90 Day Supply; QL
rosuvastatin calcium oral tablet	Preferred	90 Day Supply
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred	90 Day Supply; QL
simvastatin oral tablet 80 mg	Preferred	90 Day Supply
VYTORIN ORAL TABLET	Non-Preferred	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Non-Preferred	PA; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Non-Preferred	PA
Kallikrein		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
EKTERLY ORAL TABLET	Non-Preferred	PA
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
toremide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
toremide oral tablet 100 mg	Formulary	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
toremide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
toremide oral tablet 100 mg	Formulary	
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
Nitrates And Nitrites		
acebutolol hcl oral capsule	Non-Preferred	PA
atenolol oral tablet	Preferred	90 Day Supply
BETAPACE AF ORAL TABLET	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	Non-Preferred	PA
betaxolol hcl oral tablet	Non-Preferred	PA
bisoprolol fumarate oral tablet 10 mg	Preferred	
bisoprolol fumarate oral tablet 5 mg	Preferred	90 Day Supply
carvedilol oral tablet	Preferred	90 Day Supply
carvedilol phosphate er oral capsule extended release 24 hour	Preferred	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
COREG ORAL TABLET	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION	Non-Preferred	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
isosorbide dinitrate oral tablet	Formulary	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	Formulary	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	Formulary	90 Day Supply
isosorbide mononitrate oral tablet	Formulary	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	Non-Preferred	PA
labetalol hcl oral tablet 100 mg	Preferred	90 Day Supply; QL
labetalol hcl oral tablet 200 mg, 300 mg	Preferred	90 Day Supply
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Non-Preferred	PA
metoprolol succinate er oral tablet extended release 24 hour	Preferred	90 Day Supply
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg	Preferred	90 Day Supply
metoprolol tartrate oral tablet 75 mg	Preferred	
nadolol oral tablet 20 mg, 40 mg	Preferred	90 Day Supply
nadolol oral tablet 80 mg	Preferred	
nitroglycerin sublingual tablet sublingual	Formulary	
nitroglycerin transdermal patch 24 hour	Formulary	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	Formulary	
pindolol oral tablet	Non-Preferred	PA
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
sotalol hcl (af) oral tablet	Preferred	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	Preferred	
sotalol hcl oral tablet 80 mg	Preferred	90 Day Supply
SOTYLIZE ORAL SOLUTION	Non-Preferred	PA
TENORMIN ORAL TABLET	Non-Preferred	PA
timolol maleate oral tablet	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Omega-3-Mediated Antilipemics		
icosapent ethyl oral capsule	Non-Preferred	PA
omega-3-acid ethyl esters oral capsule	Preferred	QL
Osmotic Diuretics		
urea external cream 40 %	Formulary	
Pcsk9 Inhibitors		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	Non-Preferred	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
Phosphodiesterase Type 5 Inhibitors		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ADCIRCA ORAL TABLET	Non-Preferred	PA
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
cilostazol oral tablet	Formulary	90 Day Supply
dipyridamole oral tablet	Preferred	
ENTADFI ORAL CAPSULE	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
Potassium-Sparing Diuretic		
amiloride hcl oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
triamterene oral capsule	Formulary	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
triamterene oral capsule	Formulary	
Renin Inhibitors		
aliskiren fumarate oral tablet	Non-Preferred	PA
TEKTRUNA ORAL TABLET	Non-Preferred	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	Non-Preferred	PA; QL
ENTRESTO ORAL TABLET	Non-Preferred	PA; QL
sacubitril-valsartan oral tablet	Preferred	QL
Sodium-Gluc (Sglt) Cotransporter Inhib		
INPEFA ORAL TABLET	Non-Preferred	PA
Steroidal Mineralocorticoid Receptor Ant		
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
Thiazide Diuretics		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
Thiazide-Like Diuretics		
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
Vasodilating Agents, Miscellaneous		
ambrisentan oral tablet	Preferred	PA
amlodipine besylate oral tablet	Preferred	90 Day Supply; QL
bosentan oral tablet	Non-Preferred	PA
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG	Non-Preferred	PA; QL
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 360 MG	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG	Non-Preferred	PA; QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
CORLANOR ORAL SOLUTION	Formulary	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	QL
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg	Preferred	90 Day Supply; QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Preferred	90 Day Supply
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Preferred	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Preferred	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg	Preferred	QL
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Preferred	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Preferred	QL
diltiazem hcl er oral tablet extended release 24 hour	Non-Preferred	PA
diltiazem hcl oral tablet 120 mg	Preferred	QL
diltiazem hcl oral tablet 30 mg	Preferred	90 Day Supply
diltiazem hcl oral tablet 60 mg, 90 mg	Preferred	
dipyridamole oral tablet	Preferred	
ivabradine hcl oral tablet	Formulary	PA
KATERZIA ORAL SUSPENSION	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
levamlodipine maleate oral tablet	Non-Preferred	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
nicardipine hcl oral capsule	Non-Preferred	PA
nifedipine er oral tablet extended release 24 hour 30 mg	Preferred	90 Day Supply
nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	90 Day Supply; QL
nifedipine er oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Preferred	90 Day Supply; QL
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Preferred	QL
nifedipine oral capsule	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
eq pain & fever childrens oral tablet chewable	Formulary	OTC
extraprin oral tablet	Formulary	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Formulary	OTC
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
gnp infants pain/fever oral suspension	Formulary	OTC
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
headache relief oral tablet	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET	Formulary	OTC
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
night time pain medicine ex st oral tablet	Formulary	OTC
non-aspirin extra strength oral tablet	Formulary	OTC
non-aspirin oral tablet 325 mg	Formulary	OTC
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever extra strength oral tablet	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIIN MAX ORAL TABLET	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
qc non-aspirin extra strength oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
acetazolamide oral tablet	Formulary	
APTIOM ORAL TABLET	Non-Preferred	PA
BANZEL ORAL SUSPENSION	Non-Preferred	PA
BANZEL ORAL TABLET	Non-Preferred	PA
BRIVIACT ORAL SOLUTION	Non-Preferred	PA
BRIVIACT ORAL TABLET	Non-Preferred	PA
carbamazepine er oral capsule extended release 12 hour	Non-Preferred	PA
carbamazepine er oral tablet extended release 12 hour	Preferred	
carbamazepine oral suspension 100 mg/5ml	Preferred	
carbamazepine oral tablet	Preferred	90 Day Supply; QL
carbamazepine oral tablet chewable 100 mg	Preferred	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Preferred	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
DIACOMIT ORAL CAPSULE	Non-Preferred	PA
DIACOMIT ORAL PACKET	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral capsule delayed release sprinkle	Preferred	
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
EPIDIOLEX ORAL SOLUTION	Non-Preferred	PA
EPRONTIA ORAL SOLUTION	Non-Preferred	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
eslicarbazepine acetate oral tablet	Non-Preferred	PA
felbamate oral suspension	Preferred	
felbamate oral tablet	Preferred	
FELBATOL ORAL TABLET	Non-Preferred	PA
FINTEPLA ORAL SOLUTION	Non-Preferred	PA
FYCOMPA ORAL SUSPENSION	Non-Preferred	PA
FYCOMPA ORAL TABLET	Non-Preferred	PA
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
KEPPRA INTRAVENOUS SOLUTION	Non-Preferred	PA
KEPPRA ORAL SOLUTION	Non-Preferred	PA; QL
KEPPRA ORAL TABLET 1000 MG	Non-Preferred	PA; QL
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG	Non-Preferred	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Preferred	
lacosamide oral tablet	Preferred	
LAMICTAL ODT ORAL KIT	Non-Preferred	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
LAMICTAL ORAL TABLET	Non-Preferred	PA; QL
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
LAMICTAL STARTER ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lamotrigine er oral tablet extended release 24 hour	Preferred	
lamotrigine oral kit 25 & 50 & 100 mg	Non-Preferred	PA
lamotrigine oral tablet	Preferred	90 Day Supply; QL
lamotrigine oral tablet chewable	Preferred	
lamotrigine oral tablet dispersible	Non-Preferred	PA
lamotrigine starter kit-blue oral kit	Non-Preferred	PA
lamotrigine starter kit-green oral kit	Non-Preferred	PA
lamotrigine starter kit-orange oral kit	Non-Preferred	PA
levetiracetam er oral tablet extended release 24 hour	Preferred	
levetiracetam intravenous solution	Preferred	
levetiracetam oral solution	Preferred	QL
levetiracetam oral tablet 1000 mg	Preferred	QL
levetiracetam oral tablet 250 mg, 500 mg	Preferred	90 Day Supply
levetiracetam oral tablet 750 mg	Preferred	
levetiracetam oral tablet disintegrating soluble 250 mg	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
oxcarbazepine oral suspension	Preferred	
oxcarbazepine oral tablet 150 mg	Preferred	90 Day Supply
oxcarbazepine oral tablet 300 mg, 600 mg	Preferred	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
perampanel oral tablet	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Preferred	
ROWEEPRA ORAL TABLET 500 MG	Preferred	
rufinamide oral suspension 40 mg/ml	Non-Preferred	PA
rufinamide oral tablet	Non-Preferred	PA
SABRIL ORAL PACKET	Non-Preferred	PA
SABRIL ORAL TABLET	Non-Preferred	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Non-Preferred	PA
TEGRETOL ORAL SUSPENSION	Non-Preferred	PA
TEGRETOL ORAL TABLET	Non-Preferred	PA; QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
tiagabine hcl oral tablet	Non-Preferred	PA
TOPAMAX ORAL TABLET	Non-Preferred	PA; QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG	Non-Preferred	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	Non-Preferred	PA; QL
topiramate er oral capsule er 24 hour sprinkle	Non-Preferred	PA
topiramate er oral capsule extended release 24 hour	Non-Preferred	PA
topiramate oral capsule sprinkle 15 mg	Preferred	
topiramate oral capsule sprinkle 25 mg	Preferred	QL
topiramate oral tablet	Preferred	90 Day Supply; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TRILEPTAL ORAL SUSPENSION	Non-Preferred	PA
TRILEPTAL ORAL TABLET	Non-Preferred	PA
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
vigabatrin oral packet	Non-Preferred	PA
vigabatrin oral tablet	Non-Preferred	PA
VIMPAT ORAL SOLUTION	Non-Preferred	PA
VIMPAT ORAL TABLET	Non-Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non-Preferred	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Non-Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK	Non-Preferred	PA
ZONISADE ORAL SUSPENSION	Non-Preferred	PA
zonisamide oral capsule	Preferred	90 Day Supply
ZTALMY ORAL SUSPENSION	Non-Preferred	PA
Antidepressants, Miscellaneous		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
AUVELITY ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Formulary	
bupropion hcl er (sr) oral tablet extended release 12 hour	Preferred	90 Day Supply; QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	90 Day Supply; QL
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Non-Preferred	PA
bupropion hcl oral tablet 100 mg	Preferred	QL
bupropion hcl oral tablet 75 mg	Preferred	90 Day Supply; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
mirtazapine oral tablet	Preferred	90 Day Supply; QL
mirtazapine oral tablet dispersible	Preferred	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Preferred	PA; QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE	Non-Preferred	PA
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
ZURZUVAE ORAL CAPSULE	Non-Preferred	PA; QL
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY ORAL TABLET	Non-Preferred	PA
aripiprazole oral solution	Preferred	QL
aripiprazole oral tablet	Preferred	90 Day Supply
aripiprazole oral tablet dispersible	Non-Preferred	PA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
asenapine maleate sublingual tablet sublingual	Non-Preferred	PA
carbamazepine er oral capsule extended release 12 hour	Non-Preferred	PA
carbamazepine er oral tablet extended release 12 hour	Preferred	
carbamazepine oral suspension 100 mg/5ml	Preferred	
carbamazepine oral tablet	Preferred	90 Day Supply; QL
carbamazepine oral tablet chewable 100 mg	Preferred	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Preferred	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral capsule delayed release sprinkle	Preferred	
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
GEODON ORAL CAPSULE	Non-Preferred	PA; QL
LAMICTAL ODT ORAL KIT	Non-Preferred	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
LAMICTAL ORAL TABLET	Non-Preferred	PA; QL
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Non-Preferred	PA
LAMICTAL STARTER ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL KIT	Non-Preferred	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
lamotrigine er oral tablet extended release 24 hour	Preferred	
lamotrigine oral kit 25 & 50 & 100 mg	Non-Preferred	PA
lamotrigine oral tablet	Preferred	90 Day Supply; QL
lamotrigine oral tablet chewable	Preferred	
lamotrigine oral tablet dispersible	Non-Preferred	PA
lamotrigine starter kit-blue oral kit	Non-Preferred	PA
lamotrigine starter kit-green oral kit	Non-Preferred	PA
lamotrigine starter kit-orange oral kit	Non-Preferred	PA
lithium carbonate er oral tablet extended release	Formulary	90 Day Supply
lithium carbonate oral capsule	Formulary	90 Day Supply
lithium carbonate oral tablet	Formulary	90 Day Supply
lithium oral solution	Formulary	
LYBALVI ORAL TABLET	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	Non-Preferred	PA
OPIPZA ORAL FILM	Non-Preferred	PA
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Preferred	90 Day Supply
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	90 Day Supply
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
RISPERDAL ORAL SOLUTION	Non-Preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA
risperidone microspheres er intramuscular suspension reconstituted er	Non-Preferred	PA
risperidone oral solution	Preferred	90 Day Supply
risperidone oral tablet	Preferred	90 Day Supply
risperidone oral tablet dispersible	Preferred	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non-Preferred	PA; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	Non-Preferred	PA
SECUADO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA
SEROQUEL ORAL TABLET	Non-Preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
TEGRETOL ORAL SUSPENSION	Non-Preferred	PA
TEGRETOL ORAL TABLET	Non-Preferred	PA; QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
ziprasidone hcl oral capsule	Preferred	QL
ziprasidone mesylate intramuscular solution reconstituted	Non-Preferred	PA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Antimigraine Agents, Miscellaneous		
8 hr arthritis pain relief oral tablet extended release	Formulary	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Formulary	OTC
acetaminophen er oral tablet extended release	Formulary	OTC
acetaminophen extra strength oral tablet	Formulary	OTC
acetaminophen infants oral suspension	Formulary	OTC
acetaminophen junior strength oral tablet dispersible	Formulary	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Formulary	OTC
acetaminophen oral tablet chewable 80 mg	Formulary	OTC
acetaminophen rectal suppository 120 mg, 650 mg	Formulary	OTC
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
arthritis pain relief oral tablet extended release	Formulary	OTC
arthritis pain reliever oral tablet extended release	Formulary	OTC
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ketoprofen er oral capsule extended release 24 hour	Non-Preferred	PA
ketoprofen oral capsule	Non-Preferred	PA
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
non-aspirin extra strength oral tablet	Formulary	OTC
non-aspirin oral tablet 325 mg	Formulary	OTC
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain reliever extra strength oral tablet 500 mg	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
propranolol hcl er oral capsule extended release 24 hour	Preferred	
propranolol hcl oral solution	Preferred	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg	Preferred	90 Day Supply
propranolol hcl oral tablet 60 mg, 80 mg	Preferred	
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC
qc non-aspirin extra strength oral tablet	Formulary	OTC
ra acetaminophen childrens oral tablet chewable	Formulary	OTC
ra acetaminophen ex st oral tablet	Formulary	OTC
ra acetaminophen oral tablet	Formulary	OTC
ra fever reducer/pain reliever oral suspension	Formulary	OTC
sb non-aspirin extra strength oral tablet	Formulary	OTC
sb non-aspirin oral tablet chewable 80 mg	Formulary	OTC
sm ibuprofen ib oral tablet	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
timolol maleate oral tablet	Non-Preferred	PA
TOPAMAX ORAL TABLET	Non-Preferred	PA; QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG	Non-Preferred	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	Non-Preferred	PA; QL
topiramate er oral capsule extended release 24 hour	Non-Preferred	PA
topiramate oral capsule sprinkle 15 mg	Preferred	
topiramate oral capsule sprinkle 25 mg	Preferred	QL
topiramate oral tablet	Preferred	90 Day Supply; QL
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
valproic acid oral capsule	Preferred	
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
Antipsychotics, Miscellaneous		
COBENFY ORAL CAPSULE	Non-Preferred	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
loxapine succinate oral capsule	Formulary	
pimozide oral tablet	Formulary	
Anxiolytics, Sedatives, And Hypnotics, Misc		
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
AMBIEN CR ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
AMBIEN ORAL TABLET	Non-Preferred	PA; QL
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BELSOMRA ORAL TABLET	Preferred	QL
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
bupirone hcl oral tablet	Formulary	QL
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
DAYVIGO ORAL TABLET	Non-Preferred	PA
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
droperidol injection solution	Formulary	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
eszopiclone oral tablet	Preferred	QL
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HETLIOZ LQ ORAL SUSPENSION	Non-Preferred	PA
HETLIOZ ORAL CAPSULE	Non-Preferred	PA
hydroxyzine hcl oral syrup 10 mg/5ml	Formulary	
hydroxyzine hcl oral tablet	Formulary	
hydroxyzine pamoate oral capsule	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
LUNESTA ORAL TABLET	Non-Preferred	PA
meprobamate oral tablet	Formulary	
night time pain medicine ex st oral tablet	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
ramelteon oral tablet	Preferred	
ROZEREM ORAL TABLET	Non-Preferred	PA
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
tasimelteon oral capsule	Non-Preferred	PA
total allergy oral tablet	Formulary	OTC
zaleplon oral capsule	Preferred	QL
zolpidem tartrate er oral tablet extended release	Non-Preferred	PA
zolpidem tartrate oral capsule	Non-Preferred	PA
zolpidem tartrate oral tablet	Preferred	QL
zolpidem tartrate sublingual tablet sublingual	Non-Preferred	PA
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Preferred	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET	Non-Preferred	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Non-Preferred	PA
ABILIFY ORAL TABLET	Non-Preferred	PA
aripiprazole oral solution	Preferred	QL
aripiprazole oral tablet	Preferred	90 Day Supply
aripiprazole oral tablet dispersible	Non-Preferred	PA
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	Non-Preferred	PA
asenapine maleate sublingual tablet sublingual	Non-Preferred	PA
CAPLYTA ORAL CAPSULE 42 MG	Non-Preferred	PA
clozapine oral tablet 100 mg	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
clozapine oral tablet 200 mg, 25 mg, 50 mg	Preferred	
clozapine oral tablet dispersible	Preferred	
CLOZARIL ORAL TABLET 100 MG	Non-Preferred	PA; QL
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	Non-Preferred	PA
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Non-Preferred	PA
FANAPT ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK A ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK B ORAL TABLET	Non-Preferred	PA
FANAPT TITRATION PACK C ORAL TABLET	Non-Preferred	PA
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
GEODON ORAL CAPSULE	Non-Preferred	PA; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
LATUDA ORAL TABLET	Non-Preferred	PA
lurasidone hcl oral tablet	Preferred	
LYBALVI ORAL TABLET	Non-Preferred	PA
NUPLAZID ORAL CAPSULE	Non-Preferred	PA
NUPLAZID ORAL TABLET 10 MG	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
OPIPZA ORAL FILM	Non-Preferred	PA
paliperidone er oral tablet extended release 24 hour	Preferred	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Preferred	90 Day Supply
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Preferred	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Preferred	90 Day Supply
REXULTI ORAL TABLET	Non-Preferred	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	
RISPERDAL ORAL SOLUTION	Non-Preferred	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Non-Preferred	PA
risperidone microspheres er intramuscular suspension reconstituted er	Non-Preferred	PA
risperidone oral solution	Preferred	90 Day Supply
risperidone oral tablet	Preferred	90 Day Supply
risperidone oral tablet dispersible	Preferred	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	Non-Preferred	PA; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	Non-Preferred	PA
SECUADO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA
SEROQUEL ORAL TABLET	Non-Preferred	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
VERSACLOZ ORAL SUSPENSION	Non-Preferred	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Non-Preferred	PA
VRAYLAR ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
ziprasidone hcl oral capsule	Preferred	QL
ziprasidone mesylate intramuscular solution reconstituted	Non-Preferred	PA
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Barbiturates (Anticonvulsants)		
phenobarbital oral tablet	Formulary	
primidone oral tablet 250 mg, 50 mg	Preferred	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
butalbital-asa-caff-codeine oral capsule	Formulary	AL
phenobarbital oral tablet	Formulary	
TENCON ORAL TABLET 50-325 MG	Formulary	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension 2.5 mg/ml	Preferred	QL
clobazam oral tablet	Preferred	QL
clonazepam oral tablet	Formulary	QL
clorazepate dipotassium oral tablet	Formulary	
diazepam oral tablet	Formulary	QL
diazepam rectal gel	Preferred	
LIBERVANT BUCCAL FILM	Non-Preferred	PA
lorazepam oral tablet	Formulary	QL
NAYZILAM NASAL SOLUTION	Preferred	
ONFI ORAL SUSPENSION	Non-Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA
SYMPAZAN ORAL FILM	Non-Preferred	PA
VALTOCO 10 MG DOSE NASAL LIQUID	Preferred	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Preferred	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Preferred	
VALTOCO 5 MG DOSE NASAL LIQUID	Preferred	
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
alprazolam oral tablet	Formulary	QL
chlordiazepoxide hcl oral capsule	Formulary	
clobazam oral suspension 2.5 mg/ml	Preferred	QL
clobazam oral tablet	Preferred	QL
clonazepam oral tablet	Formulary	QL
clorazepate dipotassium oral tablet	Formulary	
diazepam oral tablet	Formulary	QL
diazepam rectal gel	Preferred	
LIBERVANT BUCCAL FILM	Non-Preferred	PA
lorazepam oral tablet	Formulary	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NAYZILAM NASAL SOLUTION	Preferred	
ONFI ORAL SUSPENSION	Non-Preferred	PA
ONFI ORAL TABLET 10 MG, 20 MG	Non-Preferred	PA
oxazepam oral capsule	Formulary	
SYMPAZAN ORAL FILM	Non-Preferred	PA
temazepam oral capsule 15 mg, 30 mg	Formulary	QL
triazolam oral tablet	Formulary	QL
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Formulary	
haloperidol lactate injection solution 5 mg/ml	Formulary	
haloperidol lactate oral concentrate 2 mg/ml	Formulary	90 Day Supply
haloperidol oral tablet 0.5 mg	Formulary	90 Day Supply
haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg	Formulary	
haloperidol oral tablet 5 mg	Formulary	90 Day Supply; QL
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
NURTEC ORAL TABLET DISPERSIBLE	Non-Preferred	PA; QL
QULIPTA ORAL TABLET	Non-Preferred	PA
UBRELVY ORAL TABLET	Preferred	PA; QL
VYEPTI INTRAVENOUS SOLUTION	Non-Preferred	PA
ZAVZPRET NASAL SOLUTION	Non-Preferred	PA
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Preferred	
entacapone oral tablet	Preferred	90 Day Supply
ONGENTYS ORAL CAPSULE	Non-Preferred	PA
STALEVO 100 ORAL TABLET	Non-Preferred	PA
STALEVO 125 ORAL TABLET	Non-Preferred	PA
STALEVO 150 ORAL TABLET	Non-Preferred	PA
STALEVO 200 ORAL TABLET	Non-Preferred	PA
STALEVO 50 ORAL TABLET	Non-Preferred	PA
STALEVO 75 ORAL TABLET	Non-Preferred	PA
TASMAR ORAL TABLET 100 MG	Non-Preferred	PA
tolcapone oral tablet	Non-Preferred	PA
Central Nervous System Agents, Misc.		
acamprosate calcium oral tablet delayed release	Formulary	
atomoxetine hcl oral capsule	Preferred	QL
guanfacine hcl er oral tablet extended release 24 hour	Preferred	QL
guanfacine hcl oral tablet 1 mg	Formulary	90 Day Supply; QL
guanfacine hcl oral tablet 2 mg	Formulary	QL
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
memantine hcl er oral capsule extended release 24 hour	Non-Preferred	PA
memantine hcl oral solution	Non-Preferred	PA
memantine hcl oral tablet 10 mg, 5 mg	Preferred	90 Day Supply; AL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Non-Preferred	PA; AL
NAMENDA ORAL TABLET	Non-Preferred	PA; AL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NAMENDA TITRATION PAK ORAL TABLET	Non-Preferred	PA; AL
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NOURIANZ ORAL TABLET	Non-Preferred	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
riluzole oral tablet	Formulary	
STRATTERA ORAL CAPSULE	Non-Preferred	PA; QL
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	Non-Preferred	PA
CELEBREX ORAL CAPSULE 400 MG	Non-Preferred	PA; QL
celecoxib oral capsule 100 mg, 200 mg	Preferred	90 Day Supply
celecoxib oral capsule 400 mg	Preferred	QL
celecoxib oral capsule 50 mg	Preferred	
ELYXYB ORAL SOLUTION	Non-Preferred	PA
Dibenzoxapines		
loxapine succinate oral capsule	Formulary	
Diphenylbutylperidines		
pimozide oral tablet	Formulary	
Dopamine Precursors		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Preferred	
carbidopa-levodopa oral tablet	Preferred	
carbidopa-levodopa oral tablet dispersible	Preferred	90 Day Supply
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Preferred	
DHIVY ORAL TABLET 25-100 MG	Non-Preferred	PA
INBRIJA INHALATION CAPSULE	Non-Preferred	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE	Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Non-Preferred	PA
STALEVO 100 ORAL TABLET	Non-Preferred	PA
STALEVO 125 ORAL TABLET	Non-Preferred	PA
STALEVO 150 ORAL TABLET	Non-Preferred	PA
STALEVO 200 ORAL TABLET	Non-Preferred	PA
STALEVO 50 ORAL TABLET	Non-Preferred	PA
STALEVO 75 ORAL TABLET	Non-Preferred	PA
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Non-Preferred	PA
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral capsule	Formulary	
bromocriptine mesylate oral tablet	Formulary	
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred	90 Day Supply
duloxetine hcl oral capsule delayed release particles 40 mg	Non-Preferred	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET	Preferred	QL
SAVELLA TITRATION PACK ORAL	Preferred	
Gaba-Mediated Anticonvulsants		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG	Non-Preferred	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	Non-Preferred	PA; QL
DIACOMIT ORAL CAPSULE	Non-Preferred	PA
DIACOMIT ORAL PACKET	Non-Preferred	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg	Preferred	90 Day Supply; QL
divalproex sodium er oral tablet extended release 24 hour 500 mg	Preferred	QL
divalproex sodium oral tablet delayed release 125 mg	Preferred	90 Day Supply
divalproex sodium oral tablet delayed release 250 mg, 500 mg	Preferred	90 Day Supply; QL
gabapentin oral capsule	Preferred	QL
gabapentin oral solution	Preferred	QL
gabapentin oral tablet 600 mg, 800 mg	Preferred	QL
GRALISE ORAL TABLET 300 MG, 600 MG	Non-Preferred	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
LYRICA ORAL CAPSULE	Non-Preferred	PA; QL
LYRICA ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 100 MG	Non-Preferred	PA
NEURONTIN ORAL CAPSULE 300 MG, 400 MG	Non-Preferred	PA; QL
NEURONTIN ORAL SOLUTION	Non-Preferred	PA
NEURONTIN ORAL TABLET	Non-Preferred	PA
pregabalin er oral tablet extended release 24 hour	Non-Preferred	PA
pregabalin oral capsule	Preferred	QL
pregabalin oral solution	Non-Preferred	PA
SABRIL ORAL PACKET	Non-Preferred	PA
SABRIL ORAL TABLET	Non-Preferred	PA
tiagabine hcl oral tablet	Non-Preferred	PA
valproic acid oral solution 250 mg/5ml	Preferred	90 Day Supply
vigabatrin oral packet	Non-Preferred	PA
vigabatrin oral tablet	Non-Preferred	PA
ZTALMY ORAL SUSPENSION	Non-Preferred	PA
Hydantoins		
DILANTIN INFATABS ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
DILANTIN ORAL CAPSULE	Preferred	QL
DILANTIN ORAL SUSPENSION	Non-Preferred	PA
PHENYTEK ORAL CAPSULE	Preferred	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	Preferred	QL
phenytoin oral suspension	Preferred	
phenytoin oral tablet chewable	Preferred	QL
phenytoin sodium extended oral capsule 100 mg	Preferred	90 Day Supply; QL
phenytoin sodium extended oral capsule 200 mg, 300 mg	Preferred	
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET	Non-Preferred	PA
BANZEL ORAL SUSPENSION	Non-Preferred	PA
BANZEL ORAL TABLET	Non-Preferred	PA
eslicarbazepine acetate oral tablet	Non-Preferred	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Preferred	
lacosamide oral tablet	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
oxcarbazepine oral suspension	Preferred	
oxcarbazepine oral tablet 150 mg	Preferred	90 Day Supply
oxcarbazepine oral tablet 300 mg, 600 mg	Preferred	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
rufinamide oral suspension 40 mg/ml	Non-Preferred	PA
rufinamide oral tablet	Non-Preferred	PA
TRILEPTAL ORAL SUSPENSION	Non-Preferred	PA
TRILEPTAL ORAL TABLET	Non-Preferred	PA
VIMPAT ORAL SOLUTION	Non-Preferred	PA
VIMPAT ORAL TABLET	Non-Preferred	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Non-Preferred	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Non-Preferred	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-Preferred	PA
XCOPRI ORAL TABLET THERAPY PACK	Non-Preferred	PA
ZONISADE ORAL SUSPENSION	Non-Preferred	PA
zonisamide oral capsule	Preferred	90 Day Supply
Melatonin Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION	Non-Preferred	PA
HETLIOZ ORAL CAPSULE	Non-Preferred	PA
ramelteon oral tablet	Preferred	
ROZEREM ORAL TABLET	Non-Preferred	PA
tasimelteon oral capsule	Non-Preferred	PA
Monoamine Oxidase B Inhibitors		
selegiline hcl oral capsule	Formulary	
selegiline hcl oral tablet	Formulary	
XADAGO ORAL TABLET	Non-Preferred	PA
Monoamine Oxidase Inhibitors		
phenelzine sulfate oral tablet	Formulary	
selegiline hcl oral capsule	Formulary	
selegiline hcl oral tablet	Formulary	
tranylcypromine sulfate oral tablet	Formulary	
XADAGO ORAL TABLET	Non-Preferred	PA
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral tablet	Formulary	QL
meprobamate oral tablet	Formulary	
Non-Benzodiazepine Hypnotics		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
AMBIEN ORAL TABLET	Non-Preferred	PA; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
eszopiclone oral tablet	Preferred	QL
LUNESTA ORAL TABLET	Non-Preferred	PA
zaleplon oral capsule	Preferred	QL
zolpidem tartrate er oral tablet extended release	Non-Preferred	PA
zolpidem tartrate oral capsule	Non-Preferred	PA
zolpidem tartrate oral tablet	Preferred	QL
zolpidem tartrate sublingual tablet sublingual	Non-Preferred	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour	Non-Preferred	PA
pramipexole dihydrochloride oral tablet	Preferred	90 Day Supply; QL
ropinirole hcl er oral tablet extended release 24 hour	Non-Preferred	PA
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Preferred	90 Day Supply
ropinirole hcl oral tablet 5 mg	Preferred	
Non-Opioid Analgesics		
8 hr arthritis pain relief oral tablet extended release	Formulary	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Formulary	OTC
acetaminophen er oral tablet extended release	Formulary	OTC
acetaminophen extra strength oral tablet	Formulary	OTC
acetaminophen infants oral suspension	Formulary	OTC
acetaminophen junior strength oral tablet dispersible	Formulary	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Formulary	OTC
acetaminophen oral tablet chewable 80 mg	Formulary	OTC
acetaminophen pm ex st oral tablet 500-25 mg	Formulary	OTC
acetaminophen rectal suppository 120 mg, 650 mg	Formulary	OTC
acetaminophen-codeine oral solution	Formulary	
acetaminophen-codeine oral tablet	Formulary	QL
added strength headache relief oral tablet	Formulary	OTC
arthritis pain relief oral tablet extended release	Formulary	OTC
arthritis pain reliever oral tablet extended release	Formulary	OTC
betatemp childrens oral suspension	Formulary	OTC
butalbital-acetaminophen oral tablet 50-325 mg	Formulary	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
childrens acetaminophen oral suspension 160 mg/5ml	Formulary	OTC
childrens apap oral tablet chewable	Formulary	OTC
childrens non-aspirin oral tablet chewable	Formulary	OTC
childrens silapap oral liquid	Formulary	OTC
cvs 8hr muscle aches & pain oral tablet extended release	Formulary	OTC
cvs acetaminophen ex st oral liquid	Formulary	OTC
cvs headache relief oral tablet	Formulary	OTC
cvs infants pain relief drops oral suspension 160 mg/5ml	Formulary	OTC
cvs pain relief childrens oral tablet chewable	Formulary	OTC
ed-apap oral liquid	Formulary	OTC
eq acetaminophen oral tablet 500 mg	Formulary	OTC
eq pain & fever childrens oral tablet chewable	Formulary	OTC
extraprin oral tablet	Formulary	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Formulary	OTC
gnp infants pain/fever oral suspension	Formulary	OTC
headache relief oral tablet	Formulary	OTC
HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET	Formulary	OTC
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET	Formulary	OTC
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
liquid acetaminophen oral liquid	Formulary	OTC
liquid pain relief oral liquid	Formulary	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	Formulary	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
mapap arthritis pain oral tablet extended release	Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG	Formulary	OTC
mapap oral capsule	Formulary	OTC
mapap oral tablet 325 mg	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
night time pain medicine ex st oral tablet	Formulary	OTC
non-aspirin extra strength oral tablet	Formulary	OTC
non-aspirin oral tablet 325 mg	Formulary	OTC
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
pain & fever childrens oral suspension	Formulary	OTC
pain & fever infants oral suspension	Formulary	OTC
pain relief childrens oral suspension	Formulary	OTC
pain relief extra strength oral tablet 500 mg	Formulary	OTC
pain relief pm extra strength oral tablet	Formulary	OTC
pain reliever extra strength oral tablet	Formulary	OTC
pain reliever oral tablet 325 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain reliever pm ex st oral tablet	Formulary	OTC
pain reliever pm oral tablet 500-25 mg	Formulary	OTC
pain reliever/fever reducer rectal suppository	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
PEDIACARE CHILDREN ORAL SUSPENSION	Formulary	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET	Formulary	OTC
qc non-aspirin extra strength oral tablet	Formulary	OTC
qc pain reliever pm ex st oral tablet	Formulary	OTC
ra acetaminophen childrens oral tablet chewable	Formulary	OTC
ra acetaminophen ex st oral tablet	Formulary	OTC
ra acetaminophen oral tablet	Formulary	OTC
ra fever reducer/pain reliever oral suspension	Formulary	OTC
ra menstrual relief oral tablet	Formulary	OTC
sb non-aspirin extra strength oral tablet	Formulary	OTC
sb non-aspirin nighttime oral tablet	Formulary	OTC
sb non-aspirin oral tablet chewable 80 mg	Formulary	OTC
sb pain relief x-str oral tablet	Formulary	OTC
TENCON ORAL TABLET 50-325 MG	Formulary	
Nonsteroidal Anti-Inflamm. Agents, Misc		
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Formulary	OTC
diclofenac epolamine external patch	Non-Preferred	PA
diclofenac potassium oral capsule	Non-Preferred	PA
diclofenac potassium oral tablet	Non-Preferred	PA
diclofenac sodium er oral tablet extended release 24 hour	Preferred	
diclofenac sodium oral tablet delayed release 25 mg	Preferred	
diclofenac sodium oral tablet delayed release 50 mg, 75 mg	Preferred	90 Day Supply
diclofenac-misoprostol oral tablet delayed release	Non-Preferred	PA
diflunisal oral tablet	Non-Preferred	PA
etodolac er oral tablet extended release 24 hour	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
etodolac oral capsule	Preferred	
etodolac oral tablet	Preferred	
fenoprofen calcium oral capsule	Non-Preferred	PA
fenoprofen calcium oral tablet	Non-Preferred	PA
FLECTOR EXTERNAL PATCH	Non-Preferred	PA; QL
flurbiprofen oral tablet	Preferred	
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC
IBU ORAL TABLET 400 MG, 800 MG	Preferred	
IBU ORAL TABLET 600 MG	Preferred	90 Day Supply
ibuprofen childrens oral suspension	Formulary	OTC
ibuprofen junior strength oral tablet chewable	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	90 Day Supply
ibuprofen-famotidine oral tablet	Non-Preferred	PA
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
INFANTS ADVIL ORAL SUSPENSION	Formulary	OTC
infants ibuprofen oral suspension	Formulary	OTC
ketoprofen er oral capsule extended release 24 hour	Non-Preferred	PA
ketoprofen oral capsule	Non-Preferred	PA
ketorolac tromethamine oral tablet	Preferred	
LICART EXTERNAL PATCH 24 HOUR	Non-Preferred	PA
LOFENA ORAL TABLET	Non-Preferred	PA
meclofenamate sodium oral capsule	Non-Preferred	PA
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
mefenamic acid oral capsule	Non-Preferred	PA
meloxicam oral capsule	Non-Preferred	PA
meloxicam oral tablet	Preferred	90 Day Supply
nabumetone oral tablet 500 mg	Preferred	90 Day Supply
nabumetone oral tablet 750 mg	Preferred	
NALFON ORAL CAPSULE 400 MG	Non-Preferred	PA
NALFON ORAL TABLET	Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
oxaprozin oral tablet	Non-Preferred	PA
piroxicam oral capsule	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
RELAFEN DS ORAL TABLET	Non-Preferred	PA
sm ibuprofen ib oral tablet	Formulary	OTC
sulindac oral tablet 150 mg	Preferred	90 Day Supply
sulindac oral tablet 200 mg	Preferred	
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
TOLECTIN DS ORAL CAPSULE	Non-Preferred	PA
tolmetin sodium oral capsule	Non-Preferred	PA
tolmetin sodium oral tablet 600 mg	Non-Preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA
Opioid Agonists		
acetaminophen-codeine oral solution	Formulary	
acetaminophen-codeine oral tablet	Formulary	QL
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-asa-caff-codeine oral capsule	Formulary	AL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Non-Preferred	PA
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	Preferred	
hydrocodone bitartrate er oral capsule extended release 12 hour	Non-Preferred	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Non-Preferred	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Formulary	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Formulary	QL
hydromorphone hcl er oral tablet extended release 24 hour	Non-Preferred	PA
hydromorphone hcl oral liquid	Formulary	
hydromorphone hcl oral tablet	Formulary	
hydromorphone hcl rectal suppository	Formulary	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Non-Preferred	PA
methadone hcl oral tablet	Non-Preferred	PA
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml	Formulary	
morphine sulfate er beads oral capsule extended release 24 hour	Non-Preferred	PA
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Non-Preferred	PA
morphine sulfate er oral tablet extended release	Preferred	
morphine sulfate oral solution	Formulary	
morphine sulfate oral tablet	Formulary	
morphine sulfate rectal suppository	Formulary	
MS CONTIN ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Non-Preferred	PA
oxycodone hcl oral capsule	Formulary	
oxycodone hcl oral concentrate 100 mg/5ml	Formulary	
oxycodone hcl oral solution	Formulary	
oxycodone hcl oral tablet	Formulary	
oxycodone-acetaminophen oral tablet 5-325 mg	Formulary	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	Non-Preferred	PA
oxymorphone hcl er oral tablet extended release 12 hour	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Non-Preferred	PA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Non-Preferred	PA
tramadol hcl er oral tablet extended release 24 hour	Non-Preferred	PA
tramadol hcl oral tablet 50 mg	Formulary	AL
Opioid Antagonists		
buprenorphine hcl-naloxone hcl sublingual film	Non-Preferred	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Preferred	QL
KLOXXADO NASAL LIQUID	Preferred	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naloxone hcl nasal liquid	Non-Preferred	PA
naltrexone hcl oral tablet	Formulary	
NARCAN NASAL LIQUID	Preferred	
OPVEE NASAL SOLUTION	Non-Preferred	PA
REXTOVY NASAL LIQUID	Preferred	
SUBOXONE SUBLINGUAL FILM	Preferred	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
Opioid Partial Agonists		
BELBUCA BUCCAL FILM	Preferred	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
buprenorphine hcl sublingual tablet sublingual	Non-Preferred	PA
buprenorphine hcl-naloxone hcl sublingual film	Non-Preferred	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Preferred	QL
buprenorphine transdermal patch weekly	Preferred	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SUBOXONE SUBLINGUAL FILM	Preferred	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Non-Preferred	PA
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET	Preferred	QL
DAYVIGO ORAL TABLET	Non-Preferred	PA
QUVIVIQ ORAL TABLET	Non-Preferred	PA; QL
Phenothiazines		
chlorpromazine hcl oral tablet	Formulary	
COMPRO RECTAL SUPPOSITORY	Formulary	
fluphenazine decanoate injection solution	Formulary	
fluphenazine hcl oral tablet	Formulary	
perphenazine oral tablet	Formulary	
perphenazine-amitriptyline oral tablet	Formulary	
prochlorperazine edisylate injection solution 10 mg/2ml	Formulary	
prochlorperazine maleate oral tablet	Formulary	
prochlorperazine rectal suppository	Formulary	
thioridazine hcl oral tablet	Formulary	
trifluoperazine hcl oral tablet	Formulary	
Respiratory And Cns Stimulants		
added strength headache relief oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
atomoxetine hcl oral capsule	Preferred	QL
AZSTARYS ORAL CAPSULE	Non-Preferred	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Formulary	QL; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	Formulary	
butalbital-asa-caff-codeine oral capsule	Formulary	AL
caffeine citrate oral solution 60 mg/3ml	Formulary	
CONCERTA ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	Non-Preferred	PA
cvs headache relief oral tablet	Formulary	OTC
DAYTRANA TRANSDERMAL PATCH	Non-Preferred	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour	Preferred	QL
dexmethylphenidate hcl oral tablet	Preferred	QL
extraprin oral tablet	Formulary	OTC
FOCALIN ORAL TABLET	Non-Preferred	PA; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
headache relief oral tablet	Formulary	OTC
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
METHYLIN ORAL SOLUTION	Preferred	QL
methylphenidate hcl er (cd) oral capsule extended release	Non-Preferred	PA
methylphenidate hcl er (la) oral capsule extended release 24 hour	Preferred	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Preferred	QL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	Non-Preferred	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour	Non-Preferred	PA
methylphenidate hcl er oral tablet extended release	Preferred	QL
methylphenidate hcl er oral tablet extended release 24 hour	Preferred	QL
methylphenidate hcl er(diffus) oral tablet extended release	Preferred	QL
methylphenidate hcl oral solution	Preferred	QL
methylphenidate hcl oral tablet	Preferred	QL
methylphenidate hcl oral tablet chewable	Non-Preferred	PA; QL
methylphenidate transdermal patch	Non-Preferred	PA; QL
migraine relief oral tablet	Formulary	OTC
pain reliever extra strength oral tablet 250-250-65 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	Non-Preferred	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
ra menstrual relief oral tablet	Formulary	OTC
RELEXXII ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA; QL
RITALIN ORAL TABLET	Non-Preferred	PA; QL
sb pain relief x-str oral tablet	Formulary	OTC
STRATTERA ORAL CAPSULE	Non-Preferred	PA; QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 24 hour	Formulary	
Reversible Cox-1/Cox-2 Inhibitors		
ACULAR LS OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACULAR OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACUVAIL OPHTHALMIC SOLUTION	Non-Preferred	PA
ADDAPRIN ORAL TABLET	Formulary	OTC
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Formulary	OTC
diflunisal oral tablet	Non-Preferred	PA
etodolac er oral tablet extended release 24 hour	Non-Preferred	PA
etodolac oral capsule	Preferred	
etodolac oral tablet	Preferred	
fenoprofen calcium oral capsule	Non-Preferred	PA
fenoprofen calcium oral tablet	Non-Preferred	PA
flurbiprofen oral tablet	Preferred	
flurbiprofen sodium ophthalmic solution	Non-Preferred	PA
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC
IBU ORAL TABLET 400 MG, 800 MG	Preferred	
IBU ORAL TABLET 600 MG	Preferred	90 Day Supply
ibuprofen childrens oral suspension	Formulary	OTC
ibuprofen junior strength oral tablet chewable	Formulary	OTC
ibuprofen oral tablet 200 mg	Formulary	OTC
ibuprofen oral tablet 300 mg	Non-Preferred	PA
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred	90 Day Supply
ibuprofen-famotidine oral tablet	Non-Preferred	PA
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
INFANTS ADVIL ORAL SUSPENSION	Formulary	OTC
infants ibuprofen oral suspension	Formulary	OTC
ketorolac tromethamine ophthalmic solution 0.4 %	Preferred	QL
ketorolac tromethamine ophthalmic solution 0.5 %	Preferred	90 Day Supply; QL
ketorolac tromethamine oral tablet	Preferred	
meclofenamate sodium oral capsule	Non-Preferred	PA
MEDI-FIRST IBUPROFEN ORAL TABLET	Formulary	OTC
MEDIPROXEN ORAL TABLET	Formulary	OTC
mefenamic acid oral capsule	Non-Preferred	PA
meloxicam oral capsule	Non-Preferred	PA
meloxicam oral tablet	Preferred	90 Day Supply
nabumetone oral tablet 500 mg	Preferred	90 Day Supply
nabumetone oral tablet 750 mg	Preferred	
NALFON ORAL CAPSULE 400 MG	Non-Preferred	PA
NALFON ORAL TABLET	Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
naproxen-esomeprazole oral tablet delayed release	Non-Preferred	PA
oxaprozin oral tablet	Non-Preferred	PA
piroxicam oral capsule	Preferred	
px childrens profen ib oral suspension	Formulary	OTC
px infants profen ib oral suspension	Formulary	OTC
RELAFEN DS ORAL TABLET	Non-Preferred	PA
sm ibuprofen ib oral tablet	Formulary	OTC
sulindac oral tablet 150 mg	Preferred	90 Day Supply
sulindac oral tablet 200 mg	Preferred	
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA
Salicylates		
added strength headache relief oral tablet	Formulary	OTC
ASCOMP-CODEINE ORAL CAPSULE	Formulary	AL
aspirin 81 oral tablet delayed release	Formulary	OTC
aspirin childrens oral tablet chewable	Formulary	OTC
aspirin ec low dose oral tablet delayed release	Formulary	OTC
aspirin low dose oral tablet chewable	Formulary	OTC
aspirin oral tablet 325 mg	Formulary	OTC
aspirin rectal suppository 300 mg	Formulary	OTC
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
BAYER ASPIRIN ORAL TABLET	Formulary	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
butalbital-asa-caff-codeine oral capsule	Formulary	AL
childrens aspirin oral tablet chewable	Formulary	OTC
cvs headache relief oral tablet	Formulary	OTC
ECPIRIN ORAL TABLET DELAYED RELEASE	Formulary	OTC
extraprin oral tablet	Formulary	OTC
gnp aspirin oral tablet 325 mg	Formulary	OTC
headache relief oral tablet	Formulary	OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Formulary	OTC
MEDIQUE ASPIRIN ORAL TABLET	Formulary	OTC
migraine relief oral tablet	Formulary	OTC
pain reliever extra strength oral tablet 250-250-65 mg	Formulary	OTC
pain reliever plus oral tablet	Formulary	OTC
pain-off oral tablet	Formulary	OTC
PAMPRIN MAX ORAL TABLET	Formulary	OTC
qc aspirin low dose oral tablet delayed release	Formulary	OTC
salsalate oral tablet	Formulary	
sb pain relief x-str oral tablet	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	Formulary	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
desvenlafaxine er oral tablet extended release 24 hour	Preferred	
desvenlafaxine succinate er oral tablet extended release 24 hour	Preferred	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	Non-Preferred	PA
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred	90 Day Supply
duloxetine hcl oral capsule delayed release particles 40 mg	Non-Preferred	PA
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Non-Preferred	PA
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
SAVELLA ORAL TABLET	Preferred	QL
SAVELLA TITRATION PACK ORAL	Preferred	
venlafaxine hcl er oral capsule extended release 24 hour	Preferred	90 Day Supply; QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	Non-Preferred	PA
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Non-Preferred	PA; QL
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg	Preferred	90 Day Supply
venlafaxine hcl oral tablet 50 mg	Preferred	
Selective Serotonin Agonists		
almotriptan malate oral tablet	Non-Preferred	PA
eletriptan hydrobromide oral tablet	Non-Preferred	PA
FROVA ORAL TABLET	Non-Preferred	PA
frovatriptan succinate oral tablet	Non-Preferred	PA
IMITREX ORAL TABLET	Non-Preferred	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	QL
MAXALT ORAL TABLET 10 MG	Non-Preferred	PA; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	Non-Preferred	PA; QL
naratriptan hcl oral tablet 1 mg	Non-Preferred	PA
naratriptan hcl oral tablet 2.5 mg	Non-Preferred	PA; 90 Day Supply
RELPAX ORAL TABLET	Preferred	
REYVOW ORAL TABLET	Non-Preferred	PA; QL
rizatriptan benzoate oral tablet	Preferred	90 Day Supply; QL
rizatriptan benzoate oral tablet dispersible 10 mg	Preferred	90 Day Supply; QL
rizatriptan benzoate oral tablet dispersible 5 mg	Preferred	QL
sumatriptan nasal solution	Non-Preferred	PA; QL
sumatriptan succinate oral tablet	Preferred	90 Day Supply; QL
sumatriptan succinate refill subcutaneous solution cartridge	Non-Preferred	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Non-Preferred	PA
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Non-Preferred	PA
sumatriptan-naproxen sodium oral tablet	Non-Preferred	PA
TOSYMRA NASAL SOLUTION	Non-Preferred	PA
TREXIMET ORAL TABLET 85-500 MG	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
zolmitriptan nasal solution	Non-Preferred	PA
zolmitriptan oral tablet	Preferred	QL
zolmitriptan oral tablet dispersible	Non-Preferred	PA
ZOMIG NASAL SOLUTION	Preferred	QL
ZOMIG ORAL TABLET	Non-Preferred	PA
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET	Non-Preferred	PA
citalopram hydrobromide oral capsule	Non-Preferred	PA
citalopram hydrobromide oral solution	Preferred	
citalopram hydrobromide oral tablet	Preferred	90 Day Supply
escitalopram oxalate oral solution 5 mg/5ml	Non-Preferred	PA
escitalopram oxalate oral tablet	Preferred	90 Day Supply
fluoxetine hcl (pmd) oral tablet	Non-Preferred	PA
fluoxetine hcl oral capsule	Preferred	90 Day Supply
fluoxetine hcl oral capsule delayed release	Non-Preferred	PA
fluoxetine hcl oral solution	Preferred	
fluoxetine hcl oral tablet 10 mg	Non-Preferred	PA; 90 Day Supply
fluoxetine hcl oral tablet 20 mg, 60 mg	Non-Preferred	PA
fluvoxamine maleate er oral capsule extended release 24 hour	Non-Preferred	PA
fluvoxamine maleate oral tablet	Preferred	
LEXAPRO ORAL TABLET	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
paroxetine hcl er oral tablet extended release 24 hour	Non-Preferred	PA
paroxetine hcl oral suspension	Non-Preferred	PA
paroxetine hcl oral tablet	Preferred	90 Day Supply
paroxetine mesylate oral capsule	Non-Preferred	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
PAXIL ORAL SUSPENSION	Non-Preferred	PA
PAXIL ORAL TABLET	Non-Preferred	PA
PROZAC ORAL CAPSULE	Non-Preferred	PA
sertraline hcl oral capsule	Non-Preferred	PA
sertraline hcl oral concentrate	Preferred	QL
sertraline hcl oral tablet	Preferred	90 Day Supply
ZOLOFT ORAL CONCENTRATE	Non-Preferred	PA; QL
ZOLOFT ORAL TABLET	Non-Preferred	PA
Serotonin Modulators		
mirtazapine oral tablet	Preferred	90 Day Supply; QL
mirtazapine oral tablet dispersible	Preferred	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg	Preferred	QL
nefazodone hcl oral tablet 50 mg	Preferred	
REMERON ORAL TABLET 15 MG, 30 MG	Non-Preferred	PA; QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE	Non-Preferred	PA
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Preferred	90 Day Supply
trazodone hcl oral tablet 300 mg	Preferred	
trazodone hcl powder	Preferred	
TRINTELLIX ORAL TABLET	Non-Preferred	PA
VIIBRYD ORAL TABLET	Preferred	
vilazodone hcl oral tablet	Non-Preferred	PA
Succinimides		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
CELONTIN ORAL CAPSULE	Preferred	
ethosuximide oral capsule	Preferred	
ethosuximide oral solution	Preferred	
methsuximide oral capsule	Non-Preferred	PA
ZARONTIN ORAL CAPSULE	Non-Preferred	PA
ZARONTIN ORAL SOLUTION	Non-Preferred	PA
Thioxanthenes		
thiothixene oral capsule	Formulary	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Formulary	90 Day Supply
amitriptyline hcl oral tablet 150 mg, 75 mg	Formulary	
amoxapine oral tablet	Formulary	
clomipramine hcl oral capsule	Formulary	
desipramine hcl oral tablet	Formulary	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 75 mg	Formulary	
doxepin hcl oral capsule 25 mg, 50 mg	Formulary	90 Day Supply
doxepin hcl oral concentrate	Formulary	90 Day Supply
doxepin hcl oral tablet	Non-Preferred	PA
imipramine hcl oral tablet	Formulary	90 Day Supply
nortriptyline hcl oral capsule	Formulary	90 Day Supply
perphenazine-amitriptyline oral tablet	Formulary	
Wakefulness-Promoting Agents		
armodafinil oral tablet	Formulary	PA
diclofenac sodium oral tablet delayed release 75 mg	Preferred	90 Day Supply
modafinil oral tablet	Formulary	PA
Dental Agents		
Dental Agents		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride 5000 ppm dental paste	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
Nutritional Supplements		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Devices		
Devices		
1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm	Formulary	OTC
1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Formulary	OTC
ACCU-CHEK AVIVA IN VITRO SOLUTION	Formulary	OTC
ACCU-CHEK FASTCLIX LANCET KIT	Formulary	OTC
ACCU-CHEK FASTCLIX LANCETS	Preferred	OTC
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	Formulary	OTC
ACCU-CHEK GUIDE KIT	Preferred	OTC; QL
ACCU-CHEK GUIDE ME KIT	Preferred	OTC; QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Formulary	OTC
ACCU-CHEK SOFTCLIX LANCETS	Preferred	OTC
ACE AEROSOL CLOUD ENHANCER	Formulary	QL
ADVOCATE INSULIN PEN NEEDLES	Formulary	OTC
ADVOCATE INSULIN SYRINGE	Formulary	OTC
AEROCHAMBER MINI CHAMBER DEVICE	Formulary	QL
AEROCHAMBER MV	Formulary	QL
AEROCHAMBER PLUS FLO-VU	Formulary	QL
AEROCHAMBER PLUS FLO-VU LARGE	Formulary	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	Formulary	QL
AEROCHAMBER PLUS FLO-VU SMALL	Formulary	QL
AEROCHAMBER PLUS FLO-VU W/MASK	Formulary	QL
AEROCHAMBER PLUS FLOW VU	Formulary	QL
AEROCHAMBER W/FLOWSIGNAL	Formulary	QL
AEROCHAMBER Z-STAT PLUS	Formulary	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	Formulary	QL
AEROCHAMBER Z-STAT PLUS/LARGE	Formulary	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	Formulary	QL
AEROCHAMBER Z-STAT PLUS/SMALL	Formulary	QL
AEROTRACH PLUS	Formulary	QL
AGAMATRIX PRESTO KIT	Non-Preferred	PA; OTC; QL
alcohol prep pad 70 %	Formulary	OTC; QL
alcohol swabs pad 70 %	Formulary	OTC; QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	Formulary	OTC
BAND-AID GAUZE SMALL PAD	Formulary	OTC
BD AUTOSHIELD DUO	Formulary	OTC
BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, U-100 1 ML	Formulary	OTC
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Formulary	
BD INSULIN SYRINGE HALF-UNIT	Formulary	OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	Formulary	OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML	Formulary	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML	Formulary	OTC
BD INSULIN SYRINGE U-500	Formulary	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
BD PEN NEEDLE MICRO U/F	Formulary	OTC
BD PEN NEEDLE MICRO ULTRAFINE	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
BD PEN NEEDLE MINI U/F	Formulary	OTC
BD PEN NEEDLE MINI ULTRAFINE	Formulary	OTC
BD PEN NEEDLE NANO ULTRAFINE	Formulary	OTC
BD PEN NEEDLE ORIG ULTRAFINE	Formulary	OTC
BD PEN NEEDLE ORIGINAL U/F	Formulary	OTC
BD PEN NEEDLE SHORT U/F	Formulary	OTC
BD PEN NEEDLE SHORT ULTRAFINE	Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	Formulary	
BD VEO INSULIN SYR U/F 1/2UNIT	Formulary	OTC
BD VEO INSULIN SYR ULTRAFINE	Formulary	OTC
BD VEO INSULIN SYRINGE U/F	Formulary	
BREATHERITE VALVED MDI CHAMBER DEVICE	Formulary	QL
CAREFINE PEN NEEDLES	Formulary	OTC
CARETOUCH ALCOHOL PREP PAD	Formulary	OTC; QL
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	Formulary	OTC
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	Formulary	OTC
CLICKFINE PEN NEEDLES 31G X 6 MM , 32G X 4 MM	Formulary	OTC
clickfine pen needles 31g x 8 mm	Formulary	OTC
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	Formulary	OTC
COMPACT SPACE CHAMBER DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/LG MASK DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/MED MASK DEVICE	Formulary	QL
COMPACT SPACE CHAMBER/SM MASK DEVICE	Formulary	QL
CONTOUR BLOOD GLUCOSE SYSTEM KIT	Preferred	OTC; QL
CONTOUR CONTROL IN VITRO LIQUID	Formulary	OTC
CONTOUR MONITOR DEVICE	Preferred	OTC; QL
CONTOUR NEXT CONTROL IN VITRO SOLUTION	Formulary	OTC
CONTOUR NEXT EZ KIT	Preferred	OTC; QL
CONTOUR NEXT GEN MONITOR KIT	Non-Preferred	PA; OTC; QL
CONTOUR NEXT MONITOR KIT	Non-Preferred	PA; OTC; QL
CONTOUR NEXT ONE KIT	Preferred	OTC; QL
CURITY ALCOHOL PREPS PAD	Formulary	OTC; QL
CURITY ALL PURPOSE SPONGES PAD 2"X2"	Formulary	OTC
CURITY GAUZE PAD 2"X2"	Formulary	OTC
CURITY GAUZE SPONGE PAD 2"X2"	Formulary	OTC
CURITY SPONGES PAD 2"X2"	Formulary	OTC
cvs gauze pad 2"x2"	Formulary	OTC
DERMACEA GAUZE SPONGE PAD 2"X2"	Formulary	OTC
DERMACEA IV SPONGES PAD	Formulary	OTC
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
DERMACEA TYPE VII GAUZE PAD 2"X2"	Formulary	OTC
DEXCOM G5 MOB/G4 PLAT SENSOR	Non-Preferred	PA
DEXCOM G5 MOBILE RECEIVER DEVICE	Non-Preferred	PA
DEXCOM G5 MOBILE TRANSMITTER	Non-Preferred	PA
DEXCOM G5 RECEIVER KIT DEVICE	Non-Preferred	PA
DEXCOM G6 RECEIVER DEVICE	Preferred	QL
DEXCOM G6 SENSOR	Preferred	QL
DEXCOM G6 TRANSMITTER	Preferred	QL
DEXCOM G7 RECEIVER DEVICE	Preferred	QL
DEXCOM G7 SENSOR	Preferred	QL
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	Formulary	OTC
dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm	Formulary	OTC
DUODERM CGF DRESSING EXTERNAL	Formulary	OTC
DUODERM CGF EXTRA THIN EXTERNAL	Formulary	OTC
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Formulary	OTC
easy glide pen needles	Formulary	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD	Formulary	OTC; QL
EASY TOUCH FLIPLock INSULIN SY	Formulary	OTC
EASY TOUCH INSULIN BARRELS	Formulary	OTC
EASY TOUCH INSULIN BARRELS 1ML	Formulary	OTC
EASY TOUCH INSULIN SAFETY SYR	Formulary	OTC
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Formulary	OTC
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	Formulary	OTC
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
EMBECTA AUTOSHIELD DUO	Formulary	OTC
EMBECTA INS SYR U/F 1/2 UNIT	Formulary	OTC
EMBECTA INSULIN SYR ULTRAFINE	Formulary	OTC
EMBECTA INSULIN SYRINGE	Formulary	
EMBECTA INSULIN SYRINGE U-100	Formulary	OTC
EMBECTA INSULIN SYRINGE U-500	Formulary	
EMBECTA PEN NEEDLE NANO	Formulary	OTC
EMBECTA PEN NEEDLE NANO 2 GEN	Formulary	OTC
EMBECTA PEN NEEDLE ULTRAFINE	Formulary	OTC
eql insulin syringe 30g x 5/16" 1 ml	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
EXCILON IV SPONGES PAD	Formulary	OTC
FIFTY50 PEN NEEDLES	Formulary	OTC
FORA G20 BLOOD GLUCOSE SYSTEM KIT	Non-Preferred	PA; OTC; QL
FREESTYLE FREEDOM LITE KIT	Non-Preferred	PA; OTC; QL
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	QL
FREESTYLE LIBRE 2 PLUS SENSOR	Preferred	QL
FREESTYLE LIBRE 2 READER DEVICE	Preferred	QL
FREESTYLE LIBRE 2 SENSOR	Preferred	QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred	QL
FREESTYLE LIBRE 3 READER DEVICE	Preferred	QL
FREESTYLE LIBRE 3 SENSOR	Preferred	QL
FREESTYLE LITE DEVICE	Non-Preferred	PA; OTC; QL
FREESTYLE LITE KIT	Non-Preferred	PA; OTC; QL
global alcohol prep ease pad	Formulary	OTC; QL
global ease inject pen needles 32g x 4 mm	Formulary	OTC
global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml	Formulary	OTC
global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml, 30g x 5/16" 1 ml	Formulary	OTC
global insulin syringes 30g x 5/16" 0.3 ml	Formulary	OTC
GLUCOCARD EXPRESSION MONITOR KIT	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE DEVICE	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE KIT	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE XL DEVICE	Non-Preferred	PA; OTC; QL
gnp clickfine pen needles 31g x 6 mm	Formulary	OTC
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml	Formulary	OTC
gnp ulticare pen needles 31g x 5 mm	Formulary	OTC
gnp ultra com insulin syringe 28g x 1/2" 1 ml	Formulary	OTC
goodsense clickfine pen needle	Formulary	OTC
h-e-b incontrol alcohol pad	Formulary	OTC; QL
h-e-b incontrol pen needles	Formulary	OTC
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Formulary	QL
insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
insulin syringe-needle u-100 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	
insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml	Formulary	OTC
insupen pen needles 29g x 12mm , 31g x 5 mm , 32g x 4 mm , 33g x 4 mm	Formulary	OTC
INSUPEN SENSITIVE	Formulary	OTC
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	Formulary	OTC
kmart valu insulin syringe 29g u-100 0.5 ml	Formulary	OTC
leader insulin syringe 30g x 5/16" 0.5 ml	Formulary	OTC
LITETOUCH INSULIN SYRINGE	Formulary	OTC
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	Formulary	OTC
longs insulin syringe 31g x 5/16" 0.5 ml	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYR	Formulary	
MAXI-COMFORT INSULIN SYRINGE	Formulary	OTC
MAXI-COMFORT SAFETY PEN NEEDLE	Formulary	OTC
MICROCHAMBER	Formulary	QL
MICROCHAMBER DEVICE	Formulary	QL
MICRODOT PEN NEEDLE	Formulary	OTC
MICROLET NEXT LANCING DEVICE	Formulary	OTC
MICROSPACER	Formulary	QL
MINIMED 630G GUARDIAN PRESS	Formulary	PA
mm insulin syringe/needle 30g x 5/16" 0.5 ml	Formulary	OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Formulary	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Formulary	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Formulary	OTC
NOVOFINE 32G X 6 MM	Formulary	OTC
NOVOFINE AUTOCOVER PEN NEEDLE	Formulary	OTC
NOVOFINE PEN NEEDLE	Formulary	OTC
NOVOFINE PLUS	Formulary	OTC
NOVOFINE PLUS PEN NEEDLE	Formulary	OTC
NOVOTWIST 32G X 5 MM	Formulary	OTC
ONETOUCH ULTRA 2 KIT	Non-Preferred	PA; OTC; QL
ONETOUCH VERIO FLEX SYSTEM KIT	Non-Preferred	PA; OTC; QL
OPTICHAMBER DIAMOND	Formulary	QL
OPTICHAMBER DIAMOND-LG MASK DEVICE	Formulary	QL
OPTICHAMBER DIAMOND-MD MASK	Formulary	QL
OPTICHAMBER DIAMOND-SM MASK	Formulary	QL
pen needles 32g x 5 mm	Formulary	OTC
pen needles 5/16" 31g x 8 mm	Formulary	OTC
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	Formulary	
PENTIPS 31G X 6 MM	Formulary	OTC
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Formulary	OTC
POCKET CHAMBER DEVICE	Formulary	QL
PRECISION XTRA-GLUCOSE/KETONE DEVICE	Non-Preferred	PA; OTC; QL
preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml	Formulary	OTC
pro comfort alcohol pad	Formulary	OTC; QL
PRO COMFORT INSULIN SYRINGE	Formulary	OTC
pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm	Formulary	
pro comfort pen needles 32g x 6 mm , 32g x 8 mm	Formulary	OTC
prochamber vhc device	Formulary	QL
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Non-Preferred	PA; OTC; QL
PRODIGY AUTOCODE BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL
PRODIGY INSULIN SYRINGE	Formulary	OTC
PRODIGY POCKET BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL
PRODIGY VOICE BLOOD GLUCOSE KIT	Non-Preferred	PA; OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Formulary	OTC
RELION MINI PEN NEEDLES	Formulary	OTC
RELION PEN NEEDLES 32G X 4 MM	Formulary	OTC
SIDESTREAM PEDIATRIC FACE MASK	Formulary	QL
silicone mask/pediatric	Formulary	QL
sm gauze pad 2"x2"	Formulary	OTC
sterile gauze pad 2"x2"	Formulary	OTC
sure comfort alcohol prep pad	Formulary	OTC; QL
sure comfort insulin syringe	Formulary	OTC
sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 6 mm	Formulary	OTC
sure comfort pen needles 32g x 4 mm	Formulary	
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
TECHLITE PEN NEEDLES	Formulary	OTC
TECHLITE PLUS PEN NEEDLES	Formulary	OTC
today's health pen needles	Formulary	OTC
topcare clickfine pen needles	Formulary	OTC
topcare ultra comfort ins syr	Formulary	OTC
true comfort alcohol prep pads pad	Formulary	OTC; QL
true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Formulary	OTC
true comfort pen needles	Formulary	OTC
TRUE METRIX AIR GLUCOSE METER KIT	Non-Preferred	PA; OTC; QL
TRUE METRIX METER DEVICE	Non-Preferred	PA; OTC; QL
TRUE METRIX METER KIT	Non-Preferred	PA; OTC; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	Formulary	OTC
TRUEPLUS INSULIN SYRINGE	Formulary	OTC
ULTICARE INSULIN SYR 1/2 UNIT	Formulary	OTC
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 1 ML	Formulary	OTC
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Formulary	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 32G X 4 MM	Formulary	OTC
ULTICARE MINI PEN NEEDLES 32G X 6 MM	Formulary	OTC
ULTICARE PEN NEEDLES 29G X 12.7MM	Formulary	
ULTICARE PEN NEEDLES 31G X 5 MM	Formulary	OTC
ULTICARE SHORT PEN NEEDLES 31G X 8 MM	Formulary	
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM	Formulary	OTC
ultilet alcohol swabs pad	Formulary	OTC; QL
ULTILET PEN NEEDLE 32G X 4 MM	Formulary	OTC
ultracare insulin syringe	Formulary	OTC
ultracare pen needles	Formulary	OTC
ULTRA-THIN II INS SYR SHORT	Formulary	OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Formulary	OTC
ULTRA-THIN II MINI PEN NEEDLE	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ULTRA-THIN II PEN NEEDLE SHORT	Formulary	OTC
ULTRA-THIN II PEN NEEDLES	Formulary	OTC
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	Formulary	OTC
UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	Formulary	OTC
valved holding chamber device	Formulary	QL
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Formulary	OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Formulary	QL
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Formulary	QL
VORTEX VALVED HOLDING CHAMBER DEVICE	Formulary	QL
WEBCOL ALCOHOL PREP LARGE PAD	Formulary	OTC; QL
Diagnostic Agents		
Cardiac Function		
aspirin-dipyridamole er oral capsule extended release 12 hour	Non-Preferred	PA
dipyridamole oral tablet	Preferred	
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK GUIDE IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Preferred	OTC; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Preferred	OTC; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
CONTOUR NEXT TEST IN VITRO STRIP	Preferred	OTC; QL
CONTOUR TEST IN VITRO STRIP	Preferred	OTC; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE LITE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
FREESTYLE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH ULTRA TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
ONETOUCH VERIO IN VITRO STRIP	Non-Preferred	PA; OTC; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Non-Preferred	PA; OTC; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Non-Preferred	PA; OTC; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Non-Preferred	PA; OTC; QL
Ketones		
CHEMSTRIP K IN VITRO STRIP	Formulary	OTC; QL
ketone test in vitro strip	Formulary	OTC; QL
KETOSTIX IN VITRO STRIP	Formulary	OTC; QL
RELION KETONE TEST IN VITRO STRIP	Formulary	OTC; QL
Sugar		
DIASTIX IN VITRO STRIP	Formulary	OTC
Urine And Feces Contents		
CHEMSTRIP 10 MD IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 10/SG IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 2 GP IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 5 OB IN VITRO STRIP	Formulary	OTC
CHEMSTRIP 7 IN VITRO STRIP	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
CHEMSTRIP 9 IN VITRO STRIP	Formulary	OTC
CHEMSTRIP UGK IN VITRO STRIP	Formulary	OTC
CVS KETONE CARE IN VITRO STRIP	Formulary	OTC
KETO-DIASTIX IN VITRO STRIP	Formulary	OTC
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	Formulary	
Ammonia Detoxicants		
constulose oral solution	Formulary	90 Day Supply
enulose oral solution	Formulary	90 Day Supply
generlac oral solution	Formulary	90 Day Supply
lactulose oral solution	Formulary	90 Day Supply
Caloric Agents		
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Formulary	OTC; QL
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Formulary	OTC; QL
l-carnitine oral capsule 500 mg	Formulary	OTC
l-carnitine oral tablet 500 mg	Formulary	OTC
levocarnitine (dietary) oral tablet	Formulary	OTC
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
TYR COOLER ORAL LIQUID	Formulary	OTC
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 2 mg	Formulary	
bumetanide oral tablet 1 mg	Formulary	90 Day Supply
furosemide oral solution 10 mg/ml	Formulary	90 Day Supply
furosemide oral solution 8 mg/ml	Formulary	
furosemide oral tablet	Formulary	90 Day Supply
torsemide oral tablet 10 mg, 20 mg, 5 mg	Formulary	90 Day Supply
torsemide oral tablet 100 mg	Formulary	
Osmotic Diuretics		
urea external cream 40 %	Formulary	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET	Non-Preferred	PA
calcium acetate (phos binder) oral capsule	Preferred	
calcium acetate (phos binder) oral tablet	Preferred	
calcium acetate oral tablet 667 mg	Preferred	
FOSRENOL ORAL PACKET	Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
lanthanum carbonate oral tablet chewable	Non-Preferred	PA
REVELA ORAL PACKET	Non-Preferred	PA; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
REVELA ORAL TABLET	Non-Preferred	PA; QL
sevelamer carbonate oral packet	Preferred	
sevelamer carbonate oral tablet	Preferred	
sevelamer hcl oral tablet	Non-Preferred	PA
VELPHORO ORAL TABLET CHEWABLE	Non-Preferred	PA
XPHOZAH ORAL TABLET	Non-Preferred	PA
Potassium-Removing Agents		
LOKELMA ORAL PACKET	Formulary	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Formulary	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	Formulary	
SPS ORAL SUSPENSION	Formulary	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Formulary	PA
XPHOZAH ORAL TABLET 30 MG	Non-Preferred	PA
Potassium-Sparing Diuretics		
amiloride hcl oral tablet	Formulary	
amiloride-hydrochlorothiazide oral tablet	Formulary	
DYRENIUM ORAL CAPSULE	Formulary	
eplerenone oral tablet	Formulary	
spironolactone oral tablet	Formulary	90 Day Supply
spironolactone-hctz oral tablet	Formulary	
triamterene oral capsule	Formulary	
triamterene-hctz oral capsule 37.5-25 mg	Formulary	90 Day Supply
triamterene-hctz oral tablet	Formulary	90 Day Supply
Replacement Preparations		
50+ adult eye health oral capsule	Formulary	OTC
a thru z advanced oral tablet	Formulary	OTC
a thru z high potency oral tablet	Formulary	OTC
a thru z select 50+ mens oral tablet	Formulary	OTC
a thru z select advanced oral tablet	Formulary	OTC
a thru z select oral tablet	Formulary	OTC
a thru z select ultimate women oral tablet	Formulary	OTC
a thru z ultimate mens oral tablet	Formulary	OTC
antioxidant a/c/e/selenium oral tablet	Formulary	OTC
BPROTECTED MULTI-VITE ORAL LIQUID	Formulary	OTC
cal-citrate plus vitamin d oral tablet	Formulary	OTC
calcium + d3 oral tablet 250-3 mg-mcg	Formulary	OTC
calcium 1000 + d oral tablet	Formulary	OTC
calcium 500 + d oral tablet 500-125 mg-unit, 500-3.125 mg-mcg, 500-5 mg-mcg	Formulary	OTC
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	Formulary	OTC
calcium 500+d high potency oral tablet	Formulary	OTC
calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
calcium 600 + d oral tablet	Formulary	OTC
calcium 600/vitamin d oral tablet chewable	Formulary	OTC
calcium 600+d oral tablet 600-5 mg-mcg	Formulary	OTC
calcium acetate (phos binder) oral capsule	Preferred	
calcium acetate (phos binder) oral tablet	Preferred	
calcium acetate oral tablet 667 mg	Preferred	
calcium acetate oral tablet 668 (169 ca) mg	Preferred	OTC
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
calcium carbonate oral tablet chewable 1250 (500 ca) mg	Formulary	OTC
calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg	Formulary	OTC
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	Formulary	OTC
calcium citrate+d3 petites oral tablet	Formulary	OTC
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	Formulary	OTC
calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg	Formulary	OTC
calcium plus vitamin d3 oral tablet	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
calcium-vitamin d oral tablet 600-400 mg-unit	Formulary	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit	Formulary	OTC
centravites 50 plus oral tablet	Formulary	OTC
centravites adults oral tablet	Formulary	OTC
centravites oral tablet	Formulary	OTC
CENTRUM ADULTS ORAL TABLET	Formulary	OTC
CENTRUM SILVER ORAL TABLET	Formulary	OTC
CENTRUM ULTRA WOMENS ORAL TABLET	Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Formulary	OTC
CITRACAL MAXIMUM PLUS ORAL TABLET	Formulary	OTC
citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg	Formulary	OTC
companion oral tablet	Formulary	OTC
complete multivitamin/mineral oral liquid	Formulary	OTC
cvs calcium 600 + d/minerals oral tablet chewable	Formulary	OTC
cvs daily multiple for men oral tablet	Formulary	OTC
cvs daily multiple women 50+ oral tablet	Formulary	OTC
cvs gummy dinos oral tablet chewable	Formulary	OTC
cvs one daily essential oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs spectravite adult 50+ oral tablet	Formulary	OTC
cvs spectravite advanced oral tablet	Formulary	OTC
cvs spectravite senior oral tablet	Formulary	OTC
cvs spectravite ultra men 50+ oral tablet	Formulary	OTC
cvs spectravite ultra mens oral tablet	Formulary	OTC
cvs spectravite ultra women oral tablet	Formulary	OTC
cvs spectravite womens senior oral tablet	Formulary	OTC
cvs womens active daily oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
diabetes health formula oral tablet	Formulary	OTC
dialyvite 800/ultra d oral tablet	Formulary	OTC
eq calcium 500+d oral tablet	Formulary	OTC
eq complete multivit adult 50+ oral tablet	Formulary	OTC
eq1 one daily mens health oral tablet	Formulary	OTC
eq1 one daily womens 50+ adv oral tablet	Formulary	OTC
eq1 vision formula oral tablet	Formulary	OTC
ESSENTIA ORAL TABLET	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES PLUS ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET CHEWABLE	Formulary	OTC
glucoten oral capsule	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
gnp calcium 500 +d3 oral tablet	Formulary	OTC
gnp hair/skin/nails oral tablet	Formulary	OTC
gnp mega multi for women oral tablet	Formulary	OTC
gnp one daily mens health 50+ oral tablet	Formulary	OTC
gnp one daily mens/lycopene oral tablet	Formulary	OTC
gnp one daily womens health oral tablet	Formulary	OTC
gnp one daily womens oral tablet	Formulary	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	Formulary	OTC
hair/skin/nails oral capsule	Formulary	OTC
healthy eyes oral tablet	Formulary	OTC
hm complete men oral tablet	Formulary	OTC
hm complete women oral tablet	Formulary	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	Formulary	OTC
ICAPS ORAL CAPSULE	Formulary	OTC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	Formulary	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	Formulary	
kp adults 50+ daily formula oral tablet	Formulary	OTC
kp mag-oxide magnesium oral tablet	Formulary	OTC
kp mens daily formula oral tablet	Formulary	OTC
KP VISION FORMULA/LUTEIN ORAL TABLET	Formulary	OTC
kp womens 50+ daily formula oral tablet	Formulary	OTC
kp womens daily formula oral tablet	Formulary	OTC
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	Formulary	OTC
kpn prenatal oral tablet	Formulary	OTC
LYSIPLEX PLUS ORAL LIQUID	Formulary	OTC
MACUVITE/LUTEIN ORAL TABLET	Formulary	OTC
mag-g oral tablet	Formulary	OTC
magnesium gluconate oral tablet 27.5 mg	Formulary	OTC
magnesium lactate oral tablet extended release	Formulary	OTC
magnesium oral capsule 300 mg	Formulary	OTC
magnesium oral tablet 400 mg	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg, 500 mg	Formulary	OTC
MAGNESIUM-OXIDE ORAL TABLET	Formulary	OTC
mgo oral tablet	Formulary	OTC
multi complete/iron oral tablet	Formulary	OTC
multi for her 50+ oral tablet	Formulary	OTC
multi for him 50+ oral tablet	Formulary	OTC
MULTI FOR HIM ORAL TABLET	Formulary	OTC
multiple vit/minerals/no iron oral tablet	Formulary	OTC
multiple vitamins/womens oral tablet	Formulary	OTC
multiple vitamins-minerals oral liquid	Formulary	OTC
multivitamin & mineral oral liquid	Formulary	OTC
multivitamin men 50+ oral tablet	Formulary	OTC
multivitamin men oral tablet	Formulary	OTC
multivitamin oral liquid	Formulary	OTC
multivitamin women 50+ oral tablet	Formulary	OTC
multivitamin women oral tablet	Formulary	OTC
multi-vitamin/minerals oral tablet	Formulary	OTC
ocutabs-lutein oral tablet	Formulary	OTC
OCUVITE-LUTEIN ORAL CAPSULE	Formulary	OTC
OCUVITE-LUTEIN ORAL TABLET	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ONCOVITE ORAL TABLET	Formulary	OTC
one daily calcium/iron oral tablet	Formulary	OTC
one daily for men 50+ advanced oral tablet	Formulary	OTC
one daily for men/lycopene oral tablet	Formulary	OTC
one daily for women oral tablet	Formulary	OTC
one daily maximum oral tablet	Formulary	OTC
one daily womens 50 plus oral tablet	Formulary	OTC
one daily/minerals oral tablet	Formulary	OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	Formulary	OTC
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET	Formulary	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS HEALTHY SKIN ORAL TABLET	Formulary	OTC
ONE-A-DAY WOMENS PETITES ORAL TABLET	Formulary	OTC
oralyte oral solution	Formulary	OTC
OS-CAL CALCIUM + D3 ORAL TABLET	Formulary	OTC
OYSCO 500+D ORAL TABLET	Formulary	OTC
oyster shell calcium 250+d oral tablet 250-125 mg-unit	Formulary	OTC
oyster shell calcium 500+d oral tablet chewable 500-400 mg-unit	Formulary	OTC
oyster shell calcium oral tablet 500 mg	Formulary	OTC
oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-400 mg-unit	Formulary	OTC
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg	Formulary	OTC
OYSTERCAL-D ORAL TABLET 500-400 MG-UNIT	Formulary	OTC
pediatric electrolyte oral solution	Formulary	OTC
potassium chloride crys er oral tablet extended release 20 meq	Formulary	90 Day Supply
potassium chloride er oral capsule extended release 10 meq	Formulary	90 Day Supply
potassium chloride er oral tablet extended release 10 meq	Formulary	90 Day Supply
potassium chloride er oral tablet extended release 20 meq, 8 meq	Formulary	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Formulary	
prenatal (w/iron & fa) oral tablet	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-250 mg	Formulary	OTC
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
prenatal/iron oral tablet	Formulary	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	Formulary	OTC
PRORENAL + D ORAL TABLET	Formulary	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	Formulary	OTC
px complete senior multivits oral tablet	Formulary	OTC
px mens multivitamins oral tablet	Formulary	OTC
qc daily multivit/multimineral oral tablet	Formulary	OTC
quin b strong oral tablet	Formulary	OTC
quintabs-m oral tablet	Formulary	OTC
RA CENTRAL-VITE ORAL TABLET	Formulary	OTC
ra central-vite womens mature oral tablet	Formulary	OTC
selenium oral tablet 50 mcg	Formulary	OTC
senior tabs oral tablet	Formulary	OTC
sentry oral tablet	Formulary	OTC
sentry senior oral tablet	Formulary	OTC
sm antioxidant vitamins oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sm calcium 500/vitamin d3 oral tablet	Formulary	OTC
sm calcium/vitamin d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
sm calcium-vitamin d oral tablet 600-10 mg-mcg	Formulary	OTC
sm complete 50+ oral tablet	Formulary	OTC
sm complete 50+ ultimate mens oral tablet	Formulary	OTC
sm complete 50+ ultimate women oral tablet	Formulary	OTC
sm complete advanced formula oral tablet	Formulary	OTC
sm complete oral tablet	Formulary	OTC
sm complete senior formula oral tablet	Formulary	OTC
sm magnesium oxide oral tablet	Formulary	OTC
sm one daily essential oral tablet	Formulary	OTC
sm one daily mens oral tablet	Formulary	OTC
sm one daily womens oral tablet	Formulary	OTC
sm opti-vitamins oral tablet	Formulary	OTC
sodium chloride oral tablet	Formulary	OTC
stress b complex/antioxid/zinc oral tablet	Formulary	OTC
stress b/zinc oral tablet	Formulary	OTC
stress b-complex/vit c/zinc oral tablet	Formulary	OTC
super antioxidant oral capsule	Formulary	OTC
super multiple oral tablet	Formulary	OTC
super thera vite m oral tablet	Formulary	OTC
support oral liquid	Formulary	
THERA M PLUS ORAL TABLET	Formulary	OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	Formulary	OTC
thera-m oral tablet	Formulary	OTC
therapeutic-m oral tablet	Formulary	OTC
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Formulary	OTC
THERATRUM COMPLETE ORAL TABLET	Formulary	OTC
v-c forte oral capsule	Formulary	
VIC-FORTE ORAL CAPSULE	Formulary	
vision vitamins oral tablet	Formulary	OTC
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin d3 complete oral tablet	Formulary	OTC
vitamins a-d-e/selenium oral tablet	Formulary	OTC
VITRUM SENIOR ORAL TABLET	Formulary	OTC
womens daily form/fa/ca/fe oral tablet	Formulary	OTC
YELETS TEENAGE FORMULA ORAL TABLET	Formulary	OTC
zinc gluconate oral tablet 100 mg, 50 mg	Formulary	OTC
zinc oral tablet 30 mg	Formulary	OTC
zinc sulfate oral capsule 220 (50 zn) mg	Formulary	OTC
Thiazide Diuretics		
amiloride-hydrochlorothiazide oral tablet	Formulary	
amlodipine-valsartan-hctz oral tablet	Preferred	
ATACAND HCT ORAL TABLET	Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Non-Preferred	PA
benazepril-hydrochlorothiazide oral tablet	Preferred	QL
BENICAR HCT ORAL TABLET	Non-Preferred	PA
bisoprolol-hydrochlorothiazide oral tablet	Preferred	QL
candesartan cilxetil-hctz oral tablet	Non-Preferred	PA
captopril-hydrochlorothiazide oral tablet	Preferred	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	Non-Preferred	PA; QL
EDARBYCLOR ORAL TABLET	Non-Preferred	PA
enalapril-hydrochlorothiazide oral tablet	Preferred	
EXFORGE HCT ORAL TABLET	Non-Preferred	PA
fosinopril sodium-hctz oral tablet	Preferred	
hydrochlorothiazide oral capsule	Formulary	90 Day Supply
hydrochlorothiazide oral tablet	Formulary	90 Day Supply
HYZAAR ORAL TABLET 100-12.5 MG	Non-Preferred	PA
HYZAAR ORAL TABLET 100-25 MG, 50-12.5 MG	Non-Preferred	PA; QL
irbesartan-hydrochlorothiazide oral tablet	Preferred	
lisinopril-hydrochlorothiazide oral tablet	Preferred	90 Day Supply; QL
losartan potassium-hctz oral tablet 100-12.5 mg	Preferred	90 Day Supply
losartan potassium-hctz oral tablet 100-25 mg, 50-12.5 mg	Preferred	90 Day Supply; QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Non-Preferred	PA; QL
metoprolol-hydrochlorothiazide oral tablet	Non-Preferred	PA
MICARDIS HCT ORAL TABLET	Non-Preferred	PA
olmesartan medoxomil-hctz oral tablet	Preferred	
olmesartan-amlodipine-hctz oral tablet	Non-Preferred	PA
quinapril-hydrochlorothiazide oral tablet	Preferred	
spironolactone-hctz oral tablet	Formulary	
telmisartan-hctz oral tablet	Non-Preferred	PA
triamterene-hctz oral capsule 37.5-25 mg	Formulary	90 Day Supply
triamterene-hctz oral tablet	Formulary	90 Day Supply
TRIBENZOR ORAL TABLET	Non-Preferred	PA
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Preferred	90 Day Supply
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-25 mg	Preferred	90 Day Supply; QL
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg	Preferred	QL
VASERETIC ORAL TABLET	Non-Preferred	PA
ZESTORETIC ORAL TABLET	Non-Preferred	PA; QL
Thiazide-Like Diuretics		
atenolol-chlorthalidone oral tablet	Non-Preferred	PA
chlorthalidone oral tablet 25 mg	Formulary	90 Day Supply
chlorthalidone oral tablet 50 mg	Formulary	
indapamide oral tablet	Formulary	90 Day Supply
metolazone oral tablet 10 mg, 2.5 mg	Formulary	
metolazone oral tablet 5 mg	Formulary	90 Day Supply
TENORETIC 100 ORAL TABLET	Non-Preferred	PA
TENORETIC 50 ORAL TABLET	Non-Preferred	PA
Uricosuric Agents		
colchicine-probenecid oral tablet	Formulary	
probenecid oral tablet	Formulary	
Vasopressin Antagonists		
VAPRISOL INTRAVENOUS SOLUTION	Preferred	
Enzymes		
Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Preferred	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
SANTYL EXTERNAL OINTMENT	Formulary	QL
VIOKACE ORAL TABLET	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Preferred	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Preferred	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	Preferred	
apraclonidine hcl ophthalmic solution	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.1 %	Preferred	QL
brimonidine tartrate ophthalmic solution 0.15 %	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.2 %	Preferred	90 Day Supply
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Non-Preferred	PA
Antiallergic Agents		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Preferred	90 Day Supply; QL
azelastine hcl nasal solution 0.15 %	Preferred	
azelastine hcl ophthalmic solution	Preferred	
azelastine-fluticasone nasal suspension	Non-Preferred	PA
bepotastine besilate ophthalmic solution	Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION	Preferred	QL
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
cvs olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
epinastine hcl ophthalmic solution	Non-Preferred	PA
gnp olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ketotifen fumarate ophthalmic solution 0.035 %	Preferred	OTC; QL
kp ketotifen fumarate ophthalmic solution	Preferred	OTC; QL
olopatadine hcl nasal solution	Non-Preferred	PA
olopatadine hcl ophthalmic solution	Preferred	90 Day Supply
qc olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
sm olopatadine hcl ophthalmic solution	Preferred	90 Day Supply; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	Non-Preferred	PA; OTC; QL
ZERVIAE OPHTHALMIC SOLUTION	Non-Preferred	PA
Antibacterials		
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
AZASITE OPHTHALMIC SOLUTION	Non-Preferred	PA
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
BESIVANCE OPHTHALMIC SUSPENSION	Non-Preferred	PA
BETHKIS INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
CILOXAN OPHTHALMIC OINTMENT	Non-Preferred	PA
CIPRO HC OTIC SUSPENSION	Preferred	
ciprofloxacin hcl ophthalmic solution	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ciprofloxacin hcl otic solution	Non-Preferred	PA
ciprofloxacin-dexamethasone otic suspension	Preferred	QL
ciprofloxacin-fluocinolone pf otic solution	Non-Preferred	PA
CORTISPORIN-TC OTIC SUSPENSION	Non-Preferred	PA
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
double antibiotic external ointment	Formulary	OTC
eql first aid antibiotic external ointment	Formulary	OTC
ery external pad	Formulary	
erythromycin external gel	Preferred	
erythromycin external solution	Preferred	
erythromycin ophthalmic ointment	Formulary	QL
gatifloxacin ophthalmic solution	Non-Preferred	PA
gentamicin sulfate ophthalmic solution	Formulary	QL
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	Preferred	PA; Specialty
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
moxifloxacin hcl (2x day) ophthalmic solution	Non-Preferred	PA
moxifloxacin hcl ophthalmic solution	Preferred	QL
neomycin-polymyxin-dexameth ophthalmic ointment	Formulary	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Formulary	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Formulary	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Formulary	
neomycin-polymyxin-hc otic solution	Preferred	
neomycin-polymyxin-hc otic suspension	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEO-POLYCIN OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
OCUFLOX OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ofloxacin ophthalmic solution	Preferred	90 Day Supply; QL
ofloxacin otic solution	Preferred	90 Day Supply
POLYCIN OPHTHALMIC OINTMENT	Formulary	
polymyxin b-trimethoprim ophthalmic solution	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
sulfacetamide sodium ophthalmic ointment	Non-Preferred	PA
sulfacetamide sodium ophthalmic solution	Formulary	
sulfacetamide-prednisolone ophthalmic solution	Formulary	
TOBI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA; Specialty
TOBI PODHALER INHALATION CAPSULE	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/4ml	Non-Preferred	PA; Specialty
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	Specialty
tobramycin ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
VIGAMOX OPHTHALMIC SOLUTION	Non-Preferred	PA
wal-sporin external ointment	Formulary	OTC
Antifungals (Eent)		
NATACYN OPHTHALMIC SUSPENSION	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Anti-Infectives, Miscellaneous		
chlorhexidine gluconate mouth/throat solution	Formulary	QL
ear drops otic solution	Formulary	OTC
ear wax removal kit otic solution	Formulary	OTC
earwax removal otic solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Formulary	OTC
Anti-Inflammatory Agents (Eent)		
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine (pf) ophthalmic emulsion	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine ophthalmic emulsion	Non-Preferred	PA
cyclosporine oral capsule	Preferred	
MIEBO OPHTHALMIC SOLUTION	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
XIIDRA OPHTHALMIC SOLUTION	Preferred	QL
Antivirals (Eent)		
trifluridine ophthalmic solution	Formulary	
Astringents		
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
chlorhexidine gluconate mouth/throat solution	Formulary	QL
ear drops otic solution	Formulary	OTC
ear wax removal kit otic solution	Formulary	OTC
earwax removal otic solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic solution	Non-Preferred	PA
BETIMOL OPHTHALMIC SOLUTION	Non-Preferred	PA
BETOPTIC-S OPHTHALMIC SUSPENSION	Non-Preferred	PA
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL
carteolol hcl ophthalmic solution	Non-Preferred	PA
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
COSOPT OPHTHALMIC SOLUTION	Non-Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
dorzolamide hcl-timolol mal ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Non-Preferred	PA
ISTALOL OPHTHALMIC SOLUTION	Non-Preferred	PA
levobunolol hcl ophthalmic solution 0.5 %	Non-Preferred	PA
timolol maleate (once-daily) ophthalmic solution	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
timolol maleate ophthalmic gel forming solution	Preferred	
timolol maleate ophthalmic solution	Preferred	90 Day Supply

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
timolol maleate pf ophthalmic solution	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	Non-Preferred	PA
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er oral capsule extended release 12 hour	Formulary	QL
acetazolamide oral tablet	Formulary	
AZOPT OPHTHALMIC SUSPENSION	Non-Preferred	PA
brinzolamide ophthalmic suspension	Non-Preferred	PA
COSOPT OPHTHALMIC SOLUTION	Non-Preferred	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	Non-Preferred	PA
dorzolamide hcl ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal ophthalmic solution	Preferred	90 Day Supply
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Non-Preferred	PA
SIMBRINZA OPHTHALMIC SUSPENSION	Non-Preferred	PA
Contact Lens Solutions		
B&L SENSITIVE EYES DAILY CLEAN SOLUTION	Formulary	OTC
B&L SENSITIVE EYES SOLUTION	Formulary	OTC
BIOTRUE SOLUTION	Formulary	OTC
BOSTON ADVANCE CLEANER SOLUTION	Formulary	OTC
BOSTON CONDITIONING SOLUTION	Formulary	OTC
BOSTON ONE STEP CLEANER SOLUTION	Formulary	OTC
BOSTON REWETTING SOLUTION	Formulary	OTC
BOSTON SIMPLUS SOLUTION	Formulary	OTC
cvs contact lens relief/rewet solution	Formulary	OTC
multi-purpose solution solution	Formulary	OTC
OPTI-FREE DAILY CLEANER SOLUTION	Formulary	OTC
OPTI-FREE REPLENISH SOLUTION	Formulary	OTC
ra cleaning/disinfecting lens solution	Formulary	OTC
RENU MULTIPLUS LUB/REWETTING SOLUTION	Formulary	OTC
RENU MULTIPLUS SOLUTION	Formulary	OTC
RENU REWETTING DROPS SOLUTION	Formulary	OTC
rewetting drops solution	Formulary	OTC
saline solution	Formulary	OTC
SENSITIVE EYES PLUS SALINE SOLUTION	Formulary	OTC
sm multi-purpose solution	Formulary	OTC
sm saline solution solution	Formulary	OTC
Corticosteroids (Eent)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ALREX OPHTHALMIC SUSPENSION	Preferred	QL
ALVESCO INHALATION AEROSOL SOLUTION	Non-Preferred	PA
AQUANIL HC EXTERNAL LOTION	Formulary	OTC
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
azelastine-fluticasone nasal suspension	Non-Preferred	PA
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
beta hc external lotion	Formulary	OTC
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
CIPRO HC OTIC SUSPENSION	Preferred	
ciprofloxacin-dexamethasone otic suspension	Preferred	QL
ciprofloxacin-fluocinolone pf otic solution	Non-Preferred	PA
CORTISPORIN-TC OTIC SUSPENSION	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC
cvs cortisone maximum strength external ointment	Formulary	OTC
cvs eczema anti-itch external cream	Formulary	OTC
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Formulary	
dexamethasone oral elixir	Formulary	
dexamethasone oral solution	Formulary	
dexamethasone oral tablet 0.5 mg, 1 mg, 4 mg	Formulary	90 Day Supply
dexamethasone oral tablet 0.75 mg, 1.5 mg, 2 mg, 6 mg	Formulary	
dexamethasone sodium phosphate ophthalmic solution	Formulary	
DEXTENZA OPHTHALMIC INSERT	Non-Preferred	PA
difluprednate ophthalmic emulsion	Non-Preferred	PA
DUREZOL OPHTHALMIC EMULSION	Non-Preferred	PA
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
eql anti-itch maximum strength external cream	Formulary	OTC
EYSUVIS OPHTHALMIC SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluocinolone acetonide external cream 0.01 %	Formulary	
fluocinolone acetonide external cream 0.025 %	Formulary	QL
fluocinolone acetonide external ointment	Formulary	QL
fluocinolone acetonide external solution	Formulary	QL
fluorometholone ophthalmic suspension	Preferred	
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
FML FORTE OPHTHALMIC SUSPENSION	Formulary	
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
hydrocortisone (perianal) external cream 2.5 %	Formulary	
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %, 2.5 %	Formulary	
hydrocortisone external lotion 1 %	Formulary	OTC
hydrocortisone external lotion 2.5 %	Formulary	
hydrocortisone external ointment 0.5 %	Formulary	OTC
hydrocortisone external ointment 1 %, 2.5 %	Formulary	
hydrocortisone max st external cream	Formulary	OTC
hydrocortisone oral tablet	Formulary	
hydrocortisone rectal enema	Formulary	QL
hydrocortisone valerate external cream	Formulary	QL
hydrocortisone/aloe max str external cream	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
ILUVIEN INTRAVITREAL IMPLANT	Non-Preferred	PA
INVELTYS OPHTHALMIC SUSPENSION	Non-Preferred	PA
LOTEMAX OPHTHALMIC GEL	Non-Preferred	PA
LOTEMAX OPHTHALMIC OINTMENT	Non-Preferred	PA
LOTEMAX OPHTHALMIC SUSPENSION	Non-Preferred	PA
LOTEMAX SM OPHTHALMIC GEL	Non-Preferred	PA
loteprednol etabonate ophthalmic gel	Non-Preferred	PA
loteprednol etabonate ophthalmic suspension	Non-Preferred	PA
MAXIDEX OPHTHALMIC SUSPENSION	Formulary	
MEDPURA HYDROCORTISONE EXTERNAL CREAM	Formulary	OTC
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
mometasone furoate nasal suspension	Preferred	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM	Formulary	OTC
neomycin-polymyxin-dexameth ophthalmic ointment	Formulary	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Formulary	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Formulary	
neomycin-polymyxin-hc otic solution	Preferred	
neomycin-polymyxin-hc otic suspension	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
OMNARIS NASAL SUSPENSION	Non-Preferred	PA
OZURDEX INTRAVITREAL IMPLANT	Non-Preferred	PA
PEDIAPRED ORAL SOLUTION	Formulary	
PRED MILD OPHTHALMIC SUSPENSION	Formulary	
prednisolone acetate ophthalmic suspension	Preferred	
prednisolone oral solution	Formulary	90 Day Supply
prednisolone sodium phosphate ophthalmic solution	Non-Preferred	PA
prednisolone sodium phosphate oral solution 15 mg/5ml	Formulary	90 Day Supply
prednisolone sodium phosphate oral solution 5 mg/5ml	Formulary	
PREPARATION H EXTERNAL CREAM 1 %	Formulary	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
px hydrocream external cream	Formulary	OTC
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
ra anti-itch maximum strength external ointment	Formulary	OTC
RETISERT INTRAVITREAL IMPLANT	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
sulfacetamide-prednisolone ophthalmic solution	Formulary	
tobramycin-dexamethasone ophthalmic suspension	Formulary	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
triamcinolone acetonide nasal aerosol	Formulary	OTC
TRIESENCE INTRAOCULAR SUSPENSION	Preferred	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
XIPERE INTRAOCULAR SUSPENSION	Non-Preferred	PA
YUTIQ INTRAVITREAL IMPLANT	Non-Preferred	PA
Eent Anti-Inflammatory Agents, Misc.		
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine (pf) ophthalmic emulsion	Non-Preferred	PA
cyclosporine ophthalmic emulsion	Non-Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
XIIDRA OPHTHALMIC SOLUTION	Preferred	QL
Eent Drugs, Miscellaneous		
acetic acid otic solution	Formulary	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	Formulary	OTC
ALTACHLORE OPHTHALMIC OINTMENT	Formulary	OTC
ALTACHLORE OPHTHALMIC SOLUTION	Formulary	OTC
altamist spray nasal solution	Formulary	OTC
apraclonidine hcl ophthalmic solution	Non-Preferred	PA
artificial tears ophthalmic solution 0.1-0.3 %	Formulary	OTC; QL
artificial tears ophthalmic solution 1 %	Formulary	OTC
artificial tears pf ophthalmic solution	Formulary	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION	Formulary	OTC
BABY AYR SALINE NASAL SOLUTION	Formulary	OTC
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
cvs dry-eye relief nighttime ophthalmic ointment	Formulary	OTC
cvs eye lubricant ophthalmic ointment	Formulary	OTC
deep sea nasal spray nasal solution	Formulary	OTC
eq restore plus lubricant eye ophthalmic solution	Formulary	OTC
EQ RESTORE PM OPHTHALMIC OINTMENT	Formulary	OTC
eq restore tears ophthalmic solution	Formulary	OTC; QL
eq saline nasal spray nasal solution	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
for sty relief ophthalmic ointment	Formulary	OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	Formulary	OTC; QL
gnp eye drops long lasting ophthalmic solution	Formulary	OTC
gnp nasal moisturizing nasal solution	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Non-Preferred	PA
lubricant eye drops pf ophthalmic solution	Formulary	OTC
lubricating eye drops ophthalmic solution 0.4-0.3 %	Formulary	OTC
lubricating tears eye drops ophthalmic solution 0.1-0.3 %	Formulary	OTC
MIEBO OPHTHALMIC SOLUTION	Non-Preferred	PA
MOISTURE EYES OPHTHALMIC SOLUTION	Formulary	OTC
MURO 128 OPHTHALMIC OINTMENT	Formulary	OTC
MURO 128 OPHTHALMIC SOLUTION 2 %	Formulary	OTC
polyvinyl alcohol ophthalmic solution	Formulary	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	Formulary	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT	Formulary	OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	Formulary	OTC
RETAINÉ CMC OPHTHALMIC SOLUTION	Formulary	OTC
RETAINÉ PM OPHTHALMIC OINTMENT	Formulary	OTC
saline mist spray nasal solution	Formulary	OTC
saline nasal spray nasal solution	Formulary	OTC
sb saline nose nasal solution	Formulary	OTC
sodium chloride (hypertonic) ophthalmic ointment	Formulary	OTC
sodium chloride (hypertonic) ophthalmic solution	Formulary	OTC
SOOTHE HYDRATION OPHTHALMIC SOLUTION	Formulary	OTC; QL
SOOTHE XP OPHTHALMIC SOLUTION	Formulary	OTC; QL
SYSTANE CONTACTS OPHTHALMIC SOLUTION	Formulary	OTC; QL
TRYPTYR OPHTHALMIC SOLUTION	Non-Preferred	PA
TYRVAYA NASAL SOLUTION	Non-Preferred	PA
ULTRA FRESH OPHTHALMIC SOLUTION	Formulary	OTC; QL
ULTRA FRESH PM OPHTHALMIC OINTMENT	Formulary	OTC
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR LS OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACULAR OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
ACUVAIL OPHTHALMIC SOLUTION	Non-Preferred	PA
bromfenac sodium (once-daily) ophthalmic solution	Non-Preferred	PA
bromfenac sodium ophthalmic solution 0.07 %	Non-Preferred	PA
BROMSITE OPHTHALMIC SOLUTION	Non-Preferred	PA
diclofenac sodium ophthalmic solution	Preferred	
flurbiprofen oral tablet	Preferred	
flurbiprofen sodium ophthalmic solution	Non-Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION	Non-Preferred	PA
ketorolac tromethamine ophthalmic solution 0.4 %	Preferred	QL
ketorolac tromethamine ophthalmic solution 0.5 %	Preferred	90 Day Supply; QL
ketorolac tromethamine oral tablet	Preferred	
NEVANAC OPHTHALMIC SUSPENSION	Non-Preferred	PA
PROLENSA OPHTHALMIC SOLUTION	Non-Preferred	PA
Local Anesthetics (Eent)		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL	Formulary	OTC
cvs oral anesthetic max str mouth/throat gel	Formulary	OTC
intense toothache pain relief mouth/throat gel	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
lidocaine viscous hcl mouth/throat solution	Formulary	
oral analgesic max st mouth/throat gel	Formulary	OTC
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	Non-Preferred	PA
pilocarpine hcl oral tablet 5 mg	Formulary	QL
VUITY OPHTHALMIC SOLUTION	Non-Preferred	PA
Mydriatics		
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
HOMATROPAIRE OPHTHALMIC SOLUTION	Formulary	
nasal four nasal solution	Formulary	OTC
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Formulary	
ra nose drops extra strength nasal solution	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
Osmotic Agents		
urea external cream 40 %	Formulary	
Prostaglandin Analogs		
bimatoprost ophthalmic solution 0.03 %	Non-Preferred	PA
DURYSTA INTRAOCULAR IMPLANT	Non-Preferred	PA
IDOSE TR INTRAOCULAR IMPLANT	Non-Preferred	PA
IYUZEH OPHTHALMIC SOLUTION	Non-Preferred	PA
latanoprost ophthalmic solution	Preferred	90 Day Supply; QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Non-Preferred	PA
ROCKLATAN OPHTHALMIC SOLUTION	Non-Preferred	PA
tafluprost (pf) ophthalmic solution	Non-Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION	Preferred	QL
travoprost (bak free) ophthalmic solution	Non-Preferred	PA; QL
VYZULTA OPHTHALMIC SOLUTION	Non-Preferred	PA
XALATAN OPHTHALMIC SOLUTION	Non-Preferred	PA; QL
XELPROS OPHTHALMIC EMULSION	Non-Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Non-Preferred	PA
Rho Kinase Inhibitors		
RHOPRESSA OPHTHALMIC SOLUTION	Non-Preferred	PA
ROCKLATAN OPHTHALMIC SOLUTION	Non-Preferred	PA
Vasoconstrictors		
12 hour decongestant nasal solution	Formulary	OTC
12 hour nasal relief spray nasal solution	Formulary	OTC
12 hour nasal spray nasal solution	Formulary	OTC
4-WAY FAST ACTING NASAL SOLUTION	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION	Formulary	OTC
anefrin spray nasal solution	Formulary	OTC
cvs nasal mist nasal solution	Formulary	OTC
ephrine nose drops nasal solution	Formulary	OTC
long acting nasal spray nasal solution	Formulary	OTC
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION	Formulary	OTC
nasal decongestant spray nasal solution	Formulary	OTC
nasal four nasal solution	Formulary	OTC
nasal spray extra moisturizing nasal solution	Formulary	OTC
nasal spray nasal solution 0.05 %	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Formulary	
px original nasal spray nasal solution	Formulary	OTC
QLEARQUIL NASAL SOLUTION	Formulary	OTC
ra nose drops extra strength nasal solution	Formulary	OTC
sinus relief extra strength nasal solution	Formulary	OTC
sinus relief nasal solution	Formulary	OTC
sm nasal spray sinus nasal solution	Formulary	OTC
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION	Formulary	OTC
VICKS SINEX MOISTURIZING NASAL SOLUTION	Formulary	OTC
WAL-FOUR NASAL SOLUTION	Formulary	OTC
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AKYNZEO ORAL CAPSULE	Non-Preferred	PA
ANZEMET ORAL TABLET 50 MG	Non-Preferred	PA
granisetron hcl oral tablet	Non-Preferred	PA
ondansetron hcl oral solution 4 mg/5ml	Preferred	90 Day Supply; QL
ondansetron hcl oral tablet 24 mg	Preferred	
ondansetron hcl oral tablet 4 mg, 8 mg	Preferred	90 Day Supply; QL
ondansetron oral tablet dispersible 4 mg, 8 mg	Preferred	90 Day Supply; QL
SANCUSO TRANSDERMAL PATCH	Non-Preferred	PA
Antacids And Adsorbents		
activated vegetable charcoal oral capsule	Formulary	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION	Formulary	OTC
aluminum hydroxide gel oral suspension 320 mg/5ml	Formulary	OTC
antacid advanced oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid anti-gas max strength oral suspension	Formulary	OTC
antacid calcium oral tablet chewable	Formulary	OTC
antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
antacid liquid oral suspension	Formulary	OTC
antacid m oral suspension	Formulary	OTC
antacid maximum oral tablet chewable	Formulary	OTC
antacid maximum strength oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid soft chews oral tablet chewable	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
calcium antacid extra strength oral tablet chewable	Formulary	OTC
calcium antacid oral tablet chewable	Formulary	OTC
calcium carbonate antacid oral suspension	Formulary	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Formulary	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE	Formulary	OTC
charcoal oral capsule 200 mg	Formulary	OTC
childrens pepto oral tablet chewable	Formulary	OTC
CHILDRENS SOOTHE ORAL TABLET CHEWABLE	Formulary	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel oral suspension	Formulary	OTC
cvs anti-diarrheal oral suspension	Formulary	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
EZ CHAR ORAL SUSPENSION RECONSTITUTED 25 GM	Formulary	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
geri-mox oral suspension	Formulary	OTC
gnp antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
KERR INSTA-CHAR ORAL LIQUID	Formulary	OTC
KERR INSTA-CHAR ORAL SUSPENSION	Formulary	OTC
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
mag-al plus xs oral liquid	Formulary	OTC
magnesium oxide (antacid) oral capsule	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Formulary	OTC
mintox maximum strength oral suspension	Formulary	OTC
omeprazole-sodium bicarbonate oral capsule	Non-Preferred	PA
omeprazole-sodium bicarbonate oral packet	Non-Preferred	PA
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px antacid maximum strength oral tablet chewable	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
qc antacid/anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
sm antacid advanced oral suspension	Formulary	OTC
sm antacid anti-gas oral suspension	Formulary	OTC
sm foaming antacid oral tablet chewable	Formulary	OTC
sm smooth antacid ex st oral tablet chewable	Formulary	OTC
sodium bicarbonate oral tablet 650 mg	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
TUM-EASE ORAL TABLET CHEWABLE	Formulary	OTC
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE	Formulary	OTC
Antidiarrhea Agents		
anti-diarrheal oral capsule	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
cvs anti-diarrheal oral suspension	Formulary	OTC
diamode oral tablet	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
diphenoxylate-atropine oral liquid	Formulary	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Formulary	
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
loperamide hcl oral capsule	Formulary	
meijer anti-diarrheal oral tablet	Formulary	OTC
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
sb anti-diarrhea oral tablet	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
VIBERZI ORAL TABLET	Non-Preferred	PA; QL
Antiemetics, Miscellaneous		
LYBALVI ORAL TABLET	Non-Preferred	PA
olanzapine intramuscular solution reconstituted	Preferred	
olanzapine oral tablet	Preferred	90 Day Supply
olanzapine oral tablet dispersible	Non-Preferred	PA
olanzapine-fluoxetine hcl oral capsule	Non-Preferred	PA
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
scopolamine transdermal patch 72 hour	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ORAL TABLET	Non-Preferred	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG	Non-Preferred	PA
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG	Non-Preferred	PA; QL
Antiflatulents		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION	Formulary	OTC
antacid advanced oral suspension 400-400-40 mg/5ml	Formulary	OTC
antacid anti-gas max strength oral suspension	Formulary	OTC
antacid liquid oral suspension	Formulary	OTC
antacid m oral suspension	Formulary	OTC
antacid maximum strength oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
comfort gel oral suspension	Formulary	OTC
cvs gas relief ultra strength oral capsule	Formulary	OTC
gas relief extra strength oral tablet chewable	Formulary	OTC
gas relief oral liquid	Formulary	OTC
gas relief oral tablet chewable	Formulary	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	Formulary	OTC
geri-mox oral suspension	Formulary	OTC
gnp gas relief oral tablet chewable	Formulary	OTC
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION	Formulary	OTC
mag-al plus xs oral liquid	Formulary	OTC
mintox maximum strength oral suspension	Formulary	OTC
qc antacid/anti-gas oral suspension 400-400-40 mg/5ml	Formulary	OTC
ra gas relief ultra strength oral capsule	Formulary	OTC
simethicone oral capsule 180 mg	Formulary	OTC
simethicone oral suspension 40 mg/0.6ml	Formulary	OTC
simethicone oral tablet chewable	Formulary	OTC
sm antacid advanced oral suspension	Formulary	OTC
sm antacid anti-gas oral suspension	Formulary	OTC
Antihistamines (Gi Drugs)		
BONJESTA ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
COMPRO RECTAL SUPPOSITORY	Formulary	
cvs motion sickness ii oral tablet	Formulary	OTC
DICLEGIS ORAL TABLET DELAYED RELEASE	Preferred	
doxylamine-pyridoxine oral tablet delayed release	Non-Preferred	PA
meclizine hcl oral tablet 12.5 mg, 25 mg	Formulary	
meclizine hcl oral tablet chewable	Formulary	
motion sickness relief oral tablet chewable	Formulary	OTC
motion-time oral tablet chewable	Formulary	OTC
prochlorperazine edisylate injection solution 10 mg/2ml	Formulary	
prochlorperazine maleate oral tablet	Formulary	
prochlorperazine rectal suppository	Formulary	
sm motion sickness oral tablet 25 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
travel-ease oral tablet 25 mg	Formulary	OTC
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl oral tablet	Non-Preferred	PA; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
balsalazide disodium oral capsule	Preferred	QL
CANASA RECTAL SUPPOSITORY	Non-Preferred	PA
DIPENTUM ORAL CAPSULE	Non-Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
LOTRONEX ORAL TABLET	Non-Preferred	PA; QL
mesalamine er oral capsule extended release	Non-Preferred	PA; QL
mesalamine er oral capsule extended release 24 hour	Non-Preferred	PA
mesalamine oral capsule delayed release	Non-Preferred	PA
mesalamine oral tablet delayed release 1.2 gm	Preferred	
mesalamine oral tablet delayed release 800 mg	Non-Preferred	PA
mesalamine rectal enema	Non-Preferred	PA
mesalamine rectal suppository	Preferred	QL
mesalamine-cleanser rectal kit	Non-Preferred	PA
PENTASA ORAL CAPSULE EXTENDED RELEASE	Preferred	QL
ROWASA RECTAL KIT	Preferred	
SFROWASA RECTAL ENEMA	Preferred	
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
Antiulcer Agents And Acid Suppressants		
aluminum hydroxide gel oral suspension 320 mg/5ml	Formulary	OTC
amoxicillin oral capsule	Formulary	
amoxicillin oral suspension reconstituted	Formulary	
amoxicillin oral tablet	Formulary	
amoxicillin oral tablet chewable 125 mg, 250 mg	Formulary	
antacid calcium oral tablet chewable	Formulary	OTC
antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
antacid maximum oral tablet chewable	Formulary	OTC
antacid soft chews oral tablet chewable	Formulary	OTC
bismatrol oral suspension	Formulary	OTC
calcium antacid extra strength oral tablet chewable	Formulary	OTC
calcium antacid oral tablet chewable	Formulary	OTC
calcium carbonate antacid oral suspension	Formulary	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Formulary	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE	Formulary	OTC
childrens pepto oral tablet chewable	Formulary	OTC
CHILDRENS SOOTHE ORAL TABLET CHEWABLE	Formulary	OTC
clarithromycin er oral tablet extended release 24 hour	Non-Preferred	PA
clarithromycin oral suspension reconstituted	Non-Preferred	PA
clarithromycin oral tablet	Preferred	QL
cvs anti-diarrheal oral suspension	Formulary	OTC
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE	Formulary	OTC
diarrhea oral suspension	Formulary	OTC
gnp antacid extra strength oral tablet chewable 750 mg	Formulary	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION	Formulary	OTC
magnesium oxide (antacid) oral capsule	Formulary	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
pink bismuth oral suspension 262 mg/15ml	Formulary	OTC
px antacid maximum strength oral tablet chewable	Formulary	OTC
px stomach relief max st oral suspension	Formulary	OTC
sm smooth antacid ex st oral tablet chewable	Formulary	OTC
sodium bicarbonate oral tablet 650 mg	Formulary	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	Formulary	OTC
tetracycline hcl oral capsule	Formulary	
TUM-EASE ORAL TABLET CHEWABLE	Formulary	OTC
TUMS CHEWY DELIGHTS ORAL TABLET CHEWABLE	Formulary	OTC
Cathartics And Laxatives		
ALOPHEN ORAL TABLET DELAYED RELEASE	Formulary	OTC
bisacodyl ec oral tablet delayed release	Formulary	OTC
BUFFERIN ORAL TABLET	Formulary	OTC
chocolated laxative oral tablet chewable	Formulary	OTC
CITRUCEL ORAL TABLET	Formulary	OTC
CLEARLAX ORAL POWDER	Formulary	OTC; QL
cvs chocolate laxative pieces oral tablet chewable	Formulary	OTC
cvs fiber oral capsule	Formulary	OTC
cvs gentle laxative womens oral tablet delayed release	Formulary	OTC
cvs glycerin adult rectal suppository 2 gm	Formulary	OTC
cvs laxative dietary supplement oral tablet	Formulary	OTC
cvs natural daily fiber oral powder	Formulary	OTC
CVS PURELAX ORAL PACKET	Formulary	OTC
CVS PURELAX ORAL POWDER	Formulary	OTC; QL
cvs senna-extra oral tablet	Formulary	OTC
cvs stool softener oral capsule 50 mg	Formulary	OTC
docusate sodium oral capsule	Formulary	OTC
DOCUSOL MINI RECTAL ENEMA	Formulary	OTC
docuzen oral tablet	Formulary	OTC
dss oral capsule 250 mg	Formulary	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE	Formulary	OTC
enema pediatric rectal enema	Formulary	OTC
enema rectal enema 7-19 gm/118ml	Formulary	OTC
ENEMEEZ MINI RECTAL ENEMA	Formulary	OTC
eq daily fiber oral capsule	Formulary	OTC
eq fiber therapy oral tablet 625 mg	Formulary	OTC
eql smooth texture fiber oral powder	Formulary	OTC
EVAC-U-GEN ORAL TABLET	Formulary	OTC
fiber oral tablet	Formulary	OTC
fiber therapy oral tablet	Formulary	OTC
fiber-lax oral tablet	Formulary	OTC
FLEET BISACODYL RECTAL ENEMA	Formulary	OTC
FLEET LIQUID GLYCERIN SUPP RECTAL ENEMA	Formulary	OTC
FLEET MINI ENEMA RECTAL ENEMA	Formulary	OTC
FLEET PEDIATRIC RECTAL ENEMA	Formulary	OTC
gavilax oral packet 8.5 gm	Formulary	OTC; QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Formulary	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	Formulary	
gentle laxative oral tablet delayed release	Formulary	OTC
gentle laxative rectal suppository	Formulary	OTC
gentlelax oral powder	Formulary	OTC; QL
geri-kot oral tablet	Formulary	OTC
GLYCOLAX ORAL POWDER	Formulary	OTC; QL
GNP CLEARLAX ORAL PACKET	Formulary	OTC
gnp fiber-caps oral tablet	Formulary	OTC
gnp natural fiber oral capsule	Formulary	OTC
gnp natural fiber oral powder 28.3 %	Formulary	OTC
HEALTHYLAX ORAL PACKET	Formulary	OTC
hm stool softener/laxative oral tablet	Formulary	OTC
KLS LAXACLEAR ORAL POWDER	Formulary	OTC; QL
laxacin oral tablet	Formulary	OTC
laxative rectal suppository	Formulary	OTC
magnesium citrate oral solution 1.745 gm/30ml	Formulary	OTC
medi-laxx oral capsule	Formulary	OTC
METAMUCIL ORAL POWDER 48.57 %	Formulary	OTC
milk of magnesia oral suspension 400 mg/5ml	Formulary	OTC
mineral oil heavy oil	Formulary	
mineral oil heavy oral oil	Formulary	
mineral oil light oil	Formulary	
mineral oil oral oil	Formulary	OTC
natural psyllium seed oral powder	Formulary	OTC
natural senna laxative oral tablet 8.6 mg	Formulary	OTC
PEDIA-LAX ORAL LIQUID	Formulary	OTC
PEDIA-LAX ORAL TABLET CHEWABLE	Formulary	OTC
peg 3350 oral packet	Formulary	OTC
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Formulary	
peg-3350/electrolytes oral solution reconstituted	Formulary	
PHILLIPS MILK OF MAGNESIA ORAL TABLET CHEWABLE	Formulary	OTC
PHILLIPS ORAL TABLET	Formulary	OTC
PHILLIPS STOOL SOFTENER ORAL CAPSULE	Formulary	OTC
polyethylene glycol 3350 oral powder	Formulary	OTC; QL
polyethylene glycol 3350 powder	Formulary	QL
qc fiber laxative oral capsule	Formulary	OTC
qc natural vegetable oral powder	Formulary	OTC
qc natura-lax oral powder	Formulary	OTC; QL
ra col-rite oral capsule 100 mg, 250 mg	Formulary	OTC
ra glycerin adult rectal suppository	Formulary	OTC
ra laxative oral powder	Formulary	OTC; QL
ra mineral oil oral oil	Formulary	OTC
ra multihealth fiber oral powder	Formulary	OTC
ra p col-rite oral tablet	Formulary	OTC
REGULOID ORAL CAPSULE 400 MG	Formulary	OTC
senexon-s oral tablet	Formulary	OTC
senna oral syrup 176 mg/5ml, 26.4 mg/15ml, 8.8 mg/5ml	Formulary	OTC
senna oral tablet 8.6 mg	Formulary	OTC
senna-docusate sodium oral tablet	Formulary	OTC
senna-lax oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
senna-plus oral tablet	Formulary	OTC
senna-s oral tablet	Formulary	OTC
senna-time s oral tablet	Formulary	OTC
sennosides-docusate sodium oral tablet	Formulary	OTC
sm enema rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Formulary	OTC
sm fiber laxative oral tablet 500 mg	Formulary	OTC
sm fiber oral powder 43 %, 58.6 %	Formulary	OTC
sm fiber powder oral powder 25 %	Formulary	OTC
sm glycerin pediatric rectal suppository	Formulary	OTC
sm laxative rectal suppository	Formulary	OTC
sm senna-s oral tablet	Formulary	OTC
SMOOTH LAX ORAL PACKET	Formulary	OTC
SMOOTH LAX ORAL POWDER	Formulary	OTC; QL
sod phos mono-sod phos dibasic rectal enema	Formulary	OTC
SOLUBLE FIBER THERAPY ORAL POWDER	Formulary	OTC
sorbitol solution 70 %	Formulary	
stimulant laxative oral tablet	Formulary	OTC
stool softener oral capsule 100 mg	Formulary	OTC
stool softener plus laxative oral tablet	Formulary	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY	Formulary	OTC
tri-buffered aspirin oral tablet 325 mg	Formulary	OTC
UNIFIBER ORAL POWDER	Formulary	OTC
WAL-MUCIL ORAL CAPSULE	Formulary	OTC
WAL-MUCIL ORAL POWDER 43 %, 48.57 %, 58.6 %	Formulary	OTC
womans laxative oral tablet delayed release	Formulary	OTC
Chloride Channel Activators		
AMITIZA ORAL CAPSULE	Non-Preferred	PA
lubiprostone oral capsule	Preferred	QL
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	Formulary	90 Day Supply
ursodiol oral tablet	Formulary	
Digestants		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Preferred	
cvs dairy relief ex st oral tablet	Formulary	OTC
eq dairy digestive fast acting oral tablet chewable	Formulary	OTC
eql dairy digest fast acting oral tablet	Formulary	OTC
gnp dairy relief oral tablet	Formulary	OTC
lactase enzyme oral tablet 3000 unit	Formulary	OTC
lactose fast acting relief oral tablet	Formulary	OTC
lactose fast acting relief oral tablet chewable	Formulary	OTC
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Non-Preferred	PA
ra dairy aid oral tablet	Formulary	OTC
ra dairy relief fast acting oral tablet chewable	Formulary	OTC
sm ultra dairy digestive oral tablet	Formulary	OTC
VIOKACE ORAL TABLET	Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Preferred	
Dopamine Receptor Antagonists		
droperidol injection solution	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs str) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	Preferred	QL
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMITIZA ORAL CAPSULE	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	QL
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
SKYRIZI INTRAVENOUS SOLUTION	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION	Non-Preferred	PA
SYMPROIC ORAL TABLET	Non-Preferred	PA
TRULANCE ORAL TABLET	Non-Preferred	PA; QL
ustekinumab intravenous solution	Non-Preferred	PA
VIBERZI ORAL TABLET	Non-Preferred	PA; QL
XENICAL ORAL CAPSULE	Non-Preferred	PA; QL
XPHOZAH ORAL TABLET 30 MG	Non-Preferred	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE	Preferred	QL
TRULANCE ORAL TABLET	Non-Preferred	PA; QL
Histamine H2-Antagonists		
acid controller max st oral tablet	Formulary	90 Day Supply; OTC
acid reducer maximum strength oral tablet 20 mg	Formulary	90 Day Supply; OTC
cimetidine oral tablet 200 mg	Formulary	
eql heartburn prevention oral tablet 10 mg	Formulary	OTC
eql heartburn prevention oral tablet 20 mg	Formulary	90 Day Supply; OTC
famotidine oral suspension reconstituted	Formulary	
famotidine oral tablet 10 mg	Formulary	OTC
famotidine oral tablet 20 mg, 40 mg	Formulary	90 Day Supply
heartburn relief max st oral tablet 20 mg	Formulary	90 Day Supply; OTC
heartburn relief oral tablet 10 mg	Formulary	OTC
ibuprofen-famotidine oral tablet	Non-Preferred	PA
px acid reducer oral tablet 200 mg	Formulary	OTC
sm acid reducer oral tablet 10 mg	Formulary	OTC
Immunomodulatory Agents		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
OMVOH INTRAVENOUS SOLUTION	Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
VELSIPITY ORAL TABLET	Non-Preferred	PA; QL
Lipotropic Agents		
mega multiple/chelated mineral oral tablet	Formulary	OTC
multi-vitamin hp/minerals oral capsule	Formulary	OTC
scopolamine transdermal patch 72 hour	Non-Preferred	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Neurokinin-1 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AKYNZEO ORAL CAPSULE	Non-Preferred	PA
aprepitant oral capsule	Formulary	QL
aprepitant oral capsule therapy pack	Formulary	QL
Opioid Antagonists		
MOVANTIK ORAL TABLET	Non-Preferred	PA; QL
SYMPROIC ORAL TABLET	Non-Preferred	PA
Prokinetic Agents		
GIMOTI NASAL SOLUTION	Non-Preferred	PA
metoclopramide hcl oral solution 5 mg/5ml	Formulary	
metoclopramide hcl oral tablet	Formulary	90 Day Supply
metoclopramide hcl oral tablet dispersible 5 mg	Non-Preferred	PA
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
diclofenac-misoprostol oral tablet delayed release	Non-Preferred	PA
misoprostol oral tablet	Formulary	
Protectants		
sucralfate oral suspension	Formulary	QL
sucralfate oral tablet	Formulary	
Proton-Pump Inhibitors		
cvs lansoprazole oral tablet delayed release dispersible	Non-Preferred	OTC
DEXILANT ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
dexlansoprazole oral capsule delayed release	Non-Preferred	PA
eq lansoprazole oral capsule delayed release	Preferred	OTC; QL
eql lansoprazole oral capsule delayed release	Preferred	OTC; QL
esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; QL
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	Non-Preferred	PA
gnp esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC; QL
gnp lansoprazole oral capsule delayed release	Preferred	OTC; QL
gnp omeprazole oral tablet delayed release	Preferred	OTC
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE	Preferred	90 Day Supply; OTC; QL
goodsense lansoprazole oral capsule delayed release	Preferred	OTC; QL
kls esomeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC; QL
kls lansoprazole oral capsule delayed release	Preferred	OTC; QL
kls omeprazole oral tablet delayed release	Preferred	OTC
KONVOMEK ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
kp omeprazole magnesium oral capsule delayed release	Preferred	90 Day Supply; OTC
lansoprazole oral capsule delayed release 15 mg	Preferred	QL
lansoprazole oral capsule delayed release 30 mg	Preferred	90 Day Supply; QL
lansoprazole oral tablet delayed release dispersible	Non-Preferred	PA
naproxen-esomeprazole mg oral tablet delayed release	Non-Preferred	PA
naproxen-esomeprazole oral tablet delayed release	Non-Preferred	PA
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	Non-Preferred	PA; OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
NEXIUM ORAL PACKET	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
betamethasone dipropionate aug external ointment	Formulary	
betamethasone dipropionate external cream	Formulary	
betamethasone dipropionate external lotion	Formulary	
betamethasone dipropionate external ointment	Formulary	
betamethasone valerate external cream	Formulary	
betamethasone valerate external lotion	Formulary	
betamethasone valerate external ointment	Formulary	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
BREYNA INHALATION AEROSOL	Non-Preferred	PA
BREZTRI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
budesonide er oral tablet extended release 24 hour	Non-Preferred	PA
budesonide inhalation suspension	Preferred	AL
budesonide oral capsule delayed release particles	Non-Preferred	PA
budesonide-formoterol fumarate inhalation aerosol	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC
cvs cortisone maximum strength external ointment	Formulary	OTC
cvs eczema anti-itch external cream	Formulary	OTC
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Formulary	
dexamethasone oral elixir	Formulary	
dexamethasone oral solution	Formulary	
dexamethasone oral tablet 0.5 mg, 1 mg, 4 mg	Formulary	90 Day Supply
dexamethasone oral tablet 0.75 mg, 1.5 mg, 2 mg, 6 mg	Formulary	
DULERA INHALATION AEROSOL	Preferred	QL
eql anti-itch maximum strength external cream	Formulary	OTC
fludrocortisone acetate oral tablet	Formulary	
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
hydrocortisone (perianal) external cream 2.5 %	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
TESTIM TRANSDERMAL GEL	Preferred	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Formulary	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 50 mg/5gm (1%)	Preferred	PA
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	Non-Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL	Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Non-Preferred	PA
Antihypoglycemic Agents, Miscellaneous		
cvs glucose oral gel 40 %	Formulary	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	Formulary	OTC; QL
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Formulary	OTC; QL
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
diazoxide oral suspension	Non-Preferred	PA
glucose oral gel 40 %	Formulary	OTC
glucose oral tablet chewable 4 gm	Formulary	OTC; QL
GLUTOSE 15 ORAL GEL	Formulary	OTC
GLUTOSE 45 ORAL GEL	Formulary	OTC
PROGLYCEM ORAL SUSPENSION	Preferred	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	Formulary	OTC; QL
Antiparathyroid Agents		
calcitonin (salmon) nasal solution	Preferred	
Antithyroid Agents		
methimazole oral tablet	Formulary	
propylthiouracil oral tablet	Formulary	
Biguanides		
alogliptin-metformin hcl oral tablet	Non-Preferred	PA
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	Non-Preferred	PA
dapagliflozin pro-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
glipizide-metformin hcl oral tablet	Formulary	QL
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	90 Day Supply; QL
INVOKAMET ORAL TABLET	Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
JANUMET ORAL TABLET	Preferred	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
JENTADUETO ORAL TABLET	Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
metformin hcl er oral tablet extended release 24 hour	Formulary	90 Day Supply; QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Formulary	90 Day Supply; QL
pioglitazone hcl-metformin hcl oral tablet	Non-Preferred	PA
saxagliptin-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
SEGLUROMET ORAL TABLET	Non-Preferred	PA
sitagliptin base-metformin hcl oral tablet	Non-Preferred	PA; QL
SYNJARDY ORAL TABLET	Preferred	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel oral tablet 1.5 mg	Formulary	OTC
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	EDS
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
LYLEQ ORAL TABLET	Preferred	EDS; QL
LYZA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Preferred	EDS; QL
MELEYA ORAL TABLET	Formulary	EDS
MERZEE ORAL CAPSULE	Preferred	EDS; QL
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY	Preferred	EDS
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
MY CHOICE ORAL TABLET	Formulary	OTC
MY WAY ORAL TABLET	Formulary	OTC
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEW DAY ORAL TABLET	Formulary	OTC
NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	EDS
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NORA-BE ORAL TABLET	Preferred	EDS; QL
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone oral tablet	Preferred	EDS; QL
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORLYDA ORAL TABLET	Preferred	EDS; QL
NORLYROC ORAL TABLET	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
OPCICON ONE-STEP ORAL TABLET	Formulary	OTC
OPILL ORAL TABLET	Preferred	EDS; OTC; QL
OPTION 2 ORAL TABLET	Formulary	OTC
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SHAROBEL ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate oral tablet	Non-Preferred	PA
alogliptin-metformin hcl oral tablet	Non-Preferred	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non-Preferred	PA
BRYNOVIN ORAL SOLUTION	Non-Preferred	PA
GLYXAMBI ORAL TABLET	Non-Preferred	PA
JANUMET ORAL TABLET	Preferred	QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
JANUVIA ORAL TABLET	Preferred	QL
JENTADUETO ORAL TABLET	Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
QTERN ORAL TABLET	Non-Preferred	PA
saxagliptin hcl oral tablet	Non-Preferred	PA
saxagliptin-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
sitagliptin base-metformin hcl oral tablet	Non-Preferred	PA; QL
sitagliptin oral tablet	Non-Preferred	PA; QL
STEGLUJAN ORAL TABLET	Non-Preferred	PA
TRADJENTA ORAL TABLET	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ZITUVIMET ORAL TABLET	Non-Preferred	PA; QL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
ZITUVIO ORAL TABLET	Non-Preferred	PA; QL
Estrogen Agonist-Antagonists		
EVISTA ORAL TABLET	Non-Preferred	PA
FARESTON ORAL TABLET	Formulary	PA
raloxifene hcl oral tablet	Preferred	
tamoxifen citrate oral tablet	Formulary	90 Day Supply
toremifene citrate oral tablet	Formulary	PA
Estrogens		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL
ALTAVERA ORAL TABLET	Preferred	EDS; QL
alyacen 1/35 oral tablet	Preferred	EDS; QL
alyacen 7/7/7 oral tablet	Preferred	EDS; QL
AMABELZ ORAL TABLET	Formulary	
AMETHIA ORAL TABLET	Preferred	EDS; QL
AMETHYST ORAL TABLET	Preferred	EDS; QL
ANNOVERA VAGINAL RING	Preferred	EDS
APRI ORAL TABLET	Preferred	EDS; QL
ARANELLE ORAL TABLET	Preferred	EDS; QL
ASHLYNA ORAL TABLET	Preferred	EDS; QL
AUBRA EQ ORAL TABLET	Preferred	EDS; QL
AUROVELA 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA 1/20 ORAL TABLET	Preferred	EDS; QL
AUROVELA 24 FE ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1/20 ORAL TABLET	Preferred	EDS; QL
AVIANE ORAL TABLET	Preferred	EDS; QL
AYUNA ORAL TABLET	Preferred	EDS; QL
AZURETTE ORAL TABLET	Preferred	EDS; QL
BALCOLTRA ORAL TABLET	Preferred	EDS; QL
BALZIVA ORAL TABLET	Preferred	EDS; QL
BEYAZ ORAL TABLET	Preferred	EDS; QL
BLISOVI 24 FE ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1/20 ORAL TABLET	Preferred	EDS; QL
briellyn oral tablet	Preferred	EDS; QL
CAMRESE LO ORAL TABLET	Preferred	EDS; QL
CAMRESE ORAL TABLET	Preferred	EDS; QL
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
CHATEAL EQ ORAL TABLET	Preferred	EDS; QL
CRYSELLE ORAL TABLET	Formulary	EDS; QL
CRYSELLE-28 ORAL TABLET	Preferred	EDS; QL
CYRED EQ ORAL TABLET	Preferred	EDS; QL
DASETTA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
DASETTA 7/7/7 ORAL TABLET	Preferred	EDS; QL
DAYSEE ORAL TABLET	Preferred	EDS; QL
DELYLA ORAL TABLET	Preferred	EDS; QL
desogestrel-ethinyl estradiol oral tablet	Preferred	EDS; QL
DOLISHALE ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
KELNOR 1/50 ORAL TABLET	Preferred	EDS; QL
KURVELO ORAL TABLET	Preferred	EDS; QL
LARIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN 1/20 ORAL TABLET	Preferred	EDS; QL
LARIN 24 FE ORAL TABLET	Preferred	EDS; QL
LARIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
MERZEE ORAL CAPSULE	Preferred	EDS; QL
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone-eth estradiol oral tablet	Formulary	
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
PREMARIN ORAL TABLET	Formulary	ST
PREMARIN VAGINAL CREAM	Formulary	
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
YUVAFEM VAGINAL TABLET	Formulary	QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Glycogenolytic Agents		
BAQSIMI ONE PACK NASAL POWDER	Preferred	QL
BAQSIMI TWO PACK NASAL POWDER	Preferred	QL
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Formulary	QL
glucagon emergency injection solution reconstituted 1 mg	Preferred	QL
glucagon emergency injection solution reconstituted 1 mg/ml	Non-Preferred	PA
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
Incretin Mimetics		
exenatide subcutaneous solution pen-injector	Non-Preferred	PA
liraglutide subcutaneous solution pen-injector	Non-Preferred	PA; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Preferred	QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Preferred	QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
RYBELSUS ORAL TABLET	Non-Preferred	PA
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA; QL
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Intermediate-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
HUMULIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
NOVOLIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
Long-Acting Insulins		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
insulin degludec flextouch subcutaneous solution pen-injector	Non-Preferred	PA; QL
insulin degludec subcutaneous solution	Non-Preferred	PA; QL
insulin glargine max solostar subcutaneous solution pen-injector	Non-Preferred	PA
insulin glargine solostar subcutaneous solution pen-injector	Non-Preferred	PA
insulin glargine-yfqn subcutaneous solution	Non-Preferred	PA; QL
insulin glargine-yfqn subcutaneous solution pen-injector	Non-Preferred	PA; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
LANTUS SUBCUTANEOUS SOLUTION	Preferred	QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
TRESIBA SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Parathyroid Agents		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Parathyroid And Antiparathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
Pituitary		
desmopressin ace spray refrig nasal solution	Formulary	QL
desmopressin acetate oral tablet 0.1 mg	Formulary	90 Day Supply; QL; AL
desmopressin acetate oral tablet 0.2 mg	Formulary	QL; AL
desmopressin acetate spray nasal solution	Formulary	QL
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Non-Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Non-Preferred	PA
HUMATROPE INJECTION CARTRIDGE	Non-Preferred	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Non-Preferred	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non-Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Non-Preferred	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Progestins		
AFIRMELLE ORAL TABLET	Preferred	EDS; QL
AFTERA ORAL TABLET	Formulary	OTC
ALTAVERA ORAL TABLET	Preferred	EDS; QL
alyacen 1/35 oral tablet	Preferred	EDS; QL
alyacen 7/7/7 oral tablet	Preferred	EDS; QL
AMABELZ ORAL TABLET	Formulary	
AMETHIA ORAL TABLET	Preferred	EDS; QL
AMETHYST ORAL TABLET	Preferred	EDS; QL
ANNOVERA VAGINAL RING	Preferred	EDS
APRI ORAL TABLET	Preferred	EDS; QL
ARANELLE ORAL TABLET	Preferred	EDS; QL
ASHLYNA ORAL TABLET	Preferred	EDS; QL
AUBRA EQ ORAL TABLET	Preferred	EDS; QL
AUROVELA 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA 1/20 ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
AUROVELA 24 FE ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
AUROVELA FE 1/20 ORAL TABLET	Preferred	EDS; QL
AVIANE ORAL TABLET	Preferred	EDS; QL
AYUNA ORAL TABLET	Preferred	EDS; QL
AZURETTE ORAL TABLET	Preferred	EDS; QL
BALCOLTRA ORAL TABLET	Preferred	EDS; QL
BALZIVA ORAL TABLET	Preferred	EDS; QL
BEYAZ ORAL TABLET	Preferred	EDS; QL
BLISOVI 24 FE ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
BLISOVI FE 1/20 ORAL TABLET	Preferred	EDS; QL
briellyn oral tablet	Preferred	EDS; QL
CAMILA ORAL TABLET	Preferred	EDS; QL
CAMRESE LO ORAL TABLET	Preferred	EDS; QL
CAMRESE ORAL TABLET	Preferred	EDS; QL
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
CHATEAL EQ ORAL TABLET	Preferred	EDS; QL
CRYSSELLE ORAL TABLET	Formulary	EDS; QL
CRYSSELLE-28 ORAL TABLET	Preferred	EDS; QL
CYRED EQ ORAL TABLET	Preferred	EDS; QL
DASETTA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
DASETTA 7/7/7 ORAL TABLET	Preferred	EDS; QL
DAYSEE ORAL TABLET	Preferred	EDS; QL
DEBLITANE ORAL TABLET	Preferred	EDS; QL
DELYLA ORAL TABLET	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Preferred	EDS; QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Preferred	EDS
desogestrel-ethinyl estradiol oral tablet	Preferred	EDS; QL
DOLISHALE ORAL TABLET	Preferred	EDS; QL
drosipren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
drosiprenone-ethinyl estradiol oral tablet	Preferred	EDS; QL
ECONTRA ONE-STEP ORAL TABLET	Formulary	OTC
ELINEST ORAL TABLET	Preferred	EDS; QL
ELLA ORAL TABLET	Formulary	QL
ELURYNG VAGINAL RING	Preferred	EDS
ENILLORING VAGINAL RING	Preferred	EDS; QL
ENPRESSE-28 ORAL TABLET	Preferred	EDS; QL
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Preferred	EDS; QL
ERRIN ORAL TABLET	Preferred	EDS; QL
ESTARYLLA ORAL TABLET	Preferred	EDS; QL
estradiol-norethindrone acet oral tablet	Formulary	
ethynodiol diac-eth estradiol oral tablet	Preferred	EDS; QL
etonogestrel-ethinyl estradiol vaginal ring	Preferred	EDS
FALMINA ORAL TABLET	Preferred	EDS; QL
FINZALA ORAL TABLET CHEWABLE	Preferred	EDS; QL
FYAVOLV ORAL TABLET	Formulary	
GALBRIELA ORAL TABLET CHEWABLE	Formulary	EDS

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
GEMMILY ORAL CAPSULE	Preferred	EDS; QL
GENERESS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
HAILEY 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY 24 FE ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
HAILEY FE 1/20 ORAL TABLET	Preferred	EDS; QL
HALOETTE VAGINAL RING	Preferred	EDS; QL
HEATHER ORAL TABLET	Preferred	EDS; QL
ICLEVIA ORAL TABLET	Preferred	EDS; QL
INCASSIA ORAL TABLET	Preferred	EDS; QL
INTROVALE ORAL TABLET	Preferred	EDS; QL
ISIBLOOM ORAL TABLET	Preferred	EDS; QL
JAIMIESS ORAL TABLET	Preferred	EDS; QL
JASMIEL ORAL TABLET	Preferred	EDS; QL
JENCYCLA ORAL TABLET	Preferred	EDS; QL
JINTELI ORAL TABLET	Formulary	
JOLESSA ORAL TABLET	Preferred	EDS; QL
JOYEAUX ORAL TABLET	Preferred	EDS; QL
JULEBER ORAL TABLET	Preferred	EDS; QL
JUNEL 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 1/20 ORAL TABLET	Preferred	EDS; QL
JUNEL FE 24 ORAL TABLET	Preferred	EDS; QL
KAITLIB FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
KALLIGA ORAL TABLET	Preferred	EDS; QL
KARIVA ORAL TABLET	Preferred	EDS; QL
KELNOR 1/35 ORAL TABLET	Preferred	EDS; QL
KELNOR 1/50 ORAL TABLET	Preferred	EDS; QL
KURVELO ORAL TABLET	Preferred	EDS; QL
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
LARIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN 1/20 ORAL TABLET	Preferred	EDS; QL
LARIN 24 FE ORAL TABLET	Preferred	EDS; QL
LARIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LARIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
LEENA ORAL TABLET	Preferred	EDS; QL
LESSINA ORAL TABLET	Preferred	EDS; QL
LEVONEST ORAL TABLET	Preferred	EDS; QL
levonorgest-eth est & eth est oral tablet	Preferred	EDS; QL
levonorgest-eth estrad 91-day oral tablet	Preferred	EDS; QL
levonorgest-eth estradiol-iron oral tablet	Preferred	EDS; QL
levonorgestrel oral tablet 1.5 mg	Formulary	OTC
levonorgestrel-ethinyl estrad oral tablet	Preferred	EDS; QL
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Preferred	EDS; QL
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	EDS; QL
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Preferred	EDS
LO LOESTRIN FE ORAL TABLET	Preferred	EDS; QL
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
LOESTRIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
LOJAIMIESS ORAL TABLET	Preferred	EDS; QL
LORYNA ORAL TABLET	Preferred	EDS; QL
LOW-OGESTREL ORAL TABLET	Preferred	EDS; QL
LO-ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
LUIZZA 1.5/30 ORAL TABLET	Formulary	EDS
LUTERA ORAL TABLET	Preferred	EDS; QL
LYLEQ ORAL TABLET	Preferred	EDS; QL
LYZA ORAL TABLET	Preferred	EDS; QL
marlissa oral tablet	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension	Preferred	EDS; QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Preferred	EDS; QL
medroxyprogesterone acetate oral tablet 10 mg	Formulary	90 Day Supply; QL
medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg	Formulary	90 Day Supply
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	Preferred	QL
megestrol acetate oral suspension 625 mg/5ml	Non-Preferred	PA
megestrol acetate oral tablet	Preferred	90 Day Supply
MELEYA ORAL TABLET	Formulary	EDS
MERZEE ORAL CAPSULE	Preferred	EDS; QL
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 1/20 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN 24 FE ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	EDS; QL
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	EDS; QL
MILI ORAL TABLET	Preferred	EDS; QL
MINASTRIN 24 FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY	Preferred	EDS
MONO-LINYAH ORAL TABLET	Preferred	EDS; QL
MY CHOICE ORAL TABLET	Formulary	OTC
MY WAY ORAL TABLET	Formulary	OTC
NATAZIA ORAL TABLET	Preferred	EDS; QL
NECON 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NECON 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NEW DAY ORAL TABLET	Formulary	OTC
NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	EDS
NEXTSTELLIS ORAL TABLET	Preferred	EDS; QL
NIKKI ORAL TABLET	Preferred	EDS; QL
NORA-BE ORAL TABLET	Preferred	EDS; QL
norethin ace-eth estrad-fe oral capsule	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Preferred	EDS; QL
norethin ace-eth estrad-fe oral tablet chewable	Preferred	EDS; QL
norethindrone acetate oral tablet	Formulary	
norethindrone acet-ethinyl est oral tablet	Preferred	EDS; QL
norethindrone oral tablet	Preferred	EDS; QL
norethindrone-eth estradiol oral tablet	Formulary	
norethindron-ethinyl estrad-fe oral tablet	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
norethin-eth estradiol-fe oral tablet chewable	Preferred	EDS; QL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred	EDS; QL
norgestim-eth estrad triphasic oral tablet	Preferred	EDS; QL
NORLYDA ORAL TABLET	Preferred	EDS; QL
NORLYROC ORAL TABLET	Preferred	EDS; QL
NORTREL 0.5/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (21) ORAL TABLET	Preferred	EDS; QL
NORTREL 1/35 (28) ORAL TABLET	Preferred	EDS; QL
NORTREL 7/7/7 ORAL TABLET	Preferred	EDS; QL
NUVARING VAGINAL RING	Preferred	EDS; QL
NYLIA 1/35 ORAL TABLET	Preferred	EDS; QL
NYLIA 7/7/7 ORAL TABLET	Preferred	EDS; QL
NYMYO ORAL TABLET	Preferred	EDS; QL
OCELLA ORAL TABLET	Preferred	EDS; QL
OPCICON ONE-STEP ORAL TABLET	Formulary	OTC
OPILL ORAL TABLET	Preferred	EDS; OTC; QL
OPTION 2 ORAL TABLET	Formulary	OTC
ORSYTHIA ORAL TABLET	Preferred	EDS; QL
ORTHO TRI-CYCLEN LO ORAL TABLET	Preferred	EDS; QL
PHILITH ORAL TABLET	Preferred	EDS; QL
PIMTREA ORAL TABLET	Preferred	EDS; QL
PIRMELLA 7/7/7 ORAL TABLET	Preferred	EDS; QL
PORTIA-28 ORAL TABLET	Preferred	EDS; QL
RECLIPSEN ORAL TABLET	Preferred	EDS; QL
RIVELSA ORAL TABLET	Preferred	EDS; QL
SAFYRAL ORAL TABLET	Preferred	EDS; QL
SETLAKIN ORAL TABLET	Preferred	EDS; QL
SHAROBEL ORAL TABLET	Preferred	EDS; QL
SIMLIYA ORAL TABLET	Preferred	EDS; QL
SIMPESSE ORAL TABLET	Preferred	EDS; QL
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
SLYND ORAL TABLET	Preferred	EDS; QL
SOLIA ORAL TABLET	Preferred	EDS; QL
SPRINTEC 28 ORAL TABLET	Preferred	EDS; QL
SRONYX ORAL TABLET	Preferred	EDS; QL
SYEDA ORAL TABLET	Preferred	EDS; QL
TARINA 24 FE ORAL TABLET	Preferred	EDS; QL
TARINA FE 1/20 EQ ORAL TABLET	Preferred	EDS; QL
TAYSOFY ORAL CAPSULE	Preferred	EDS; QL
TAYTULLA ORAL CAPSULE	Preferred	EDS; QL
TILIA FE ORAL TABLET	Preferred	EDS; QL
TRI FEMYNOR ORAL TABLET	Preferred	EDS; QL
TRI-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LEGEST FE ORAL TABLET	Preferred	EDS; QL
TRI-LINYAH ORAL TABLET	Preferred	EDS; QL
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MARZIA ORAL TABLET	Preferred	EDS; QL
TRI-LO-MILI ORAL TABLET	Preferred	EDS; QL
TRI-LO-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRI-MILI ORAL TABLET	Preferred	EDS; QL
TRINESSA (28) ORAL TABLET	Preferred	EDS; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TRI-NYMYO ORAL TABLET	Preferred	EDS; QL
TRI-SPRINTEC ORAL TABLET	Preferred	EDS; QL
TRIVORA (28) ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA LO ORAL TABLET	Preferred	EDS; QL
TRI-VYLIBRA ORAL TABLET	Preferred	EDS; QL
TURQOZ ORAL TABLET	Preferred	EDS; QL
TWIRLA TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
TYBLUME ORAL TABLET CHEWABLE	Preferred	EDS; QL
TYDEMY ORAL TABLET	Preferred	EDS; QL
VALTYA 1/35 ORAL TABLET	Formulary	EDS
VELIVET ORAL TABLET	Preferred	EDS
VESTURA ORAL TABLET	Preferred	EDS; QL
VIENVA ORAL TABLET	Preferred	EDS; QL
viorele oral tablet	Preferred	EDS; QL
VOLNEA ORAL TABLET	Preferred	EDS; QL
VYFEMLA ORAL TABLET	Preferred	EDS; QL
VYLIBRA ORAL TABLET	Preferred	EDS; QL
WERA ORAL TABLET	Preferred	EDS; QL
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	EDS; QL
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
YASMIN 28 ORAL TABLET	Preferred	EDS; QL
YAZ ORAL TABLET	Preferred	EDS; QL
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	EDS; QL
ZOVIA 1/35 (28) ORAL TABLET	Preferred	EDS; QL
ZUMANDIMINE ORAL TABLET	Preferred	EDS; QL
Rapid-Acting Insulins		
ADMELOG INJECTION SOLUTION	Non-Preferred	PA; QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
ADMELOG SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Non-Preferred	PA
APIDRA INJECTION SOLUTION	Non-Preferred	PA; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
FIASP INJECTION SOLUTION	Non-Preferred	PA; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA; QL
FIASP SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
HUMALOG INJECTION SOLUTION	Preferred	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Preferred	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Non-Preferred	PA; QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Preferred	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
insulin asp prot & asp flexpen subcutaneous suspension pen-injector	Preferred	QL
insulin aspart flexpen subcutaneous solution pen-injector	Preferred	QL
insulin aspart injection solution	Preferred	QL
insulin aspart penfill subcutaneous solution cartridge	Preferred	QL
insulin aspart prot & aspart subcutaneous suspension	Preferred	QL
insulin aspart subcutaneous solution	Preferred	QL
insulin lispro (1 unit dial) subcutaneous solution pen-injector	Preferred	QL
insulin lispro injection solution	Preferred	QL
insulin lispro junior kwikpen subcutaneous solution pen-injector	Preferred	QL
insulin lispro prot & lispro subcutaneous suspension pen-injector	Non-Preferred	PA; QL
insulin lispro subcutaneous solution	Preferred	QL
LYUMJEV INJECTION SOLUTION	Non-Preferred	PA; QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; QL
MERILOG SUBCUTANEOUS SOLUTION	Non-Preferred	PA; QL
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLOG INJECTION SOLUTION	Preferred	QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	Preferred	QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	Preferred	QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	QL
NOVOLOG RELION INJECTION SOLUTION	Preferred	QL
NOVOLOG RELION SUBCUTANEOUS SOLUTION	Preferred	QL
Short-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL
HUMULIN R INJECTION SOLUTION	Preferred	OTC; QL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Preferred	QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Non-Preferred	PA; OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	Non-Preferred	PA; OTC; QL
NOVOLIN R INJECTION SOLUTION	Preferred	OTC; QL
NOVOLIN R RELION INJECTION SOLUTION	Preferred	OTC; QL
Sodium-Gluc Cotransport 2 (Sgt2) Inhib		
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	Non-Preferred	PA
dapagliflozin oral tablet	Non-Preferred	PA
dapagliflozin pro-metformin er oral tablet extended release 24 hour	Non-Preferred	PA
dapagliflozin propanediol oral tablet	Non-Preferred	PA
FARXIGA ORAL TABLET	Preferred	
GLYXAMBI ORAL TABLET	Non-Preferred	PA
INPEFA ORAL TABLET	Non-Preferred	PA
INVOKAMET ORAL TABLET	Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
INVOKANA ORAL TABLET	Non-Preferred	PA
JARDIANCE ORAL TABLET	Preferred	
QTERN ORAL TABLET	Non-Preferred	PA
SEGLUROMET ORAL TABLET	Non-Preferred	PA
STEGLATRO ORAL TABLET	Non-Preferred	PA
STEGLUJAN ORAL TABLET	Non-Preferred	PA
SYNJARDY ORAL TABLET	Preferred	QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Non-Preferred	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Non-Preferred	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Non-Preferred	PA
HUMATROPE INJECTION CARTRIDGE	Non-Preferred	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Non-Preferred	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Non-Preferred	PA
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Sulfonylureas		
DUETACT ORAL TABLET	Non-Preferred	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Formulary	90 Day Supply; QL
glipizide er oral tablet extended release 24 hour	Formulary	90 Day Supply; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
glipizide oral tablet 10 mg, 5 mg	Formulary	90 Day Supply; QL
glipizide xl oral tablet extended release 24 hour 10 mg	Formulary	90 Day Supply; QL
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	Formulary	
glipizide-metformin hcl oral tablet	Formulary	QL
glyburide micronized oral tablet 1.5 mg	Formulary	90 Day Supply; QL
glyburide micronized oral tablet 3 mg, 6 mg	Formulary	QL
glyburide oral tablet	Formulary	90 Day Supply; QL
glyburide-metformin oral tablet 1.25-250 mg	Formulary	QL
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Formulary	90 Day Supply; QL
pioglitazone hcl-glimepiride oral tablet	Non-Preferred	PA
Thiazolidinediones		
ACTOPLUS MET ORAL TABLET 15-850 MG	Non-Preferred	PA
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Non-Preferred	PA
DUETACT ORAL TABLET	Non-Preferred	PA
pioglitazone hcl oral tablet	Preferred	90 Day Supply; QL
pioglitazone hcl-glimepiride oral tablet	Non-Preferred	PA
pioglitazone hcl-metformin hcl oral tablet	Non-Preferred	PA
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Formulary	
LEVO-T ORAL TABLET	Formulary	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Formulary	90 Day Supply
levothyroxine sodium oral tablet 300 mcg	Formulary	
LEVOXYL ORAL TABLET	Formulary	
liothyronine sodium oral tablet 25 mcg, 50 mcg	Formulary	
liothyronine sodium oral tablet 5 mcg	Formulary	90 Day Supply
NP THYROID ORAL TABLET	Formulary	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Formulary	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Formulary	
Immunomodulatory Agents		
Amino Acid Polymers		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	PA; Specialty
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Non-Preferred	PA; Specialty
glatiramer acetate subcutaneous solution prefilled syringe	Non-Preferred	PA; Specialty
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
Antimetabolites		
AUBAGIO ORAL TABLET	Non-Preferred	PA; Specialty
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
teriflunomide oral tablet	Preferred	PA; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Antimetabolites, Immunosupp Therapy Misc		
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
CELLCEPT ORAL CAPSULE	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA
mycophenolate mofetil oral capsule	Preferred	
Bone-Modifying Agents		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
BILPREVDA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
BOMYNTRA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
OSENVELT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
WYOST SUBCUTANEOUS SOLUTION	Non-Preferred	PA
XGEVA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Calcineurin Inhibitors, Misc		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
CEQUA OPHTHALMIC SOLUTION	Non-Preferred	PA
cyclosporine (pf) ophthalmic emulsion	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine ophthalmic emulsion	Non-Preferred	PA
cyclosporine oral capsule	Preferred	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Preferred	QL
RESTASIS OPHTHALMIC EMULSION	Preferred	QL
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
VERKAZIA OPHTHALMIC EMULSION	Non-Preferred	PA
VEVYE OPHTHALMIC SOLUTION	Non-Preferred	PA
Complement Inhibitor Agents		
TAVNEOS ORAL CAPSULE	Non-Preferred	PA
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Disease-Modifying Antirheumatic Drugs		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
hydroxychloroquine sulfate oral tablet 200 mg	Formulary	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
methotrexate sodium oral tablet	Formulary	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Fumarates		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA
dimethyl fumarate oral capsule delayed release	Preferred	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Non-Preferred	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Preferred	PA; Specialty
VUMERITY ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
Immunomodulatory Agents		
cyclophosphamide oral capsule	Formulary	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 2.5 mg, 5 mg, 7.5 mg	Non-Preferred	PA
mercaptopurine oral tablet	Formulary	
ZORTRESS ORAL TABLET	Non-Preferred	PA
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Preferred	PA; Specialty
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Preferred	PA; Specialty
BETASERON SUBCUTANEOUS KIT	Preferred	PA; Specialty
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
AVTOZMA INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
IMULDOSA INTRAVENOUS SOLUTION	Non-Preferred	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
OTULFI INTRAVENOUS SOLUTION	Non-Preferred	PA
OTULFI SUBCUTANEOUS SOLUTION	Non-Preferred	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
PYZCHIVA INTRAVENOUS SOLUTION	Preferred	
PYZCHIVA SUBCUTANEOUS SOLUTION	Preferred	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
SELARSDI INTRAVENOUS SOLUTION	Non-Preferred	PA
SELARSDI SUBCUTANEOUS SOLUTION	Non-Preferred	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
STEQEYMA INTRAVENOUS SOLUTION	Preferred	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ustekinumab intravenous solution	Non-Preferred	PA
ustekinumab subcutaneous solution	Non-Preferred	PA
ustekinumab subcutaneous solution prefilled syringe	Non-Preferred	PA
ustekinumab-aekn subcutaneous solution prefilled syringe	Non-Preferred	PA
ustekinumab-ttwe intravenous solution	Non-Preferred	PA
ustekinumab-ttwe subcutaneous solution	Non-Preferred	PA
WEZLANA INTRAVENOUS SOLUTION	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
WEZLANA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
YESINTEK INTRAVENOUS SOLUTION	Preferred	
YESINTEK SUBCUTANEOUS SOLUTION	Preferred	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
Janus Kinase Inhibitors, Miscellaneous		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA; Specialty
RINVOQ LQ ORAL SOLUTION	Non-Preferred	PA; Specialty
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Non-Preferred	PA; Specialty
XELJANZ ORAL SOLUTION	Non-Preferred	Specialty; QL
XELJANZ ORAL TABLET 10 MG	Preferred	QL
XELJANZ ORAL TABLET 5 MG	Preferred	Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	Specialty; QL
Monocarboxylic Acid Amide Agents		
leflunomide oral tablet	Formulary	
Monoclonal Antibodies		
BRIUMVI INTRAVENOUS SOLUTION	Non-Preferred	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
UPLIZNA INTRAVENOUS SOLUTION	Non-Preferred	PA
Mtor Inhibitors, Miscellaneous		
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl oral capsule	Preferred	PA; QL
GILENYA ORAL CAPSULE	Non-Preferred	PA; Specialty; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	Preferred	QL
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	Preferred	QL
adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit	Preferred	QL
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	Preferred	QL
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Preferred	QL
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	QL
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	Specialty; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Preferred	QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	Specialty; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	Specialty; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA; Specialty; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA; Specialty; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA; Specialty; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Non-Preferred	PA; Specialty; QL
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA; Specialty
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA; Specialty; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Local Anesthetics		
Local Anesthetics		
ZTLIDO EXTERNAL PATCH	Non-Preferred	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE	Non-Preferred	PA
disulfiram oral tablet	Formulary	
dutasteride oral capsule	Preferred	90 Day Supply

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
dutasteride-tamsulosin hcl oral capsule	Non-Preferred	PA
ENTADFI ORAL CAPSULE	Non-Preferred	PA
finasteride oral tablet 5 mg	Preferred	90 Day Supply; QL
JALYN ORAL CAPSULE	Non-Preferred	PA
naltrexone hcl oral tablet	Formulary	
PROSCAR ORAL TABLET	Non-Preferred	PA; QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
Antidotes		
acetylcysteine inhalation solution	Formulary	
BAQSIMI ONE PACK NASAL POWDER	Preferred	QL
BAQSIMI TWO PACK NASAL POWDER	Preferred	QL
CHEMET ORAL CAPSULE	Formulary	
FOSRENOL ORAL PACKET	Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	Non-Preferred	PA
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Formulary	QL
glucagon emergency injection solution reconstituted 1 mg	Preferred	QL
glucagon emergency injection solution reconstituted 1 mg/ml	Non-Preferred	PA
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
GVOKE KIT SUBCUTANEOUS SOLUTION	Non-Preferred	PA
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
lanthanum carbonate oral tablet chewable	Non-Preferred	PA
leucovorin calcium oral tablet	Formulary	PA
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	Preferred	
naloxone hcl injection solution cartridge	Preferred	
naloxone hcl injection solution prefilled syringe	Preferred	
naltrexone hcl oral tablet	Formulary	
phytonadione oral tablet	Formulary	
RENVELA ORAL PACKET	Non-Preferred	PA; QL
RENVELA ORAL TABLET	Non-Preferred	PA; QL
sevelamer carbonate oral packet	Preferred	
sevelamer carbonate oral tablet	Preferred	
sevelamer hcl oral tablet	Non-Preferred	PA
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Formulary	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	Formulary	
SPS ORAL SUSPENSION	Formulary	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
Antigout Agents		
all day pain relief oral tablet	Formulary	OTC
all day relief oral tablet	Preferred	OTC
allopurinol oral tablet 100 mg, 300 mg	Formulary	90 Day Supply; QL
colchicine oral capsule	Formulary	
colchicine oral tablet	Formulary	
colchicine-probenecid oral tablet	Formulary	
gnp naproxen sodium oral capsule	Preferred	OTC
gnp naproxen sodium oral tablet	Preferred	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
INDOCIN ORAL SUSPENSION	Formulary	
indomethacin er oral capsule extended release	Preferred	90 Day Supply
indomethacin oral capsule 25 mg	Preferred	
indomethacin oral capsule 50 mg	Preferred	90 Day Supply
indomethacin oral suspension	Non-Preferred	PA
indomethacin rectal suppository	Non-Preferred	PA
MEDIPROXEN ORAL TABLET	Formulary	OTC
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION	Non-Preferred	PA
naproxen oral suspension	Non-Preferred	PA
naproxen oral tablet	Preferred	90 Day Supply; QL
naproxen sodium er oral tablet extended release 24 hour	Non-Preferred	PA
naproxen sodium oral capsule	Preferred	OTC
naproxen sodium oral tablet 220 mg	Preferred	OTC
naproxen sodium oral tablet 275 mg	Preferred	
naproxen sodium oral tablet 550 mg	Preferred	QL
probenecid oral tablet	Formulary	
Antisense Oligonucleotides		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
Bone Anabolic Agents		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Preferred	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	Non-Preferred	PA
alendronate sodium oral solution	Preferred	
alendronate sodium oral tablet 10 mg, 5 mg	Preferred	QL
alendronate sodium oral tablet 35 mg, 70 mg	Preferred	90 Day Supply; QL
ATELVIA ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
BINOSTO ORAL TABLET EFFERVESCENT	Non-Preferred	PA
calcitonin (salmon) nasal solution	Preferred	
ESTRACE ORAL TABLET 2 MG	Formulary	QL
estradiol oral tablet 1 mg, 2 mg	Formulary	90 Day Supply; QL
estradiol transdermal patch twice weekly 0.025 mg/24hr	Formulary	
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Formulary	QL
estradiol transdermal patch weekly 0.0375 mg/24hr	Formulary	90 Day Supply
estradiol transdermal patch weekly 0.06 mg/24hr	Formulary	
estradiol vaginal cream 0.01 %	Formulary	QL
estradiol vaginal tablet	Formulary	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
EVISTA ORAL TABLET	Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG	Non-Preferred	PA; QL
FOSAMAX PLUS D ORAL TABLET	Non-Preferred	PA
ibandronate sodium oral tablet	Preferred	90 Day Supply
PREMARIN ORAL TABLET	Formulary	ST
PREMARIN VAGINAL CREAM	Formulary	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
raloxifene hcl oral tablet	Preferred	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Non-Preferred	PA
risedronate sodium oral tablet delayed release	Non-Preferred	PA
XGEVA SUBCUTANEOUS SOLUTION	Non-Preferred	PA
YUVAFEM VAGINAL TABLET	Formulary	QL
Bradykinin Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
Cariostatic Agents		
DENTA 5000 PLUS DENTAL CREAM	Formulary	
dentagel dental gel	Formulary	
GEL-KAM DENTAL GEL	Formulary	OTC
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Formulary	90 Day Supply
multi-vitamin/fluoride/iron oral solution	Formulary	
sodium fluoride 5000 plus dental cream	Formulary	
sodium fluoride 5000 ppm dental cream	Formulary	
sodium fluoride 5000 ppm dental paste	Formulary	
sodium fluoride dental gel 1.1 %	Formulary	
sodium fluoride mouth/throat solution	Formulary	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Formulary	
sodium fluoride oral tablet chewable	Formulary	90 Day Supply
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	Preferred	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Preferred	PA
FIRAZYR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
icatibant acetate subcutaneous solution prefilled syringe	Preferred	PA
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
TAVNEOS ORAL CAPSULE	Non-Preferred	PA
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aacf(cd/uc/hs str) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-adaz subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml	Non-Preferred	PA
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	Preferred	QL
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	Preferred	QL
adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit	Preferred	QL
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	Preferred	QL
adalimumab-bwwd subcutaneous solution auto-injector	Non-Preferred	PA
adalimumab-bwwd subcutaneous solution prefilled syringe	Non-Preferred	PA
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-fkjp subcutaneous prefilled syringe kit	Non-Preferred	PA
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
AZULFIDINE ORAL TABLET	Non-Preferred	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Non-Preferred	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Non-Preferred	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
cyclosporine modified oral capsule	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
methotrexate sodium oral tablet	Formulary	
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG	Non-Preferred	PA; Specialty
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
OTEZLA ORAL TABLET 30 MG	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Preferred	QL
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Non-Preferred	PA; Specialty
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
XELJANZ ORAL SOLUTION	Non-Preferred	Specialty; QL
XELJANZ ORAL TABLET	Preferred	Specialty; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	Specialty; QL
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Immunomodulatory Agents		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ABRILADA SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ACTEMRA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
IMURAN ORAL TABLET	Non-Preferred	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
leflunomide oral tablet	Formulary	
LEMTRADA INTRAVENOUS SOLUTION	Non-Preferred	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
methotrexate sodium oral tablet	Formulary	
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
OCREVUS INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	Non-Preferred	PA; Specialty
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA; Specialty
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Preferred	Specialty; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA; Specialty
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
PONVORY ORAL TABLET	Non-Preferred	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	Non-Preferred	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; Specialty
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; Specialty
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; Specialty
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; Specialty
sulfasalazine oral tablet	Preferred	
sulfasalazine oral tablet delayed release	Preferred	
TASCENSO ODT ORAL TABLET DISPERSIBLE	Non-Preferred	PA
TECFIDERA ORAL	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Non-Preferred	PA; Specialty
teriflunomide oral tablet	Preferred	PA; QL
TOFIDENCE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYENNE INTRAVENOUS SOLUTION	Non-Preferred	PA
TYSABRI INTRAVENOUS CONCENTRATE	Non-Preferred	PA; Specialty
UPLIZNA INTRAVENOUS SOLUTION	Non-Preferred	PA
VELSIPITY ORAL TABLET	Non-Preferred	PA; QL
VUMERITY ORAL CAPSULE DELAYED RELEASE	Non-Preferred	PA; Specialty
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
ZEPOSIA ORAL CAPSULE	Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
AZASAN ORAL TABLET	Non-Preferred	PA
azathioprine oral tablet 50 mg	Preferred	
CELLCEPT ORAL CAPSULE	Non-Preferred	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Preferred	QL
CELLCEPT ORAL TABLET	Non-Preferred	PA; QL
cyclophosphamide oral capsule	Formulary	
cyclosporine modified oral capsule	Preferred	
cyclosporine modified oral solution	Preferred	
cyclosporine oral capsule	Preferred	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Non-Preferred	PA
IMURAN ORAL TABLET	Non-Preferred	PA
leflunomide oral tablet	Formulary	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Non-Preferred	PA
mercaptopurine oral tablet	Formulary	
methotrexate sodium oral tablet	Formulary	
mycophenolate mofetil oral capsule	Preferred	
mycophenolate mofetil oral suspension reconstituted	Non-Preferred	PA
mycophenolate mofetil oral tablet	Preferred	QL
mycophenolate sodium oral tablet delayed release	Non-Preferred	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	Non-Preferred	PA
MYHIBBIN ORAL SUSPENSION	Non-Preferred	PA
NEORAL ORAL CAPSULE	Non-Preferred	PA
NEORAL ORAL SOLUTION	Non-Preferred	PA
pimecrolimus external cream	Formulary	PA; QL
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
SANDIMMUNE ORAL CAPSULE	Non-Preferred	PA
SANDIMMUNE ORAL SOLUTION	Non-Preferred	PA
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
ZORTRESS ORAL TABLET	Non-Preferred	PA
Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION	Non-Preferred	PA
ORLADEYO ORAL CAPSULE	Non-Preferred	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	Non-Preferred	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
charcoal oral capsule 200 mg	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
dalfampridine er oral tablet extended release 12 hour	Non-Preferred	PA; QL
ENDARI ORAL PACKET	Preferred	PA
fish oil concentrate oral capsule 1000 mg, 300 mg	Formulary	OTC
fish oil oral capsule 1000 mg	Formulary	OTC
fish oil/super potent/no burp oral capsule	Formulary	OTC
genicin oral capsule	Formulary	OTC
glucosamine sulfate oral capsule 1000 mg, 500 mg, 750 mg	Formulary	OTC
glucosamine sulfate oral tablet 500 mg, 750 mg	Formulary	OTC
hyprost oral capsule	Formulary	OTC
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
l-glutamine oral packet	Non-Preferred	PA
MULTIGEN FOLIC ORAL TABLET	Formulary	
MULTIGEN ORAL TABLET	Formulary	
MULTIGEN PLUS ORAL TABLET	Formulary	
omega-3 fish oil oral capsule 1000 mg, 500 mg	Formulary	OTC
omega-3 oral capsule 1000 mg	Formulary	OTC
prenatal gummies/dha & fa oral tablet chewable	Formulary	OTC
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
PRENATAL MULTIVITAMIN + DHA ORAL	Formulary	OTC
PREZCOBIX ORAL TABLET 800-150 MG	Formulary	
ra fish oil oral capsule 1000 mg	Formulary	OTC
ra fish oil oral capsule delayed release 1000 mg	Formulary	OTC
REZUROCK ORAL TABLET	Non-Preferred	PA
sb omega-3 fish oil oral capsule	Formulary	OTC
sm fish oil oral capsule 1000 mg	Formulary	OTC
sm one daily prenatal oral	Formulary	OTC
SUPER OMEGA-3 ORAL CAPSULE 1000 MG	Formulary	OTC
SYMTUZA ORAL TABLET	Formulary	QL
SYNOVACIN ORAL CAPSULE	Formulary	OTC
THEROMEGA ORAL CAPSULE	Formulary	OTC
ULTRA OMEGA 3 ORAL CAPSULE 1000 MG	Formulary	OTC
Protective Agents		
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	Non-Preferred	PA
CABTREO EXTERNAL GEL	Non-Preferred	PA
cvs adapalene external gel	Preferred	OTC; AL
dalfampridine er oral tablet extended release 12 hour	Non-Preferred	PA; QL
gnp adapalene external gel	Preferred	OTC; AL
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
aimsco lubricated	Preferred	EDS; OTC
CAYA VAGINAL DIAPHRAGM	Preferred	EDS; QL
condoms	Preferred	EDS; OTC
DUREX EXTRA SENSITIVE THIN DEVICE	Preferred	EDS; OTC
DUREX REALFEEL DEVICE	Preferred	EDS; OTC
ENCARE VAGINAL SUPPOSITORY	Preferred	EDS; OTC
FANTASY LUBRICATED	Preferred	EDS; OTC
FANTASY LUBRICATED/SPERMICIDE	Preferred	EDS; OTC
FC2 FEMALE CONDOM	Preferred	EDS; OTC
FEMCAP VAGINAL DEVICE	Preferred	EDS; QL
KAMELEON LUBRICATED	Preferred	EDS; OTC
kimono	Preferred	EDS; OTC
KIMONO COLORS DEVICE	Preferred	EDS; OTC
KIMONO MAXX-LARGE FLARE	Preferred	EDS; OTC
kimono micro thin	Preferred	EDS; OTC
kimono micro thin plus	Preferred	EDS; OTC
kimono plus	Preferred	EDS; OTC
kimono ps	Preferred	EDS; OTC
kimono ps plus	Preferred	EDS; OTC
kimono sensation	Preferred	EDS; OTC
kimono sensation plus	Preferred	EDS; OTC
KIMONO SPECIAL DEVICE	Preferred	EDS; OTC
K-Y ME & YOU EXTRA LUBRICATED DEVICE	Preferred	EDS; OTC
K-Y ME & YOU INTENSE DEVICE	Preferred	EDS; OTC
maxx	Preferred	EDS; OTC
maxx plus	Preferred	EDS; OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred	EDS; QL
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	Preferred	EDS; OTC
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Preferred	EDS
PHEXXI VAGINAL GEL	Preferred	EDS
REALITY LATEX CONDOMS	Preferred	EDS; OTC
REALITY LATEX/ULTRA TEXTURED DEVICE	Preferred	EDS; OTC
REALITY LATEX/ULTRA THIN DEVICE	Preferred	EDS; OTC
TODAY SPONGE VAGINAL	Preferred	EDS; OTC
TRUSTEX COLOR CONDOMS + LUBE	Preferred	EDS; OTC
TRUSTEX LUB/RIBBED/STUDED	Preferred	EDS; OTC
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	EDS; OTC
TRUSTEX LUB/SPERMICIDE XL	Preferred	EDS; OTC
TRUSTEX LUBRICATED	Preferred	EDS; OTC
TRUSTEX LUBRICATED EX LARGE	Preferred	EDS; OTC
TRUSTEX LUBRICATED EXTRA ST	Preferred	EDS; OTC
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	EDS; OTC
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	EDS; OTC
TRUSTEX NON-LUBRICATED	Preferred	EDS; OTC
TRUSTEX RIA LUB/SPERMICIDE	Preferred	EDS; OTC
TRUSTEX RIA LUBRICATED	Preferred	EDS; OTC
TRUSTEX RIA NON-LUBRICATED	Preferred	EDS; OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	Preferred	EDS; OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	Preferred	EDS; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Preferred	EDS; QL
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Preferred	EDS; QL
Oxytocics		
Oxytocics		
METHERGINE ORAL TABLET	Formulary	QL
methylergonovine maleate oral tablet	Formulary	QL
mifepristone oral tablet 200 mg	Formulary	
Pharmaceutical Aids		
Pharmaceutical Aids		
cvs instant food thickener oral powder	Formulary	OTC
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
RESOURCE THICKENUP CLEAR ORAL POWDER	Formulary	OTC
THICK NOW ORAL POWDER	Formulary	OTC
THICK-IT #2 ORAL POWDER	Formulary	OTC
THICK-IT ORAL POWDER	Formulary	OTC
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
12 hour decongestant oral tablet extended release 12 hour	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
12 hour nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
ADRENALIN NASAL SOLUTION	Formulary	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Non-Preferred	PA; QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Preferred	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	Preferred	QL
gnp nasal decongestant oral tablet	Formulary	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour	Formulary	OTC
pseudoephedrine hcl oral tablet	Formulary	OTC
ra suphedrine oral tablet 30 mg	Formulary	OTC
ra suphedrine oral tablet extended release 12 hour	Formulary	OTC
sm nasal decongestant oral tablet extended release 12 hour	Formulary	OTC
SUDAFED CHILDRENS ORAL LIQUID	Formulary	OTC
sudogest 12 hour oral tablet extended release 12 hour	Formulary	OTC
SUDOGEST ORAL TABLET 60 MG	Formulary	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Formulary	OTC
WAL-PHED D ORAL TABLET	Formulary	OTC
WAL-PHED ORAL TABLET	Formulary	OTC
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Preferred	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
hyoscyamine sulfate er oral tablet extended release 12 hour	Formulary	
hyoscyamine sulfate oral tablet	Formulary	
hyoscyamine sulfate oral tablet dispersible	Formulary	
hyoscyamine sulfate sublingual tablet sublingual	Formulary	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
ipratropium bromide inhalation solution	Preferred	90 Day Supply
ipratropium bromide nasal solution 0.03 %	Preferred	90 Day Supply; QL
ipratropium bromide nasal solution 0.06 %	Preferred	QL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Preferred	90 Day Supply
NULEV ORAL TABLET DISPERSIBLE	Formulary	
oscimin oral tablet	Formulary	
oscimin sublingual tablet sublingual	Formulary	
SPIRIVA HANDIHALER INHALATION CAPSULE	Preferred	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Preferred	QL
tiotropium bromide inhalation capsule	Non-Preferred	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Non-Preferred	PA; QL
YUPELRI INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
YUPELRI INHALATION SOLUTION	Non-Preferred	PA
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
Antitussives		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
benzonatate oral capsule 100 mg, 200 mg	Formulary	
biocotron oral liquid	Formulary	OTC
cold/cough childrens oral liquid	Formulary	OTC
cold/cough dm childrens oral liquid	Formulary	OTC
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
cough dm oral suspension extended release	Formulary	OTC
cvs cough dm childrens oral suspension extended release	Formulary	OTC
dextromethorphan polistirex er oral suspension extended release	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID	Formulary	OTC
DIMAPHEN DM COLD/COUGH ORAL LIQUID	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
dm-guaifenesin er oral tablet extended release 12 hour	Formulary	OTC
ENDACOF-DM ORAL LIQUID	Formulary	OTC
g tussin ac oral solution	Formulary	OTC; AL
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
gnp cold/cough childrens oral liquid	Formulary	OTC
gnp tussin dm cough oral liquid	Formulary	OTC
guaiatussin ac oral syrup	Formulary	OTC; AL
guaifenesin ac oral syrup	Formulary	OTC; AL
guaifenesin-codeine oral solution	Formulary	OTC; AL
guaifenesin-dm oral syrup	Formulary	OTC
hydrocodone bit-homatrop mbr oral solution	Formulary	AL
hydrocodone bit-homatrop mbr oral tablet	Formulary	AL
hydromet oral solution	Formulary	AL
mucus relief dm max oral tablet extended release 12 hour	Formulary	OTC
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine-dm oral syrup 6.25-15 mg/5ml	Formulary	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Formulary	
px dibromm dm cold/cough child oral liquid	Formulary	OTC
ra nighttime sleep aid oral tablet	Formulary	OTC
ra tussin dm oral liquid	Formulary	OTC
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP	Formulary	OTC
rynex dm oral liquid	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sb sleep oral tablet	Formulary	OTC
siltussin dm das oral liquid	Formulary	OTC
siltussin-dm alcohol free oral syrup	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Formulary	OTC
sm tussin cough/chest congest oral syrup	Formulary	OTC
SORBUGEN NR ORAL LIQUID	Formulary	OTC
total allergy oral tablet	Formulary	OTC
tusnel diabetic oral liquid	Formulary	OTC
tussin dm oral syrup 100-10 mg/5ml	Formulary	OTC
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP	Formulary	OTC
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Preferred	QL
ADVAIR HFA INHALATION AEROSOL	Preferred	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ALVESCO INHALATION AEROSOL SOLUTION	Non-Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
azelastine-fluticasone nasal suspension	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	Non-Preferred	PA
budesonide inhalation suspension	Preferred	AL
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Non-Preferred	PA
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
fluticasone-salmeterol inhalation aerosol	Non-Preferred	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Non-Preferred	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Non-Preferred	PA
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
mometasone furoate nasal suspension	Preferred	
OMNARIS NASAL SUSPENSION	Non-Preferred	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
PULMICORT INHALATION SUSPENSION	Non-Preferred	PA; AL
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Preferred	
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
triamcinolone acetonide nasal aerosol	Formulary	OTC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA; QL
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
Dual Phosphodiesterase Inhibitor		
OHTUVAYRE INHALATION SUSPENSION	Non-Preferred	PA
Endothelin Receptor Antagonists		
ambrisentan oral tablet	Preferred	PA
bosentan oral tablet	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
OPSUMIT ORAL TABLET	Non-Preferred	PA; QL
OPSYNVI ORAL TABLET	Non-Preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
Expectorants		
biocotron oral liquid	Formulary	OTC
coughtab oral tablet	Formulary	OTC
DIABETIC TUSSIN DM ORAL LIQUID	Formulary	OTC
dm-guaifenesin er oral tablet extended release 12 hour	Formulary	OTC
ed bron gp oral liquid	Formulary	OTC; QL
g tussin ac oral solution	Formulary	OTC; AL
gnp tab tussin oral tablet	Formulary	OTC
gnp tussin dm cough oral liquid	Formulary	OTC
guaiatussin ac oral syrup	Formulary	OTC; AL
guaifenesin ac oral syrup	Formulary	OTC; AL
guaifenesin er oral tablet extended release 12 hour 1200 mg	Formulary	OTC; QL
guaifenesin oral tablet 200 mg	Formulary	OTC
guaifenesin-codeine oral solution	Formulary	OTC; AL
guaifenesin-dm oral syrup	Formulary	OTC
kls mucus relief chest oral tablet	Formulary	OTC
mucosa oral tablet	Formulary	OTC
mucus relief d oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
mucus relief dm max oral tablet extended release 12 hour	Formulary	OTC
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
mucus relief er oral tablet extended release 12 hour 600 mg	Formulary	OTC; QL
mucus relief oral tablet	Formulary	OTC
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Formulary	OTC
ra mucus relief d max strength oral tablet extended release 12 hour	Formulary	OTC; QL
ra tussin dm oral liquid	Formulary	OTC
ra tussin oral liquid	Formulary	OTC
ra tussin oral syrup	Formulary	OTC
refenesen 400 oral tablet	Formulary	OTC
sb cough control oral liquid	Formulary	OTC
sb coughtab oral tablet	Formulary	OTC
siltussin dm das oral liquid	Formulary	OTC
siltussin-dm alcohol free oral syrup	Formulary	OTC
sm chest congestion relief oral tablet	Formulary	OTC
sm tussin cough/chest congest oral liquid 20-200 mg/10ml	Formulary	OTC
sm tussin cough/chest congest oral syrup	Formulary	OTC
SORBUGEN NR ORAL LIQUID	Formulary	OTC
SSKI ORAL SOLUTION	Formulary	
tusnel diabetic oral liquid	Formulary	OTC
tussin dm oral syrup 100-10 mg/5ml	Formulary	OTC
tussin mucus & chest congest oral liquid	Formulary	OTC
tussin mucus+chest congestion oral liquid	Formulary	OTC
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP	Formulary	OTC
First Generation Antihist.(Respir Tract)		
aler-cap oral capsule	Formulary	OTC
ALKA-SELTZER PLUS ALLERGY ORAL TABLET	Formulary	OTC
allergy childrens oral liquid	Formulary	OTC
allergy oral tablet 4 mg	Formulary	OTC
allergy relief oral tablet 4 mg	Formulary	OTC
BANOPHEN ORAL CAPSULE 50 MG	Formulary	90 Day Supply; OTC
BANOPHEN ORAL LIQUID	Formulary	OTC
BANOPHEN ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ORAL TABLET	Formulary	OTC
BENADRYL ALLERGY ULTRATABS ORAL TABLET	Formulary	OTC
chlorpheniramine maleate oral tablet	Formulary	OTC
clemastine fumarate oral tablet 1.34 mg	Formulary	OTC
clemastine fumarate oral tablet 2.68 mg	Formulary	
complete allergy medicine oral capsule	Formulary	OTC
complete allergy relief oral tablet	Formulary	OTC
cyproheptadine hcl oral syrup	Formulary	
cyproheptadine hcl oral tablet	Formulary	90 Day Supply
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Formulary	OTC
diphen oral tablet	Formulary	OTC
diphenhydramine hcl oral capsule 25 mg	Formulary	
diphenhydramine hcl oral capsule 50 mg	Formulary	90 Day Supply; OTC
diphenhydramine hcl oral tablet 25 mg	Formulary	OTC
ed chlorped jr oral syrup	Formulary	OTC
geri-dryl oral liquid	Formulary	OTC
geri-dryl oral tablet	Formulary	OTC
gnp allergy oral tablet 25 mg	Formulary	OTC
nighttime sleep aid oral tablet 25 mg	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
pharbedryl oral capsule 50 mg	Formulary	90 Day Supply; OTC
promethazine hcl injection solution	Formulary	
promethazine hcl oral solution 6.25 mg/5ml	Formulary	
promethazine hcl oral tablet 12.5 mg, 25 mg	Formulary	90 Day Supply
promethazine hcl oral tablet 50 mg	Formulary	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Formulary	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Formulary	
ra nighttime sleep aid oral tablet	Formulary	OTC
sb allergy medicine oral liquid	Formulary	OTC
sb allergy oral capsule	Formulary	OTC
sb sleep oral tablet	Formulary	OTC
SIMPLY SLEEP ORAL TABLET	Formulary	OTC
sleep aid (diphenhydramine) oral tablet	Formulary	OTC
sm allergy relief oral tablet 25 mg	Formulary	OTC
total allergy oral tablet	Formulary	OTC
Interleukin Antagonists		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
CINQAIR INTRAVENOUS SOLUTION	Non-Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	Preferred	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ILARIS SUBCUTANEOUS SOLUTION	Non-Preferred	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
Leukotriene Modifiers		
ACCOLATE ORAL TABLET	Non-Preferred	PA
montelukast sodium oral packet	Non-Preferred	PA
montelukast sodium oral tablet	Preferred	90 Day Supply; QL
montelukast sodium oral tablet chewable	Preferred	90 Day Supply; QL
SINGULAIR ORAL PACKET	Non-Preferred	PA
SINGULAIR ORAL TABLET	Non-Preferred	PA; QL
SINGULAIR ORAL TABLET CHEWABLE	Non-Preferred	PA; QL
zafirlukast oral tablet	Non-Preferred	PA
zileuton er oral tablet extended release 12 hour	Non-Preferred	PA
Mast-Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	Formulary	QL
cromolyn sodium ophthalmic solution	Preferred	90 Day Supply
Mucolytic Agents		
acetylcysteine inhalation solution	Formulary	
altamist spray nasal solution	Formulary	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION	Formulary	OTC
BABY AYR SALINE NASAL SOLUTION	Formulary	OTC
deep sea nasal spray nasal solution	Formulary	OTC
eq saline nasal spray nasal solution	Formulary	OTC
gnp nasal moisturizing nasal solution	Formulary	OTC
saline mist spray nasal solution	Formulary	OTC
saline nasal spray nasal solution	Formulary	OTC
sb saline nose nasal solution	Formulary	OTC
sodium chloride inhalation nebulization solution 3 %, 7 %	Formulary	
Nasal Preparations (Steroids)		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
azelastine-fluticasone nasal suspension	Non-Preferred	PA
cvs nasal allergy spray nasal aerosol	Formulary	OTC
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
flunisolide nasal solution 25 mcg/act (0.025%)	Non-Preferred	PA
fluticasone propionate nasal suspension	Preferred	90 Day Supply; QL
gnp 24 hour nasal allergy nasal aerosol	Formulary	OTC
gnp fluticasone propionate nasal suspension	Preferred	90 Day Supply; OTC; QL
mometasone furoate nasal suspension	Preferred	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION	Non-Preferred	PA
SINUVA NASAL IMPLANT	Non-Preferred	PA
sm allergy relief nasal suspension	Formulary	90 Day Supply; OTC; QL
triamcinolone acetonide nasal aerosol	Formulary	OTC
XHANCE NASAL EXHALER SUSPENSION	Non-Preferred	PA
Orally Inhaled Preparations (Steroids)		
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
budesonide inhalation suspension	Preferred	AL
fluticasone furoate ellipta inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate diskus inhalation aerosol powder breath activated	Non-Preferred	PA; QL
fluticasone propionate hfa inhalation aerosol	Preferred	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL
PULMICORT INHALATION SUSPENSION	Non-Preferred	PA; AL
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Preferred	
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
roflumilast oral tablet	Preferred	QL
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA ORAL TABLET	Non-Preferred	PA
OPSYNVI ORAL TABLET	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Non-Preferred	PA; QL
TYVASO INHALATION SOLUTION	Non-Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION	Non-Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION	Non-Preferred	PA
YUTREPIA INHALATION CAPSULE	Non-Preferred	PA
Respiratory Tract Agents, Miscellaneous		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA; QL
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA
Second Generation Antihist(Respir Tract)		
12hr allergy relief oral tablet	Preferred	OTC; QL
24hr allergy relief oral tablet	Preferred	OTC; QL
all day allergy oral tablet	Preferred	OTC; QL
allergy 24-hr oral tablet	Preferred	OTC; QL
allergy childrens oral suspension	Preferred	OTC; QL
allergy childrens oral syrup	Preferred	OTC; QL
allergy rel child (loratadine) oral solution	Preferred	OTC
allergy relief (cetirizine) oral tablet	Preferred	OTC; QL
allergy relief cetirizine oral tablet 10 mg	Preferred	OTC
allergy relief oral tablet 10 mg, 180 mg	Preferred	OTC; QL
allergy relief/indoor/outdoor oral tablet	Preferred	OTC; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Preferred	90 Day Supply; QL
azelastine hcl nasal solution 0.15 %	Preferred	
azelastine hcl ophthalmic solution	Preferred	
azelastine-fluticasone nasal suspension	Non-Preferred	PA
cetirizine hcl allergy child oral solution	Preferred	90 Day Supply; OTC; QL
cetirizine hcl childrens alrgy oral solution	Preferred	90 Day Supply; OTC; QL
cetirizine hcl childrens oral solution 5 mg/5ml	Preferred	90 Day Supply; OTC
cetirizine hcl oral solution	Preferred	90 Day Supply
cetirizine hcl oral tablet	Preferred	OTC; QL
cetirizine hcl oral tablet chewable	Non-Preferred	PA; OTC; QL
childrens loratadine oral solution	Preferred	OTC; QL
CLARINEX ORAL TABLET	Non-Preferred	PA
desloratadine oral tablet	Non-Preferred	PA
desloratadine oral tablet dispersible	Non-Preferred	PA
DYMISTA NASAL SUSPENSION	Non-Preferred	PA
fexofenadine hcl oral tablet 180 mg, 60 mg	Preferred	OTC; QL
ft allergy relief 12 hour oral tablet	Preferred	OTC; QL
ft allergy relief 24 hour oral tablet	Preferred	OTC; QL
ft allergy relief oral tablet 180 mg	Preferred	OTC; QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
gnp all day allergy childrens oral solution 1 mg/ml	Preferred	90 Day Supply; OTC; QL
gnp all day allergy oral tablet	Preferred	OTC; QL
gnp allergy relief oral tablet 180 mg	Preferred	OTC; QL
gnp fexofenadine hcl oral tablet	Preferred	OTC; QL
gnp loratadine childrens oral solution	Preferred	OTC; QL
gnp loratadine oral tablet	Preferred	OTC; QL
goodsense all day allergy oral tablet	Preferred	OTC; QL
goodsense aller-ease oral tablet	Preferred	OTC; QL
hm allergy relief oral tablet 180 mg, 60 mg	Preferred	OTC; QL
hm cetirizine hcl oral tablet	Preferred	OTC; QL
hm fexofenadine hcl oral tablet	Preferred	OTC; QL
hm loratadine childrens oral syrup	Preferred	OTC; QL
hm loratadine oral tablet	Preferred	OTC; QL
KLS ALLER-TEC ORAL TABLET	Preferred	OTC; QL
loratadine childrens oral tablet chewable	Formulary	OTC; QL
loratadine oral tablet	Preferred	OTC; QL
px allergy relief cetirizine oral tablet	Preferred	OTC; QL
qc all day allergy oral tablet	Preferred	OTC; QL
qc loratadine allergy relief oral tablet	Preferred	OTC; QL
ra allergy relief childrens oral tablet chewable	Preferred	OTC; QL
sm all day allergy oral tablet	Preferred	OTC; QL
sm allergy childrens oral syrup	Preferred	OTC; QL
sm allergy relief oral tablet 60 mg	Preferred	OTC; QL
sm childrens loratadine oral syrup	Preferred	OTC; QL
sm fexofenadine hcl oral tablet	Preferred	OTC; QL
sm loratadine oral syrup	Preferred	OTC; QL
sm loratadine oral tablet	Preferred	OTC; QL
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	Preferred	OTC; QL
WAL-ZYR ORAL TABLET	Preferred	OTC; QL
ZERVIAE OPHTHALMIC SOLUTION	Non-Preferred	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA INHALATION AEROSOL	Non-Preferred	PA
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Preferred	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Preferred	90 Day Supply; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	Preferred	QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	Preferred	
albuterol sulfate oral syrup 2 mg/5ml	Preferred	
albuterol sulfate oral tablet	Non-Preferred	PA
arformoterol tartrate inhalation nebulization solution	Non-Preferred	PA
BROVANA INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
formoterol fumarate inhalation nebulization solution	Non-Preferred	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Non-Preferred	PA
levalbuterol tartrate inhalation aerosol	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Non-Preferred	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Non-Preferred	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Preferred	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Non-Preferred	PA
terbutaline sulfate oral tablet	Formulary	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	Preferred	QL
XOPENEX HFA INHALATION AEROSOL	Preferred	
Vasodilating Agents (Respiratory Tract)		
ADCIRCA ORAL TABLET	Non-Preferred	PA
ADEMPAS ORAL TABLET	Non-Preferred	PA; QL
ambrisentan oral tablet	Preferred	PA
bosentan oral tablet	Non-Preferred	PA
LETAIRIS ORAL TABLET	Non-Preferred	PA
OPSUMIT ORAL TABLET	Non-Preferred	PA; QL
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	Non-Preferred	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
tadalafil (pah) oral tablet	Non-Preferred	PA
TADLIQ ORAL SUSPENSION	Non-Preferred	PA
TRACLEER ORAL TABLET	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Non-Preferred	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Non-Preferred	PA; QL
TYVASO INHALATION SOLUTION	Non-Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION	Non-Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION	Non-Preferred	PA
UPTRAVI ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Non-Preferred	PA
Vasodilating Agents, Misc		
ADEMPAS ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI ORAL TABLET	Non-Preferred	PA; QL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Non-Preferred	PA
Xanthine Derivatives		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Skin And Mucous Membrane Agents		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Preferred	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	Preferred	
brimonidine tartrate ophthalmic solution 0.1 %	Preferred	QL
brimonidine tartrate ophthalmic solution 0.15 %	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.2 %	Preferred	90 Day Supply
brimonidine tartrate-timolol ophthalmic solution	Non-Preferred	PA; QL
COMBIGAN OPHTHALMIC SOLUTION	Preferred	QL
Allylamines (Skin And Mucous Membrane)		
athletes foot (terbinafine) external cream	Formulary	OTC
cvs jock itch external cream	Formulary	OTC
gnp terbinafine hydrochloride external cream	Preferred	OTC
naftifine hcl external cream	Non-Preferred	PA
NAFTIN EXTERNAL GEL	Non-Preferred	PA
ra antifungal foot care external cream	Formulary	OTC
terbinafine hcl external cream	Preferred	OTC
Antibacterials		
ACANYA EXTERNAL GEL	Non-Preferred	PA
AMZEEQ EXTERNAL FOAM	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID	Non-Preferred	PA
bacitracin external ointment	Formulary	OTC
bacitracin ophthalmic ointment	Non-Preferred	PA
bacitracin zinc external ointment	Formulary	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Formulary	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Formulary	QL
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	Formulary	OTC
benzoyl peroxide-erythromycin external gel	Preferred	
CABTREO EXTERNAL GEL	Non-Preferred	PA
CLEOCIN-T EXTERNAL LOTION	Non-Preferred	PA
CLINDACIN PAC EXTERNAL KIT	Non-Preferred	PA
clindamycin hcl oral capsule 150 mg, 300 mg	Formulary	
clindamycin palmitate hcl oral solution reconstituted	Formulary	
clindamycin phos (once-daily) gel 1 % external	Non-Preferred	PA; QL
clindamycin phos (twice-daily) gel 1 % external	Preferred	QL
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
clindamycin phosphate external foam	Non-Preferred	PA
clindamycin phosphate external lotion	Preferred	QL
clindamycin phosphate external solution	Preferred	
clindamycin phosphate external swab	Preferred	
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
cvs antibiotic external ointment	Formulary	OTC
cvs poly bacitracin external ointment	Formulary	OTC
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
double antibiotic external ointment	Formulary	OTC
doxycycline hyclate oral capsule	Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg	Formulary	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Formulary	
doxycycline monohydrate oral suspension reconstituted	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
eql first aid antibiotic external ointment	Formulary	OTC
ery external pad	Formulary	
erythromycin external gel	Preferred	
erythromycin external solution	Preferred	
gentamicin sulfate ophthalmic solution	Formulary	QL
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	QL
metronidazole external gel 0.75 %	Formulary	
metronidazole external gel 1 %	Formulary	QL
metronidazole oral capsule	Formulary	
metronidazole oral tablet 250 mg, 500 mg	Formulary	
metronidazole vaginal gel	Formulary	
minocycline hcl oral capsule 100 mg, 50 mg	Formulary	
MONDOXYNE NL ORAL CAPSULE 100 MG	Formulary	
moxifloxacin hcl oral tablet	Non-Preferred	PA
mupirocin calcium external cream	Non-Preferred	PA
mupirocin external ointment	Preferred	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Formulary	QL
NEOSPORIN ORIGINAL EXTERNAL OINTMENT 3.5-400-5000	Formulary	OTC
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
POLYCIN OPHTHALMIC OINTMENT	Formulary	
polymyxin b-trimethoprim ophthalmic solution	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
sm antibiotic external ointment	Formulary	OTC
sss 10-5 external cream	Preferred	
sss 10-5 external foam	Preferred	
sulfacetamide sodium (acne) external lotion	Preferred	
sulfacetamide sodium-sulfur external cream	Preferred	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Preferred	QL
sulfacetamide sodium-sulfur external lotion	Preferred	
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external suspension	Non-Preferred	PA
tetracycline hcl oral capsule	Formulary	
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
wal-sporin external ointment	Formulary	OTC
XEPI EXTERNAL CREAM	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA EXTERNAL OINTMENT	Preferred	PA
WINLEVI EXTERNAL CREAM	Non-Preferred	PA
Antiproliferants		
fluorouracil external cream 5 %	Formulary	QL
imiquimod external cream 5 %	Formulary	QL
Antipruritics And Local Anesthetics		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL	Formulary	OTC
ASPERFLEX LIDOCAINE EXTERNAL CREAM	Non-Preferred	PA; OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
cvs oral anesthetic max str mouth/throat gel	Formulary	OTC
cvs pain relief external cream	Formulary	OTC
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 75 mg	Formulary	
doxepin hcl oral capsule 25 mg, 50 mg	Formulary	90 Day Supply
doxepin hcl oral concentrate	Formulary	90 Day Supply
doxepin hcl oral tablet	Non-Preferred	PA
eql first aid antibiotic external ointment 1 %	Formulary	OTC
GLYDO EXTERNAL PREFILLED SYRINGE	Formulary	
gnp lidocaine pain relief external patch	Non-Preferred	PA; OTC
intense toothache pain relief mouth/throat gel	Formulary	OTC
lidocaine external cream 3 %, 4 %	Non-Preferred	PA; OTC
lidocaine external ointment 5 %	Non-Preferred	PA
lidocaine external patch 4 %	Non-Preferred	PA; OTC
lidocaine external patch 5 %	Non-Preferred	PA
lidocaine hcl external cream 3 %	Non-Preferred	PA
lidocaine hcl external cream 4 %	Non-Preferred	PA; OTC
lidocaine hcl external lotion	Non-Preferred	PA
lidocaine hcl external solution	Non-Preferred	PA
lidocaine hcl urethral/mucosal external gel	Non-Preferred	PA
lidocaine hcl urethral/mucosal external prefilled syringe	Formulary	
lidocaine pain relief external patch	Non-Preferred	PA; OTC
lidocaine plus external cream	Non-Preferred	PA; OTC
lidocaine-prilocaine external cream	Formulary	QL
NUPERCAINAL EXTERNAL OINTMENT	Formulary	OTC
oral analgesic max st mouth/throat gel	Formulary	OTC
phenazopyridine hcl oral tablet 100 mg, 200 mg	Formulary	
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
ra antibiotic/pain relief external ointment	Formulary	OTC
triple antibiotic pain relief external ointment	Formulary	OTC
triple antibiotic plus external ointment	Formulary	OTC
ZTLIDO EXTERNAL PATCH	Non-Preferred	PA
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream	Non-Preferred	PA
acyclovir external ointment	Preferred	
acyclovir oral capsule	Preferred	90 Day Supply
acyclovir oral suspension 200 mg/5ml	Preferred	
acyclovir oral tablet	Preferred	90 Day Supply
DENAVIR EXTERNAL CREAM	Preferred	
penciclovir external cream	Non-Preferred	PA
SITAVIG BUCCAL TABLET	Non-Preferred	PA
XERESE EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL CREAM	Non-Preferred	PA
ZOVIRAX EXTERNAL OINTMENT	Non-Preferred	PA
Astringents		
BEVESPI AEROSPHERE INHALATION AEROSOL	Non-Preferred	PA
calamine-zinc oxide external suspension	Formulary	OTC
diaper rash external ointment	Formulary	OTC
diaper rash external paste	Formulary	OTC
DRYSOL EXTERNAL SOLUTION	Formulary	
glycopyrrolate oral tablet 1 mg	Formulary	90 Day Supply; QL
glycopyrrolate oral tablet 2 mg	Formulary	90 Day Supply

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
hemorrhoidal cooling external gel	Formulary	OTC
meijer zinc oxide external ointment	Formulary	OTC
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
zinc oxide external ointment 40 %	Formulary	OTC
Astringents, Anti-Infective		
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
chlorhexidine gluconate mouth/throat solution	Formulary	QL
eq first aid antiseptic external solution	Formulary	OTC
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
povidone-iodine external pad	Formulary	OTC
povidone-iodine external solution 10 %	Formulary	OTC
ra antiseptic external solution	Formulary	OTC
selenium sulfide external lotion	Formulary	
selenium sulfide external shampoo 2.25 %	Formulary	
silver sulfadiazine external cream	Formulary	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Formulary	
SSD EXTERNAL CREAM	Formulary	
Azoles (Skin And Mucous Membrane)		
7 day vaginal vaginal cream	Formulary	OTC
antifungal clotrimazole external cream	Formulary	OTC
anti-fungal external cream 1 %	Formulary	OTC
antifungal external cream 2 %	Preferred	OTC
antifungal external powder	Formulary	OTC
athletes foot (clotrimazole) external cream	Formulary	OTC
athletes foot external powder 2 %	Formulary	OTC
athletes foot powder spray external aerosol powder 2 %	Formulary	OTC
AZOLEN TINCTURE EXTERNAL SOLUTION	Formulary	OTC
clotrimazole 3 vaginal cream	Formulary	OTC
clotrimazole af external cream	Preferred	OTC
clotrimazole anti-fungal external cream	Preferred	OTC
clotrimazole athletes foot external cream	Preferred	OTC
clotrimazole external cream	Preferred	
clotrimazole external solution	Non-Preferred	PA; QL
clotrimazole mouth/throat troche	Formulary	
clotrimazole vaginal cream 1 %	Formulary	OTC
clotrimazole-7 vaginal cream	Formulary	OTC
clotrimazole-betamethasone external cream	Preferred	
clotrimazole-betamethasone external lotion	Non-Preferred	PA
cvs clotrimazole external solution	Non-Preferred	PA; OTC
cvs itch relief external cream 1 %	Formulary	OTC
cvs miconazole 1 combo pack vaginal kit	Formulary	OTC
cvs miconazole 3 combo pack vaginal kit	Formulary	OTC
cvs ringworm external cream	Formulary	OTC
DESENEX EXTERNAL POWDER	Formulary	OTC
econazole nitrate external cream	Preferred	
eq athletes foot external cream	Formulary	OTC
ERTACZO EXTERNAL CREAM	Non-Preferred	PA
gnp clotrimazole 3 vaginal cream	Formulary	OTC
gnp miconazorb af external powder	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
jock itch external cream	Formulary	OTC
JUBLIA EXTERNAL SOLUTION	Non-Preferred	PA
ketoconazole external cream	Preferred	
ketoconazole external foam	Non-Preferred	PA
ketoconazole external shampoo 2 %	Preferred	
LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER	Formulary	OTC
LOTRIMIN AF EXTERNAL AEROSOL	Formulary	OTC
LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER	Formulary	OTC
luliconazole external cream	Non-Preferred	PA
LUZU EXTERNAL CREAM	Non-Preferred	PA
miconazole 3 combo pack vaginal kit	Formulary	OTC
miconazole 3 vaginal suppository	Formulary	
miconazole 7 vaginal cream	Formulary	OTC
miconazole 7 vaginal suppository	Formulary	OTC
miconazole antifungal external cream	Preferred	OTC
miconazole nitrate external cream	Preferred	
miconazole nitrate powder	Preferred	
miconazole nitrate vaginal cream	Formulary	OTC
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
MONISTAT 3 VAGINAL CREAM	Formulary	OTC
ORAVIG BUCCAL TABLET	Non-Preferred	PA
oxiconazole nitrate external cream	Non-Preferred	PA
OXISTAT EXTERNAL LOTION	Non-Preferred	PA
px athletic foot external cream	Formulary	OTC
qc 3 day vaginal cream	Formulary	OTC
ra clotrimazole external cream	Preferred	OTC
ra miconazole 3 combo pack app vaginal kit	Formulary	OTC
ra miconazole 3 combo pack vaginal kit	Formulary	OTC
sm antifungal miconazole external cream	Preferred	OTC
VAGISTAT-3 VAGINAL KIT	Formulary	OTC
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
ZEASORB-AF EXTERNAL POWDER	Formulary	OTC
Basic Lotions And Liniments		
ammonium lactate external cream	Formulary	
ammonium lactate external lotion	Formulary	
cvs skin treatment external lotion	Formulary	OTC
LAC-HYDRIN FIVE EXTERNAL LOTION	Formulary	OTC
lactic acid external lotion	Formulary	
Basic Oils And Other Solvents		
MAPO BATH EXTERNAL OIL	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
Basic Ointments And Protectants		
calamine-zinc oxide external suspension	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
petrolatum white external ointment	Formulary	
petroleum jelly external ointment	Formulary	OTC
petroleum jelly lip treatment external ointment	Formulary	OTC
ra petroleum jelly external ointment	Formulary	OTC
SANTYL EXTERNAL OINTMENT	Formulary	QL
white petrolatum external ointment	Formulary	
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	Non-Preferred	PA
ATRALIN EXTERNAL GEL	Non-Preferred	PA; AL
AVITA EXTERNAL CREAM	Non-Preferred	PA; AL
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
ENTADFI ORAL CAPSULE	Non-Preferred	PA
finasteride oral tablet 5 mg	Preferred	90 Day Supply; QL
hemorrhoidal cooling external gel	Formulary	OTC
minoxidil oral tablet 10 mg	Formulary	
minoxidil oral tablet 2.5 mg	Formulary	90 Day Supply
PROSCAR ORAL TABLET	Non-Preferred	PA; QL
px hemorrhoidal rectal suppository	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra hemorrhoidal rectal suppository	Formulary	OTC
RETIN-A MICRO EXTERNAL GEL	Non-Preferred	PA; AL
RETIN-A MICRO PUMP EXTERNAL GEL	Non-Preferred	PA; AL
sb hemorrhoid rectal ointment	Formulary	OTC
tretinoin external cream	Preferred	AL
tretinoin external gel 0.01 %, 0.025 %	Preferred	AL
tretinoin external gel 0.05 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere external gel 0.08 %	Non-Preferred	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Non-Preferred	PA; AL
tretinoin microsphere pump external gel 0.08 %	Non-Preferred	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
Corticosteroids (Skin, Mucous Membrane)		
amcinonide external cream	Formulary	QL
AQUANIL HC EXTERNAL LOTION	Formulary	OTC
beta hc external lotion	Formulary	OTC
betamethasone dipropionate aug external cream	Formulary	
betamethasone dipropionate aug external ointment	Formulary	
betamethasone dipropionate external cream	Formulary	
betamethasone dipropionate external lotion	Formulary	
betamethasone dipropionate external ointment	Formulary	
betamethasone valerate external cream	Formulary	
betamethasone valerate external lotion	Formulary	
betamethasone valerate external ointment	Formulary	
budesonide rectal foam 2 mg	Non-Preferred	PA
clobetasol prop emollient base external cream	Formulary	
clobetasol propionate e external cream	Formulary	
clobetasol propionate external cream 0.05 %	Formulary	
clobetasol propionate external gel	Formulary	
clobetasol propionate external ointment	Formulary	QL
clobetasol propionate external solution	Formulary	
clotrimazole-betamethasone external cream	Preferred	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
clotrimazole-betamethasone external lotion	Non-Preferred	PA
CORTIZONE-10 EXTERNAL OINTMENT	Formulary	OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION	Formulary	OTC
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10 PLUS EXTERNAL CREAM	Formulary	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	Formulary	OTC
cvs cortisone intense healing external cream	Formulary	OTC
cvs cortisone maximum strength external cream	Formulary	OTC
cvs cortisone maximum strength external ointment	Formulary	OTC
cvs eczema anti-itch external cream	Formulary	OTC
DERMAREST ECZEMA EXTERNAL LOTION	Formulary	OTC
desoximetasone external cream	Formulary	
diflorasone diacetate external cream	Formulary	QL
eql anti-itch maximum strength external cream	Formulary	OTC
fluocinolone acetonide external cream 0.01 %	Formulary	
fluocinolone acetonide external cream 0.025 %	Formulary	QL
fluocinolone acetonide external ointment	Formulary	QL
fluocinolone acetonide external solution	Formulary	QL
fluocinonide emulsified base external cream	Formulary	
fluocinonide external cream 0.05 %	Formulary	
fluocinonide external gel	Formulary	
fluocinonide external ointment	Formulary	
fluocinonide external solution	Formulary	
hydrocortisone (perianal) external cream 2.5 %	Formulary	
hydrocortisone external cream 0.5 %	Formulary	OTC
hydrocortisone external cream 1 %, 2.5 %	Formulary	
hydrocortisone external lotion 1 %	Formulary	OTC
hydrocortisone external lotion 2.5 %	Formulary	
hydrocortisone external ointment 0.5 %	Formulary	OTC
hydrocortisone external ointment 1 %, 2.5 %	Formulary	
hydrocortisone max st external cream	Formulary	OTC
hydrocortisone oral tablet	Formulary	
hydrocortisone rectal enema	Formulary	QL
hydrocortisone valerate external cream	Formulary	QL
hydrocortisone/aloe max str external cream	Formulary	OTC
hydrocortisone-acetic acid otic solution	Formulary	
ILUVIEN INTRAVITREAL IMPLANT	Non-Preferred	PA
MEDPURA HYDROCORTISONE EXTERNAL CREAM	Formulary	OTC
mometasone furoate external cream	Formulary	
mometasone furoate external ointment	Formulary	
mometasone furoate external solution	Formulary	
MONISTAT CARE INSTANT ITCH RLF EXTERNAL CREAM	Formulary	OTC
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
PREPARATION H EXTERNAL CREAM 1 %	Formulary	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	Formulary	OTC
PROCTOFOAM HC EXTERNAL FOAM	Formulary	
px hydrocream external cream	Formulary	OTC
ra anti-itch maximum strength external ointment	Formulary	OTC
RETISERT INTRAVITREAL IMPLANT	Non-Preferred	PA
triamcinolone acetonide external cream	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
triamcinolone acetonide external lotion	Formulary	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Formulary	
TRIDERM EXTERNAL CREAM 0.5 %	Formulary	
XERESE EXTERNAL CREAM	Non-Preferred	PA
YUTIQ INTRAVITREAL IMPLANT	Non-Preferred	PA
Emollients, Demulcents, And Protectants		
miconazole-zinc oxide-petrolat external ointment	Non-Preferred	PA
natural oatmeal bath treatment external packet	Formulary	OTC
ra hemorrhoidal rectal ointment	Formulary	OTC
ra renewal soothing bath external packet	Formulary	OTC
sb hemorrhoid rectal ointment	Formulary	OTC
sm oatmeal bath external packet	Formulary	OTC
VASELINE EXTERNAL GEL	Formulary	
VUSION EXTERNAL OINTMENT	Non-Preferred	PA
Hydroxyypyridones (Skin, Mucous Membrane)		
ciclopirox external gel	Non-Preferred	PA
ciclopirox external shampoo	Non-Preferred	PA
ciclopirox external solution	Preferred	
ciclopirox olamine external cream	Preferred	
ciclopirox olamine external suspension	Preferred	
LOPROX EXTERNAL KIT 0.77 % (SUSP)	Non-Preferred	PA
LOPROX EXTERNAL SUSPENSION	Non-Preferred	PA
Immunomodulatory Agents		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Non-Preferred	PA
pimecrolimus external cream	Formulary	PA; QL
PROGRAF ORAL CAPSULE	Non-Preferred	PA
PROGRAF ORAL PACKET	Non-Preferred	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
sirolimus oral solution	Preferred	
sirolimus oral tablet	Preferred	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SPEVIGO INTRAVENOUS SOLUTION	Non-Preferred	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
tacrolimus oral capsule 0.5 mg	Preferred	90 Day Supply
tacrolimus oral capsule 1 mg, 5 mg	Preferred	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
Janus Kinase Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
roflumilast oral tablet	Preferred	QL
SOTYKTU ORAL TABLET	Non-Preferred	PA
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA
Keratolytic Agents		
acne external pad	Formulary	OTC
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
AKLIEF EXTERNAL CREAM	Non-Preferred	PA; AL
AMNESTEEM ORAL CAPSULE	Formulary	PA
ARAZLO EXTERNAL LOTION	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID	Non-Preferred	PA
CABTREO EXTERNAL GEL	Non-Preferred	PA
callus removers external pad	Formulary	OTC
CLARAVIS ORAL CAPSULE	Formulary	PA
COMPOUND W EXTERNAL LIQUID	Formulary	OTC
COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP	Formulary	OTC
corn & callus remover external liquid	Formulary	OTC
corn remover one-step external strip	Formulary	OTC
cvs adapalene external gel	Preferred	OTC; AL
cvs advanced acne spot treat external gel	Formulary	OTC
cvs medicated spot external gel	Formulary	OTC
cvs plantar wart remover external pad	Formulary	OTC
daily face wash external liquid	Formulary	OTC
DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD	Formulary	OTC
FABIOR EXTERNAL FOAM	Non-Preferred	PA; AL
gnp adapalene external gel	Preferred	OTC; AL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Formulary	PA
KERALYT EXTERNAL GEL 3 %	Formulary	OTC
liquid corn & callus remover external liquid	Formulary	OTC
NEUTROGENA RAPID CLEAR EXTERNAL PAD	Formulary	OTC
podofilox external solution	Formulary	
ra wart remover external pad	Formulary	OTC
selenium sulfide external shampoo 2.25 %	Formulary	
sm medicated corn removers external pad	Formulary	OTC
sss 10-5 external cream	Preferred	
sss 10-5 external foam	Preferred	
sulfacetamide sodium-sulfur external cream	Preferred	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur external lotion	Preferred	
sulfacetamide sodium-sulfur external pad 10-4 %, 9.8-4.8 %	Preferred	
sulfacetamide sodium-sulfur external suspension	Non-Preferred	PA
tazarotene external cream 0.1 %	Non-Preferred	PA
tazarotene external foam	Non-Preferred	PA
tazarotene external gel	Non-Preferred	PA
urea external cream 40 %	Formulary	
wart remover maximum strength external gel	Formulary	OTC
wart remover maximum strength external liquid	Formulary	OTC
ZENATANE ORAL CAPSULE	Formulary	PA
Keratoplastic Agents		
cvs therapeutic external shampoo	Formulary	OTC
sm anti-dandruff coal tar external shampoo	Formulary	OTC
TARSUM RELIEF EXTERNAL SHAMPOO	Formulary	OTC
therapeutic external shampoo	Formulary	OTC
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO	Formulary	OTC
X-SEB T PLUS EXTERNAL SHAMPOO 10 %	Formulary	OTC
Local Anti-Infectives, Miscellaneous		
ACANYA EXTERNAL GEL	Non-Preferred	PA
acne medication 10 external gel	Preferred	OTC
acne medication 2.5 external gel	Preferred	OTC
acne medication 5 external gel	Preferred	OTC
acne medication 5 external lotion	Preferred	OTC
acne treatment external gel	Preferred	OTC
acne-clear external gel	Preferred	OTC
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
antiseptic skin cleanser external solution 4 %	Formulary	OTC
BENZEFOAM EXTERNAL FOAM	Non-Preferred	PA; OTC
BENZEPRO EXTERNAL FOAM 5.2 %	Non-Preferred	PA
BENZEPRO EXTERNAL FOAM 5.3 %	Non-Preferred	PA; OTC
benzoyl peroxide external foam 9.8 %	Non-Preferred	PA
benzoyl peroxide external gel 10 %	Preferred	
benzoyl peroxide external gel 2.5 %, 5 %	Preferred	OTC
benzoyl peroxide external liquid 10 %	Preferred	OTC
benzoyl peroxide wash external liquid 10 %	Preferred	
benzoyl peroxide wash external liquid 5 %	Preferred	OTC
benzoyl peroxide-erythromycin external gel	Preferred	
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Formulary	OTC
bpo external gel 4 %	Preferred	OTC
bpo foaming cloths external 6 %	Non-Preferred	PA; OTC
CABTREO EXTERNAL GEL	Non-Preferred	PA
chlorhexidine gluconate mouth/throat solution	Formulary	QL
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM	Formulary	OTC
clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Preferred	
clindamycin phos-benzoyl perox external gel 1-5 %	Preferred	QL
cvs acne foaming face wash external liquid	Formulary	OTC
cvs rubbing alcohol solution	Formulary	OTC
eq first aid antiseptic external solution	Formulary	OTC
hydrogen peroxide external solution	Formulary	OTC
isopropyl alcohol solution 70 %	Formulary	

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
iv prep wipes external pad 70 %	Formulary	OTC; QL
NEUAC EXTERNAL GEL	Non-Preferred	PA
ONEXTON EXTERNAL GEL	Non-Preferred	PA
PERIOGARD MOUTH/THROAT SOLUTION	Formulary	QL
povidone-iodine external pad	Formulary	OTC
povidone-iodine external solution 10 %	Formulary	OTC
ra antiseptic external solution	Formulary	OTC
selenium sulfide external lotion	Formulary	
selenium sulfide external shampoo 2.25 %	Formulary	
silver sulfadiazine external cream	Formulary	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Formulary	
SSD EXTERNAL CREAM	Formulary	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
cvs diclofenac sodium external gel	Preferred	OTC; QL
diclofenac sodium external solution	Non-Preferred	PA
ft arthritis pain external gel	Preferred	OTC; QL
gnp diclofenac sodium external gel	Preferred	OTC; QL
kls diclofenac sodium external gel	Preferred	OTC; QL
PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL	Preferred	OTC; QL
qc diclofenac sodium external gel	Preferred	OTC; QL
Oxaboroles		
KERYDIN EXTERNAL SOLUTION	Non-Preferred	PA
tavorole external solution	Non-Preferred	PA
Phosphodiesterase-4 Inhibitors		
DALIRESP ORAL TABLET	Non-Preferred	PA
EUCRISA EXTERNAL OINTMENT	Preferred	PA
roflumilast oral tablet	Preferred	QL
ZORYVE EXTERNAL CREAM 0.15 %	Non-Preferred	PA; QL
Polyenes (Skin And Mucous Membrane)		
NYAMYC EXTERNAL POWDER	Preferred	
nystatin external cream	Preferred	
nystatin external ointment	Preferred	
nystatin external powder	Preferred	
nystatin mouth/throat suspension	Preferred	
nystatin-triamcinolone external cream	Preferred	
nystatin-triamcinolone external ointment	Non-Preferred	PA
Scabicides And Pediculicides		
CROTAN EXTERNAL LOTION	Non-Preferred	PA; QL
cvs lice killing external shampoo	Preferred	OTC
eq lice killing max st external shampoo	Preferred	OTC
eql lice killing max st external shampoo	Preferred	OTC
gnp lice treatment external shampoo	Preferred	OTC
lice killing external shampoo	Preferred	OTC
lice killing maximum strength external shampoo	Preferred	OTC
lice treatment external liquid 1 %	Preferred	OTC
malathion external lotion	Non-Preferred	PA
NATROBA EXTERNAL SUSPENSION	Preferred	
OVIDE EXTERNAL LOTION	Non-Preferred	PA
permethrin external cream	Preferred	
ra lice maximum strength external shampoo	Preferred	OTC
ra lice solution combination kit 0.5-0.33-4 %	Non-Preferred	PA; OTC

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
sb lice killing max st external shampoo	Preferred	OTC
sm lice killing max strength external shampoo	Preferred	OTC
sm lice treatment external liquid	Preferred	OTC
spinosad external suspension	Non-Preferred	PA
stop lice complete treatment combination kit	Non-Preferred	PA; OTC
Skin And Mucous Membrane Agents, Misc.		
adapalene external cream	Non-Preferred	PA; AL
adapalene external gel	Preferred	AL
adapalene treatment external gel	Preferred	OTC; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Non-Preferred	PA; AL
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
AKLIEF EXTERNAL CREAM	Non-Preferred	PA; AL
AMNESTEEM ORAL CAPSULE	Formulary	PA
ARAZLO EXTERNAL LOTION	Non-Preferred	PA
arthritis pain relieving external cream	Formulary	OTC
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Non-Preferred	PA
CABTREO EXTERNAL GEL	Non-Preferred	PA
capsaicin external cream 0.025 %, 0.1 %	Formulary	OTC
CLARAVIS ORAL CAPSULE	Formulary	PA
clindamycin-tretinoin external gel	Non-Preferred	PA; AL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
COSENTYX INTRAVENOUS SOLUTION	Non-Preferred	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Non-Preferred	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
cvs adapalene external gel	Preferred	OTC; AL
cvs capsaicin hp external cream	Formulary	OTC
cvs diclofenac sodium external gel	Preferred	OTC; QL
dapsone external gel	Non-Preferred	PA
dapsone oral tablet	Formulary	
diclofenac sodium external solution	Non-Preferred	PA
DUODERM HYDROACTIVE EXTERNAL	Formulary	OTC
DUODERM HYDROACTIVE EXTERNAL GEL	Formulary	OTC
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Preferred	PA
ENDARI ORAL PACKET	Preferred	PA
FABIOR EXTERNAL FOAM	Non-Preferred	PA; AL
fluorouracil external cream 5 %	Formulary	QL
ft arthritis pain external gel	Preferred	OTC; QL
gnp adapalene external gel	Preferred	OTC; AL
gnp diclofenac sodium external gel	Preferred	OTC; QL
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
imiquimod external cream 5 %	Formulary	QL
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
infliximab intravenous solution reconstituted	Preferred	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Formulary	PA
kls diclofenac sodium external gel	Preferred	OTC; QL
l-glutamine oral packet	Non-Preferred	PA
LOPROX EXTERNAL KIT 0.77 % (SUSP)	Non-Preferred	PA
MEDI-PAK PERFORMANCE PLUS ABD EXTERNAL PAD	Formulary	OTC
OPZELURA EXTERNAL CREAM	Non-Preferred	PA
OTEZLA ORAL TABLET	Preferred	QL
OTEZLA ORAL TABLET THERAPY PACK	Preferred	QL
PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL	Preferred	OTC; QL
pimecrolimus external cream	Formulary	PA; QL
podofilox external solution	Formulary	
qc diclofenac sodium external gel	Preferred	OTC; QL
QUTENZA (2 PATCH) EXTERNAL KIT	Non-Preferred	PA
QUTENZA EXTERNAL KIT	Non-Preferred	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	Non-Preferred	PA
SANTYL EXTERNAL OINTMENT	Formulary	QL
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
SOTYKTU ORAL TABLET	Non-Preferred	PA
SPEVIGO INTRAVENOUS SOLUTION	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Preferred	PA
tacrolimus external ointment	Formulary	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Non-Preferred	PA
tazarotene external cream 0.1 %	Non-Preferred	PA
tazarotene external foam	Non-Preferred	PA
tazarotene external gel	Non-Preferred	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Non-Preferred	PA
ustekinumab subcutaneous solution	Non-Preferred	PA
ustekinumab subcutaneous solution prefilled syringe	Non-Preferred	PA
WINLEVI EXTERNAL CREAM	Non-Preferred	PA
ZENATANE ORAL CAPSULE	Formulary	PA
ZIANA EXTERNAL GEL	Non-Preferred	PA; AL
ZORYVE EXTERNAL FOAM	Non-Preferred	PA
ZOSTRIX HP EXTERNAL CREAM 0.1 %	Formulary	OTC
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Non-Preferred	PA
Thiocarbamates(Skin And Mucous Membrane)		

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
antifungal (tolnaftate) external cream	Preferred	OTC
antifungal external cream 1 %	Preferred	OTC
athletes foot powder spray external aerosol powder 1 %	Formulary	OTC
BLIS-TO-SOL EXTERNAL LIQUID	Non-Preferred	PA; OTC
cvs foot & sneaker external aerosol powder	Formulary	OTC
eq athletes foot (tolnaftate) external cream	Formulary	OTC
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION	Non-Preferred	PA; OTC
gnp tolnaftate external cream	Preferred	OTC
jock itch spray powder external aerosol powder	Formulary	OTC
medicated anti-fungal external solution	Non-Preferred	PA; OTC
odor control foot & sneaker external aerosol powder	Formulary	OTC
tolnaftate antifungal external cream	Preferred	OTC
tolnaftate external aerosol powder	Formulary	OTC
tolnaftate external cream	Preferred	OTC
tolnaftate external powder	Formulary	OTC
Smooth Muscle Relaxants		
Antimuscarinics		
COBENFY ORAL CAPSULE	Non-Preferred	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Non-Preferred	PA
darifenacin hydrobromide er oral tablet extended release 24 hour	Non-Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
DETROL ORAL TABLET	Non-Preferred	PA; QL
fesoterodine fumarate er oral tablet extended release 24 hour	Preferred	QL
flavoxate hcl oral tablet	Non-Preferred	PA
oxybutynin chloride er oral tablet extended release 24 hour	Preferred	90 Day Supply
oxybutynin chloride oral solution	Preferred	90 Day Supply
oxybutynin chloride oral tablet 5 mg	Preferred	90 Day Supply
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY	Preferred	OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	Preferred	
solifenacin succinate oral tablet	Preferred	90 Day Supply
tolterodine tartrate er oral capsule extended release 24 hour	Preferred	QL
tolterodine tartrate oral tablet	Preferred	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Preferred	PA; QL
tropium chloride er oral capsule extended release 24 hour	Non-Preferred	PA
tropium chloride oral tablet	Non-Preferred	PA
VESICARE LS ORAL SUSPENSION	Non-Preferred	PA
VESICARE ORAL TABLET	Non-Preferred	PA
Respiratory Smooth Muscle Relaxants		
REVATIO ORAL SUSPENSION RECONSTITUTED	Non-Preferred	PA
REVATIO ORAL TABLET	Non-Preferred	PA
sildenafil citrate oral suspension reconstituted	Preferred	PA
sildenafil citrate oral tablet 20 mg	Preferred	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	Formulary	
theophylline er oral tablet extended release 12 hour 300 mg	Formulary	
theophylline er oral tablet extended release 24 hour	Formulary	
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET	Non-Preferred	PA; QL
mirabegron er oral tablet extended release 24 hour	Non-Preferred	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Non-Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	QL

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
Vitamins		
Multivitamin Preparations		
50+ adult eye health oral capsule	Formulary	OTC
a thru z advanced oral tablet	Formulary	OTC
a thru z high potency oral tablet	Formulary	OTC
a thru z select 50+ mens oral tablet	Formulary	OTC
a thru z select advanced oral tablet	Formulary	OTC
a thru z select oral tablet	Formulary	OTC
a thru z select ultimate women oral tablet	Formulary	OTC
a thru z ultimate mens oral tablet	Formulary	OTC
antioxidant a/c/e/selenium oral tablet	Formulary	OTC
BPROTECTED MULTI-VITE ORAL LIQUID	Formulary	OTC
c complex oral tablet extended release	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
centravites 50 plus oral tablet	Formulary	OTC
centravites adults oral tablet	Formulary	OTC
centravites oral tablet	Formulary	OTC
CENTRUM ADULTS ORAL TABLET	Formulary	OTC
CENTRUM SILVER ORAL TABLET	Formulary	OTC
CENTRUM ULTRA WOMENS ORAL TABLET	Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	Formulary	OTC
classic prenatal oral tablet	Formulary	OTC
companion oral tablet	Formulary	OTC
complete multivitamin/mineral oral liquid	Formulary	OTC
cvs childrens complete oral tablet chewable 18 mg	Formulary	OTC
cvs daily multiple for men oral tablet	Formulary	OTC
cvs daily multiple women 50+ oral tablet	Formulary	OTC
cvs gummy dinos oral tablet chewable	Formulary	OTC
cvs one daily essential oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs spectravite adult 50+ oral tablet	Formulary	OTC
cvs spectravite advanced oral tablet	Formulary	OTC
cvs spectravite senior oral tablet	Formulary	OTC
cvs spectravite ultra men 50+ oral tablet	Formulary	OTC
cvs spectravite ultra mens oral tablet	Formulary	OTC
cvs spectravite ultra women oral tablet	Formulary	OTC
cvs spectravite womens senior oral tablet	Formulary	OTC
cvs womens active daily oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
daily value multivitamin oral tablet	Formulary	OTC
diabetes health formula oral tablet	Formulary	OTC
DIALYVITE 800 ORAL TABLET	Formulary	OTC
dialyvite 800/ultra d oral tablet	Formulary	OTC
DIALYVITE ORAL TABLET	Formulary	
eq complete multivit adult 50+ oral tablet	Formulary	OTC
eq1 one daily mens health oral tablet	Formulary	OTC
eq1 one daily womens 50+ adv oral tablet	Formulary	OTC
eq1 vision formula oral tablet	Formulary	OTC
ESSENTIA ORAL TABLET	Formulary	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE , 10 MG, 18 MG	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
thera-m oral tablet	Formulary	OTC
therapeutic-m oral tablet	Formulary	OTC
thera-tabs oral tablet	Formulary	OTC
THERATRUM COMPLETE 50 PLUS ORAL TABLET	Formulary	OTC
THERATRUM COMPLETE ORAL TABLET	Formulary	OTC
THEREMS ORAL TABLET	Formulary	OTC
trinatal rx 1 oral tablet	Formulary	
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
v-c forte oral capsule	Formulary	
VIC-FORTE ORAL CAPSULE	Formulary	
VINATE ONE ORAL TABLET	Formulary	
virt-caps oral capsule	Formulary	
vision vitamins oral tablet	Formulary	OTC
vit e-vit c-beta carotene oral tablet	Formulary	OTC
vitalee oral tablet	Formulary	OTC
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin c oral tablet chewable	Formulary	OTC
vitamin d3 complete oral tablet	Formulary	OTC
vitamins a-d-e/selenium oral tablet	Formulary	OTC
VITRUM SENIOR ORAL TABLET	Formulary	OTC
vp-vite rx oral tablet	Formulary	
westab plus oral tablet	Formulary	
womens daily form/fa/ca/fe oral tablet	Formulary	OTC
YELETS TEENAGE FORMULA ORAL TABLET	Formulary	OTC
Vitamin A		
cvs beta carotene oral capsule 15 mg	Formulary	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)	Formulary	OTC
Vitamin B Complex		
B-12 DOTS ORAL TABLET DISPERSIBLE	Formulary	OTC
b-12 tr oral tablet extended release 1000 mcg	Formulary	OTC
BEYAZ ORAL TABLET	Preferred	EDS; QL
classic prenatal oral tablet	Formulary	OTC
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Formulary	OTC
cvs vitamin b-2 oral tablet	Formulary	OTC
cvs womens prenatal+dha oral	Formulary	OTC
cyanocobalamin injection solution 1000 mcg/ml	Formulary	QL
DIALYVITE 800 ORAL TABLET	Formulary	OTC
DIALYVITE ORAL TABLET	Formulary	
drospiren-eth estrad-levomefol oral tablet	Preferred	EDS; QL
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE	Formulary	OTC
fe c tab plus oral tablet	Formulary	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE	Formulary	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	Formulary	OTC
folic acid oral capsule 20 mg	Formulary	OTC
folic acid oral tablet 1 mg	Formulary	
folic acid oral tablet 400 mcg	Formulary	OTC
full spectrum b/vitamin c oral tablet	Formulary	OTC
gnp little ones childrens oral tablet chewable	Formulary	OTC
iron 100 plus oral tablet	Formulary	OTC
kp b complex-c oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

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

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

LIST OF DRUGS BY DRUG TYPE

Drug	Tier	Coverage Requirements and Limits
tri-vitamin/fluoride oral solution 0.25 mg/ml	Formulary	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE	Formulary	OTC; QL
virt-caps oral capsule	Formulary	
VITALETS CHILDRENS ORAL TABLET CHEWABLE	Formulary	OTC
vitamin c immune health oral tablet chewable	Formulary	OTC
vitamin c oral tablet 1000 mg, 250 mg	Formulary	OTC
vitamin c oral tablet chewable 500 mg	Formulary	OTC
vitamin c plus wild rose hips oral tablet chewable	Formulary	OTC
vitamin c-rose hips er oral tablet extended release 1000 mg	Formulary	OTC
vitamin c-rose hips oral tablet 1000 mg, 500 mg	Formulary	OTC
vp-vite rx oral tablet	Formulary	
Vitamin D		
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	Formulary	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	Formulary	OTC
cal-citrate plus vitamin d oral tablet	Formulary	OTC
calcitriol intravenous solution 1 mcg/ml	Formulary	
calcitriol oral capsule 0.25 mcg	Formulary	90 Day Supply
calcitriol oral capsule 0.5 mcg	Formulary	
calcium + d3 oral tablet 250-3 mg-mcg	Formulary	OTC
calcium 1000 + d oral tablet	Formulary	OTC
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	Formulary	OTC
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	Formulary	OTC
calcium 500+d high potency oral tablet	Formulary	OTC
calcium 500+d oral tablet 500-200 mg-unit, 500-5 mg-mcg	Formulary	OTC
calcium 600 + d oral tablet	Formulary	OTC
calcium 600/vitamin d oral tablet chewable	Formulary	OTC
calcium 600+d oral tablet 600-5 mg-mcg	Formulary	OTC
calcium citrate + d oral tablet 250-200 mg-unit, 250-5 mg-mcg, 315-5 mg-mcg	Formulary	OTC
calcium citrate+d3 petites oral tablet	Formulary	OTC
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	Formulary	OTC
calcium oral tablet chewable 500-100 mg-unit, 500-2.5 mg-mcg	Formulary	OTC
calcium plus vitamin d3 oral tablet	Formulary	OTC
calcium/c/d oral tablet chewable	Formulary	OTC
calcium-vitamin d oral tablet 600-400 mg-unit	Formulary	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit	Formulary	OTC
CITRACAL MAXIMUM PLUS ORAL TABLET	Formulary	OTC
citrus calcium/vitamin d oral tablet 200-250 mg-unit, 200-6.25 mg-mcg	Formulary	OTC
cvs calcium 600 + d/minerals oral tablet chewable	Formulary	OTC
d3 high potency oral tablet	Formulary	OTC
D3-50 ORAL CAPSULE	Formulary	OTC
d-5000 oral tablet	Formulary	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	Formulary	OTC
delta d3 oral tablet	Formulary	OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE	Formulary	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET	Formulary	OTC
D-VI-SOL ORAL LIQUID 10 MCG/ML	Formulary	OTC
eq calcium 500+d oral tablet	Formulary	OTC
ergocalciferol oral solution 200 mcg/ml	Formulary	OTC
FOSAMAX PLUS D ORAL TABLET	Non-Preferred	PA
gnp calcium 500 +d3 oral tablet	Formulary	OTC

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

LIST OF DRUGS BY DRUG TYPE

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

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

Index

- 1**
12 hour decongestant 24, 107, 162
12 hour nasal decongestant24, 163
12 hour nasal relief spray .107
12 hour nasal spray 107
12hr allergy relief 11, 170
1st tier unifine pentips85
1st tier unifine pentips plus 85
- 2**
24hr allergy relief 11, 170
- 4**
4-WAY FAST ACTING 25, 107
- 5**
50+ adult eye health.... 93, 187
- 7**
7 day vaginal 176
- 8**
8 hr arthritis pain relief .56, 63, 74
- A**
a thru z advanced 93, 187
a thru z high potency...93, 187
a thru z select93, 187
a thru z select 50+ mens ...93, 187
a thru z select advanced....93, 187
a thru z select ultimate
 women93, 187
a thru z ultimate mens.93, 187
abacavir sulfate 18
abacavir sulfate-lamivudine 18
ABILIFY 61, 67
ABILIFY ASIMTUFII 61, 67
ABILIFY MAINTENA 61, 67
ABILIFY MYCITE
 MAINTENANCE KIT .61, 67
ABILIFY MYCITE STARTER
 KIT61, 67
ABRILADA .. 115, 147, 152, 155
ABRILADA (1 PEN).. 115, 147, 152, 155
ABRILADA (2 PEN).. 115, 147, 152, 155
- ABRILADA (2 SYRINGE) 115, 147, 152, 155
ABRYSVO22
acamprosate calcium 7, 70
ACANYA 18, 173, 182
acarbose 122
ACCOLATE 168
ACCU-CHEK AVIVA85
ACCU-CHEK AVIVA PLUS 91
ACCU-CHEK FASTCLIX
 LANCET85
ACCU-CHEK FASTCLIX
 LANCETS85
ACCU-CHEK GUIDE ...85, 91
ACCU-CHEK GUIDE
 CONTROL85
ACCU-CHEK GUIDE ME ...85
ACCU-CHEK GUIDE TEST
 91
ACCU-CHEK SMARTVIEW
 91
ACCU-CHEK SOFTCLIX
 LANCET DEV85
ACCU-CHEK SOFTCLIX
 LANCETS85
ACE AEROSOL CLOUD
 ENHANCER85
acebutolol hcl 31, 41, 45, 46, 51
ACEROLA C 500 193
acetaminophen56, 63, 74
acetaminophen childrens...56, 63, 74
acetaminophen er56, 63, 74
acetaminophen extra
 strength56, 63, 74
acetaminophen infants.56, 63, 74
acetaminophen er56, 63, 74
acetaminophen extra
 strength56, 63, 74
acetaminophen pm ex st .8, 9, 56, 66, 74
acetaminophen-codeine56, 74, 77
acetazolamide ..45, 59, 92, 102
acetazolamide er45, 58, 92, 102
acetic acid 105
- acetylcysteine7, 150, 168
acid controller max st ..10, 117
acid reducer maximum
 strength 10, 117
acne181
acne medication 10182
acne medication 2.5182
acne medication 5182
acne treatment182
acne-clear182
ACTEMRA146, 152, 155
ACTEMRA ACTPEN 146, 152, 155
ACTHIB22
activated vegetable charcoal
 108
ACTONEL151
ACTOPLUS MET143
ACULAR80, 106
ACULAR LS80, 106
ACUVAIL80, 106
acyclovir19, 175
ADACEL22
ADAKVEO33
adalimumab-aacf (2 pen).115, 147, 152, 155
adalimumab-aacf (2 syringe)
 115, 147, 153, 156
adalimumab-aacf(cd/uc/hs
 strt)115, 147, 153, 156
adalimumab-aacf(ps/uv
 starter)115, 147, 153, 156
adalimumab-aaty (1 pen).115, 147, 153, 156
adalimumab-aaty (2 pen).115, 147, 153, 156
adalimumab-aaty (2 syringe)
 115, 147, 153, 156
adalimumab-aaty cd/uc/hs
 start115, 147, 153, 156
adalimumab-adaz115, 147, 148, 153, 156
adalimumab-adbm (2 pen)
 148, 153
adalimumab-adbm (2
 syringe)....115, 148, 153, 156

INDEX

- adalimumab-adbm(cd/uc/hs str)..... 148, 153
- adalimumab-adbm(ps/uv starter)..... 148, 153
- adalimumab-bwwd.... 115, 148, 153, 156
- adalimumab-fkjp 115, 148, 153, 156
- adalimumab-fkjp (2 pen).. 115, 148, 153, 156
- adalimumab-fkjp (2 syringe) 115, 148, 153, 156
- adalimumab-ryvk (1 pen).. 148
- adalimumab-ryvk (2 pen). 115, 148, 153, 156
- adalimumab-ryvk (2 syringe) 115, 148, 153, 156
- adapalene 161, 181, 184
- adapalene treatment 161, 181, 184
- adapalene-benzoyl peroxide 161, 181, 182, 184
- ADBRY 180, 184
- ADCIRCA..... 53, 169, 172
- ADDAPRIN 63, 75, 80
- added strength headache relief 56, 74, 78, 81
- ADDERALL XR 55
- adefovir dipivoxil 19
- ADEMPAS 172
- ADLARITY 29
- ADMELOG 140
- ADMELOG SOLOSTAR... 140
- ADRENALIN 24, 107, 163
- ADVAIR DISKUS 30, 102, 119, 165
- ADVAIR HFA 30, 102, 119, 165
- ADVANCED EYE RELIEF 105
- ADVATE 34
- ADVOCATE INSULIN PEN NEEDLES 85
- ADVOCATE INSULIN SYRINGE 85
- adynovate 34
- ADZENYS XR-ODT 55
- AEROCHAMBER MINI CHAMBER..... 85
- AEROCHAMBER MV 85
- AEROCHAMBER PLUS FLO-VU 85
- AEROCHAMBER PLUS FLO-VU LARGE..... 85
- AEROCHAMBER PLUS FLO-VU MEDIUM..... 85
- AEROCHAMBER PLUS FLO-VU SMALL 85
- AEROCHAMBER PLUS FLO-VU W/MASK..... 85
- AEROCHAMBER PLUS FLOW VU..... 85
- AEROCHAMBER W/FLOWSIGNAL 85
- AEROCHAMBER Z-STAT PLUS..... 85
- AEROCHAMBER Z-STAT PLUS CHAMBR 85
- AEROCHAMBER Z-STAT PLUS/LARGE 85
- AEROCHAMBER Z-STAT PLUS/MEDIUM 85
- AEROCHAMBER Z-STAT PLUS/SMALL 85
- AEROTRACH PLUS 85
- AFIRMELLE..... 124, 129, 135
- AFREZZA..... 140
- AFRIN NODRIP EXTRA MOISTURE 107
- AFSTYLA 34
- AFTERA 122, 124, 135
- AGAMATRIX PRESTO 85
- AGAMATRIX PRESTO TEST 91
- AIMOVIG 70
- aimsco lubricated 161
- AIRDUO RESPICLICK 113/14..... 30, 102, 119, 165
- AIRDUO RESPICLICK 232/14..... 30, 102, 119, 165
- AIRDUO RESPICLICK 55/14 30, 102, 119, 165
- AIRSUPRA... 30, 102, 119, 165, 169, 171
- AJOVY 70
- AKLIEF 181, 184
- AKYNZEO 108, 118
- albuterol sulfate..... 30, 171
- albuterol sulfate hfa 30, 171
- alcohol prep 85
- alcohol swabs 85
- alendronate sodium..... 151
- aler-cap..... 8, 9, 26, 58, 66, 164, 167
- alfuzosin hcl er 29
- aliskiren fumarate..... 53
- ALKA-SELTZER PLUS ALLERGY 8, 9, 26, 58, 66, 164, 167
- all day allergy..... 11, 170
- all day allergy d 11, 24
- all day allergy-d 11, 24
- all day pain relief 63, 75, 80, 150
- all day relief..... 63, 75, 80, 150
- allergy 9, 11, 167
- allergy 24-hr 11, 170
- allergy childrens 8, 9, 11, 26, 58, 66, 164, 167, 170
- allergy rel child (loratadine) 11, 170
- allergy relief 9, 11, 167, 170
- allergy relief (cetirizine)..... 11, 170
- allergy relief cetirizine..... 170
- allergy relief d 11, 24
- allergy relief d-12 11, 24
- allergy relief d-24 11, 24
- allergy relief/indoor/outdoor 11, 170
- allergy relief/nasal decongest 11, 24
- allergy relief-d 11, 24
- allergy/congestion relief 12, 24
- allopurinol 150
- ALMACONE DOUBLE STRENGTH 108, 110
- almotriptan malate 82
- alogliptin benzoate 128
- alogliptin-metformin hcl 123, 128
- alogliptin-pioglitazone 128, 143
- ALOPHEN 112
- alosetron hcl 111
- ALPHAGAN P..... 99, 173
- ALPHANINE SD 34

INDEX

- alprazolam69
ALPROLIX34
ALREX.....102
ALTACE39, 40
ALTACHLORE105
altamist spray105, 168
ALTAVERA.....124, 129, 135
ALTOPREV.....50
ALTRENO21, 178
aluminum hydroxide gel... 108,
111
ALVESCO102, 119, 165
alyacen 1/35124, 129, 135
alyacen 7/7/7124, 129, 135
AMABELZ129, 135
amantadine hcl.....13, 55
AMBIEN.....66, 73
AMBIEN CR.....66, 73
ambrisentan.....54, 166, 172
amcinonide178
AMETHIA124, 129, 135
AMETHYST124, 129, 135
amiloride hcl53, 93
amiloride-hydrochlorothiazide
.....93, 97
aminocaproic acid.....34
amiodarone hcl.....47
AMITIZA114, 115
amitriptyline hcl84
AMJEVITA ..115, 148, 153, 156
AMJEVITA-PED 10KG TO
<15KG115, 148, 153, 156
AMJEVITA-PED 15KG TO
<30KG115, 148, 153, 156
amlodipine besy-benazepril
hcl.....40, 48
amlodipine besylate 48, 49, 54
amlodipine besylate-
valsartan.....38, 48
amlodipine-atorvastatin.48, 50
amlodipine-olmesartan .39, 48
amlodipine-valsartan-hctz .39,
48, 97
ammonium lactate177
AMNESTEEM.....181, 184
amoxapine84
amoxicillin14, 111
amoxicillin-pot clavulanate .14
amoxicillin-pot clavulanate er
.....14
amphetamine er55
amphetamine sulfate.....55
amphetamine-dextroamphet
er55
amphetamine-
dextroamphetamine.....56
amphet-dextroamphet 3-bead
er56
ampicillin.....14
AMPYRA160, 161
AMZEEQ14, 21, 99, 173
ANBESOL MAXIMUM
STRENGTH.....106, 174
ANCOBON.....20
ANDEMBRY50
ANDROGEL PUMP122
anefrin spray107
ANNOVERA.....124, 129, 135
ANORO ELLIPTA25, 30
antacid advanced.....108, 110
antacid anti-gas max strength
.....108, 110
antacid calcium108, 111
antacid extra strength108, 111
antacid liquid.....108, 110
antacid m.....108, 110
antacid maximum.....108, 111
antacid maximum strength
.....108, 110
antacid soft chews108, 111
ANTARA.....50
anti-diarrheal.....109
antifungal.....176, 186
anti-fungal176
antifungal (tolnaftate)186
antifungal clotrimazole176
antioxidant a/c/e/selenium.93,
187
antiseptic skin cleanser.....13,
101, 176, 182
ANZEMET108
APIDRA140
APIDRA SOLOSTAR140
APLENZIN61
apo-varenicline.....27, 31
apraclonidine hcl99, 105
aprepitant118
APRI.....124, 129, 135
APTENSIO XR79
APTIOM.....59, 72
AQUANIL HC.....102, 119, 178
ARANELLE124, 129, 135
ARANESP (ALBUMIN FREE)
.....33
ARAZLO181, 184
ARCALYST160, 168
AREXVY22
arformoterol tartrate.....30, 171
ARICEPT29
ARIKAYCE14
aripiprazole61, 67
ARISTADA61, 67
ARISTADA INITIO61, 67
ARIXTRA.....33, 35
armodafinil.....84
ARMOUR THYROID143
ARNUITY ELLIPTA ..102, 119,
165, 169
arthritis pain relief.....56, 63, 74
arthritis pain reliever 56, 63, 74
arthritis pain relieving184
ARTHROTEC75, 118
artificial tears.....105
artificial tears pf105
ASCOMP-CODEINE69, 77,
79, 81
asenapine maleate62, 67
ASHLYNA124, 129, 135
ASMANEX (120 METERED
DOSES).....119
ASMANEX (14 METERED
DOSES).....119
ASMANEX (30 METERED
DOSES).....119
ASMANEX (60 METERED
DOSES).....119
ASMANEX HFA119
ASPERFLEX LIDOCAINE 174
aspirin37, 63, 64, 81
aspirin 8137, 63, 81
aspirin childrens37, 63, 81
aspirin ec low dose ..37, 63, 81
aspirin low dose37, 63, 81

INDEX

- aspirin-dipyridamole er 37, 53,
81, 91
- ASSURE ID SAFETY PEN
NEEDLES 85
- ASTAGRAF XL .. 144, 159, 180
- ATACAND..... 38, 39
- ATACAND HCT 39, 97
- atazanavir sulfate..... 18
- ATELVIA 151
- atenolol..... 31, 41, 45, 46, 51
- atenolol-chlorthalidone. 41, 45,
98
- athletes foot 176
- athletes foot (clotrimazole)
..... 176
- athletes foot (terbinafine)... 13,
173
- athletes foot powder spray
..... 176, 186
- atomoxetine hcl..... 70, 79
- ATORVALIQ 50
- atorvastatin calcium 50
- ATRALIN 21, 178
- ATROVENT HFA..... 25, 163
- AUBAGIO..... 143, 156
- AUBRA EQ 124, 129, 135
- AUGMENTIN..... 14
- AUGMENTIN ES-600 14
- AUROVELA 1.5/30... 124, 129,
135
- AUROVELA 1/20 124, 129, 135
- AUROVELA 24 FE ... 124, 129,
136
- AUROVELA FE 1.5/30..... 124,
129, 136
- AUROVELA FE 1/20 124, 129,
136
- AURYXIA 92
- AUVELITY..... 61
- AUVI-Q 24, 163
- AVALIDE 39, 97
- AVAPRO 38, 39
- AVAR CLEANSER ... 173, 181
- AVIANE 124, 129, 136
- AVITA 21, 178
- AVODART..... 149
- AVONEX PEN..... 145, 156
- AVONEX PREFILLED 145,
156
- AVSOLA..... 115, 145, 148, 153,
156, 184
- AVTOZMA..... 146
- AYR SALINE NASAL
DROPS..... 105, 168
- AYUNA 124, 129, 136
- AZASAN 144, 153, 156, 159
- AZASITE 99
- azathioprine 144, 153, 156, 159
- azelastine hcl..... 99, 170
- azelastine-fluticasone 99, 103,
165, 169, 170
- azithromycin..... 20
- AZOLEN TINCTURE..... 176
- AZOPT..... 102
- AZOR..... 39, 49
- AZSTARYS..... 79
- AZULFIDINE 21, 111, 145, 153,
156
- AZULFIDINE EN-TABS 21,
111, 145, 153, 156
- AZURETTE..... 124, 129, 136
- B**
- B&L SENSITIVE EYES..... 102
- B&L SENSITIVE EYES
DAILY CLEAN 102
- B-12 DOTS 36, 191
- b-12 tr 37, 191
- BABY AYR SALINE... 105, 168
- bacitracin..... 16, 99, 173
- bacitracin zinc..... 16, 99, 173
- bacitracin-polymyxin b . 16, 99,
173
- bacitra-neomycin-polymyxin-
hc..... 16, 99, 103, 173
- BACITRAYCIN PLUS... 16, 99,
173
- baclofen..... 28
- BAFIERTAM 145, 156
- BALCOLTRA 124, 129, 136
- balsalazide disodium..... 111
- BALZIVA..... 124, 129, 136
- BAND-AID GAUZE SMALL 85
- BANOPHEN..... 8, 9, 26, 58, 66,
164, 167
- BANZEL 59, 72
- BAQSIMI ONE PACK... 7, 133,
150
- BAQSIMI TWO PACK.. 7, 133,
150
- BARACLUDGE..... 19
- BASAGLAR KWIKPEN 134
- BASAGLAR TEMPO PEN 134
- BAXDELA..... 20
- BAYER ASPIRIN 37, 64, 81
- BAYER LOW DOSE 37, 64, 81
- BD AUTOSHIELD DUO 85
- BD INSULIN SYRINGE..... 85
- BD INSULIN SYRINGE
HALF-UNIT 85
- BD INSULIN SYRINGE
MICROFINE..... 85
- BD INSULIN SYRINGE U/F
..... 85
- BD INSULIN SYRINGE U-
500 85
- BD INSULIN SYRINGE
ULTRAFINE..... 85
- BD PEN NEEDLE MICRO
U/F..... 85
- BD PEN NEEDLE MICRO
ULTRAFINE..... 85
- BD PEN NEEDLE MINI U/F
..... 86
- BD PEN NEEDLE MINI
ULTRAFINE..... 86
- BD PEN NEEDLE NANO
ULTRAFINE..... 86
- BD PEN NEEDLE ORIG
ULTRAFINE..... 86
- BD PEN NEEDLE ORIGINAL
U/F..... 86
- BD PEN NEEDLE SHORT
U/F..... 86
- BD PEN NEEDLE SHORT
ULTRAFINE..... 86
- BD SAFETYGLIDE INSULIN
SYRINGE 86
- BD VEO INSULIN SYR U/F
1/2UNIT 86
- BD VEO INSULIN SYR
ULTRAFINE..... 86
- BD VEO INSULIN SYRINGE
U/F..... 86

INDEX

- BELBUCA 78
- BELSOMRA 66, 78
- BENADRYL ALLERGY 8, 9, 26, 58, 66, 164, 167
- BENADRYL ALLERGY
ULTRATABS 8, 9, 26, 58, 66, 164, 167
- benazepril hcl 39, 40
- benazepril-
hydrochlorothiazide ... 40, 97
- BENEFIX 34
- BENICAR 38, 39
- BENICAR HCT 39, 97
- BENZEFOAM 182
- BENZEPRO 182
- benzonatate 164
- benzoyl peroxide 182
- benzoyl peroxide wash 182
- benzoyl peroxide-
erythromycin 173, 182
- benztropine mesylate 26, 58
- bepotastine besilate 10, 99
- BEPREVE 10, 99
- BERINERT 152
- BESIVANCE 99
- beta hc 103, 119, 178
- betamethasone dipropionate
..... 120, 178
- betamethasone dipropionate
aug 119, 120, 178
- betamethasone valerate .. 120, 178
- BETAPACE... 28, 41, 45, 47, 51
- BETAPACE AF .28, 41, 45, 46, 47, 51
- BETASEPT SURGICAL
SCRUB 14, 101, 176, 182
- BETASERON 145, 156
- betatemp childrens .. 56, 64, 74
- betaxolol hcl. 31, 41, 45, 47, 51, 101
- bethanechol chloride 29
- BETHKIS 14, 99
- BETIMOL 28, 41, 47, 101
- BETOPTIC-S 31, 47, 101
- BEVESPI AEROSPHERE .25, 30, 175
- BEXSERO 22
- BEYAZ 124, 129, 136, 191
- bicalutamide 21
- BIKTARVY 17, 18
- BILDYOS 144
- BILPREVDA 144
- bimatoprost 107
- BIMZELX 180, 184
- BINOSTO 151
- biocotron 164, 166
- BIOTRUE 102
- bisacodyl ec 112
- bismatrol 108, 109, 111
- bisoprolol fumarate .31, 41, 45, 47, 51
- bisoprolol-
hydrochlorothiazide .. 41, 45, 97
- BLISOVI 24 FE... 124, 129, 136
- BLISOVI FE 1.5/30 ... 124, 129, 136
- BLISOVI FE 1/20 124, 129, 136
- BLIS-TO-SOL 186
- BOMYNTRA 144
- BONJESTA 110
- BONSITY 134, 151
- BOOSTRIX 22, 23
- bosentan 54, 166, 172
- BOSTON ADVANCE
CLEANER 102
- BOSTON CONDITIONING
..... 102
- BOSTON ONE STEP
CLEANER 102
- BOSTON REWETTING 102
- BOSTON SIMPLUS 102
- bpo 182
- bpo foaming cloths 182
- BPROTECTED MULTI-VITE
..... 93, 187
- BPROTECTED PEDIA D-
VITE 194
- BPROTECTED PEDIA IRON
..... 35
- BREATHERITE VALVED
MDI CHAMBER 86
- BREO ELLIPTA... 30, 103, 120, 165
- BREXAFEMME 14
- BREYNA 30, 120
- BREZTRI AEROSPHERE .25, 30, 120
- briellyn 124, 129, 136
- BRILINTA 37
- brimonidine tartrate 99, 173
- brimonidine tartrate-timolol 99, 101, 173
- brinzolamide 102
- BRIUMVI 147, 156
- BRIVIACT 59
- BRIXADI 78
- BRIXADI (WEEKLY) 78
- bromfenac sodium 106
- bromfenac sodium (once-
daily) 106
- bromocriptine mesylate 71
- BROMSITE 106
- BROVANA 30, 171
- BRYNOVIN 128
- budesonide .120, 165, 169, 178
- budesonide er 120
- budesonide-formoterol
fumarate 30, 120
- BUFFERIN 37, 64, 81, 108, 112
- bumetanide 51, 92
- buprenorphine 78
- buprenorphine hcl 78
- buprenorphine hcl-naloxone
hcl 78
- bupropion hcl 61
- bupropion hcl er (smoking
det) 31, 61
- bupropion hcl er (sr) 61
- bupropion hcl er (xl) 61
- buspirone hcl 66, 73
- butalbital-acetaminophen .. 56, 69, 74
- butalbital-apap-caff-cod 56, 69, 74, 77, 79
- butalbital-apap-caffeine 56, 69, 74, 79
- butalbital-asa-caff-codeine 69, 77, 79, 81
- BYSTOLIC 28, 41, 45, 47
- C**
- c 1000 193
- c complex 187

INDEX

- c-1000..... 193
c-500..... 193
CABENUVA..... 17
CABTREO.. 161, 173, 181, 182,
184
CADUET 49, 50
caffeine citrate..... 64, 79
calamine-zinc oxide... 175, 177
CALCIDOL..... 194
calcitonin (salmon)..... 123, 151
cal-citrate plus vitamin d 93,
194
calcitriol 194
calcium 94, 194
calcium + d3 93, 194
calcium 1000 + d 93, 194
calcium 500 + d..... 93, 194
calcium 500/vitamin d . 93, 194
calcium 500+d 93, 194
calcium 500+d high potency
..... 93, 194
calcium 600 + d..... 93, 194
calcium 600/vitamin d . 93, 194
calcium 600+d 93, 194
calcium acetate 92, 93
calcium acetate (phos binder)
..... 92, 93
calcium antacid 108, 111
calcium antacid extra
strength 108, 111
calcium carbonate 93, 94
calcium carbonate antacid
..... 108, 111
calcium citrate 94
calcium citrate + d..... 94, 194
calcium citrate+d3 petites.. 94,
194
calcium citrate-vitamin d 94,
194
calcium plus vitamin d3..... 94,
194
calcium/c/d.... 94, 187, 193, 194
calcium-vitamin d 94, 194
calcium-vitamin d3..... 94, 194
CAL-GEST ANTACID 108, 111
callus removers..... 181
CAMILA..... 124, 136
CAMRESE 124, 129, 136
CAMRESE LO.... 124, 129, 136
CANASA..... 111
candesartan cilexetil..... 38, 39
candesartan cilexetil-hctz .. 39,
97
CAPLYTA..... 67
capsaicin 184
captopril..... 39, 40
captopril-hydrochlorothiazide
..... 40, 97
CAPVAXIVE 23
carbamazepine..... 59, 62
carbamazepine er 59, 62
CARBATROL..... 59, 62
carbidopa-levodopa 71
carbidopa-levodopa er 71
carbidopa-levodopa-
entacapone 70, 71
CARDIZEM ... 42, 43, 44, 48, 54
CARDIZEM CD . 42, 43, 44, 48,
54
CARDIZEM LA .. 42, 43, 44, 48,
54
CARDURA 29, 38, 41
CARDURA XL 29, 38, 41
CAREFINE PEN NEEDLES
..... 86
CARETOUCH ALCOHOL
PREP 86
CARETOUCH PEN
NEEDLES 86
carteolol hcl..... 101
CARTIA XT ... 42, 43, 44, 48, 54
carvedilol 28, 29, 38, 41, 45, 47,
51
carvedilol phosphate er 28, 29,
38, 41, 45, 47, 51
CAYA 161
CAYSTON..... 19
cefaclor 13
cefaclor er 13
cefadroxil..... 13
cefdinir 13
cefixime 13
cefpodoxime proxetil 13
cefprozil 13
cefuroxime axetil 13
CELEBREX..... 71
celecoxib 71
CELEXA 83
CELLCEPT 144, 159
CELONTIN..... 84
centravites..... 94, 187
centravites 50 plus..... 94, 187
centravites adults 94, 187
CENTRUM ADULTS ... 94, 187
CENTRUM SILVER..... 94, 187
CENTRUM ULTRA
WOMENS..... 94, 187
cephalexin 13
CEQUA..... 101, 105, 144
CERTAVITE/ANTIOXIDANT
S 94, 187
cetirizine hcl 12, 170
cetirizine hcl allergy child... 12,
170
cetirizine hcl childrens . 12, 170
cetirizine hcl childrens alrgy
..... 12, 170
cetirizine-pseudoephedrine er
..... 12, 24
CHANTIX..... 27, 31
charcoal 108, 160
CHARLOTTE 24 FE . 124, 129,
136
CHATEAL EQ..... 124, 129, 136
CHEMET 7, 119, 150
CHEMSTRIP 10 MD..... 91
CHEMSTRIP 10/SG 91
CHEMSTRIP 2 GP 91
CHEMSTRIP 5 OB 91
CHEMSTRIP 7 91
CHEMSTRIP 9 92
CHEMSTRIP K..... 91
CHEMSTRIP UGK..... 92
childrens acetaminophen... 56,
64, 74
childrens apap 56, 64, 74
childrens aspirin 37, 64, 81
childrens cold & allergy .. 9, 11,
25
childrens ibuprofen .. 64, 75, 80
childrens loratadine 12, 170
childrens non-aspirin 56, 64,
74
childrens pepto 108, 111

INDEX

- childrens silapap56, 64, 74
 CHILDRENS SOOTHE.... 108,
 111
 chlordiazepoxide hcl.....69
 chlorhexidine gluconate..... 14,
 101, 176, 182
 chloroquine phosphate 14
 chlorpheniramine maleate...9,
 11, 167
 chlorpromazine hcl 78
 chlorthalidone 53, 54, 98
 chocolated laxative 112
 cholestyramine 42
 cholestyramine light..... 42
 ciclopirox 180
 ciclopirox olamine 180
 cilostazol 37, 53
 CILOXAN 99
 cimetidine 10, 117
 CIMZIA 115, 145, 148, 153, 156
 CIMZIA (2 SYRINGE) 115,
 145, 148, 153, 156
 CIMZIA PREFILLED 115, 145,
 148, 153, 156
 CIMZIA STARTER KIT 115,
 145, 148, 153, 156
 CIMZIA-STARTER ... 115, 145,
 148, 153, 156
 CINQAIR 168
 CINRYZE 152
 CIPRO 15, 20, 21
 CIPRO HC 99, 103
 ciprofloxacin hcl 15, 21, 99, 100
 ciprofloxacin-dexamethasone
 100, 103
 ciprofloxacin-fluocinolone pf
 100, 103
 citalopram hydrobromide.... 83
 CITRACAL MAXIMUM PLUS
 94, 194
 CITRUCEL..... 112
 citrus calcium/vitamin d..... 94,
 194
 CLARAVIS 181, 184
 CLARINEX..... 12, 170
 CLARINEX-D 12 HOUR 12, 24
 clarithromycin 15, 20, 111
 clarithromycin er..... 15, 20, 111
 classic prenatal35, 187, 191
 CLEARASIL DAILY CLEAR
 ACNE 182
 CLEARLAX 112
 clemastine fumarate ..8, 9, 167
 CLEOCIN-T 18, 173
 CLEVER CHOICE
 COMFORT EZ..... 86
 clickfine pen needles 86
 CLICKFINE PEN NEEDLES
 86
 CLINDACIN PAC 173
 clindamycin hcl..... 18, 173
 clindamycin palmitate hcl... 18,
 173
 clindamycin phos (once-daily)
 18, 173
 clindamycin phos (twice-
 daily) 18, 173
 clindamycin phos-benzoyl
 perox 19, 173, 182
 clindamycin phosphate 19, 173
 clindamycin-tretinoin... 19, 173,
 178, 184
 clobazam 69
 clobetasol prop emollient
 base 178
 clobetasol propionate 178
 clobetasol propionate e.... 178
 clomipramine hcl 84
 clonazepam 69
 clonidine 25, 45, 50
 clonidine hcl 25, 45, 50
 clonidine hcl er 25, 50
 clopidogrel bisulfate..... 37
 clorazepate dipotassium.... 69
 clotrimazole..... 176
 clotrimazole 3 176
 clotrimazole af 176
 clotrimazole anti-fungal.... 176
 clotrimazole athletes foot.. 176
 clotrimazole-7 176
 clotrimazole-betamethasone
 176, 178, 179
 clozapine 67, 68
 CLOZARIL 68
 COAGADEX 34
 COBENFY 66, 186
 COBENFY STARTER PACK
 66, 186
 colchicine..... 150
 colchicine-probenecid .98, 150
 cold/cough childrens.9, 11, 25,
 164
 cold/cough dm childrens 9, 11,
 25, 164
 colesevelam hcl..... 42, 122
 COLESTID 42
 colestipol hcl 42
 COMBIGAN 99, 101, 173
 COMBIVENT RESPIMAT..25,
 30, 163
 COMFORT EZ INSULIN
 SYRINGE 86
 COMFORT EZ PEN
 NEEDLES 86
 comfort gel 108, 110
 comfort gel antacid anti-gas
 108, 110
 COMIRNATY 23
 COMPACT SPACE
 CHAMBER 86
 COMPACT SPACE
 CHAMBER/LG MASK 86
 COMPACT SPACE
 CHAMBER/MED MASK.. 86
 COMPACT SPACE
 CHAMBER/SM MASK.... 86
 companion..... 94, 187
 COMPLERA..... 17, 18, 19
 complete allergy medicine...8,
 9, 26, 58, 66, 164, 167
 complete allergy relief 8, 9, 26,
 58, 66, 164, 167
 complete multivitamin/mineral
 94, 187
 COMPOUND W 181
 COMPOUND W ONE STEP
 INVISIBLE 181
 COMPRO 78, 110
 CONCERTA..... 79
 condoms 161
 CONEXXENCE 144
 constulose 92
 CONTOUR BLOOD
 GLUCOSE SYSTEM 86

INDEX

- CONTOUR CONTROL.....86
 CONTOUR MONITOR.....86
 CONTOUR NEXT CONTROL
86
 CONTOUR NEXT EZ.....86
 CONTOUR NEXT GEN
 MONITOR.....86
 CONTOUR NEXT MONITOR
86
 CONTOUR NEXT ONE86
 CONTOUR NEXT TEST.....91
 CONTOUR TEST91
 CONZIP.....77
 COPAXONE143, 156
 COREG ..28, 29, 38, 41, 45, 47,
 52
 COREG CR .28, 29, 38, 41, 45,
 47, 51
 CORIFACT34
 CORLANOR45, 54
 corn & callus remover181
 corn remover one-step.....181
 CORTISPORIN-TC ...100, 103
 CORTIZONE-10.103, 120, 179
 CORTIZONE-10
 HYDRATENSIVE..103, 120,
 179
 CORTIZONE-10 INTENSIVE
 HEALING 103, 120, 177, 179
 CORTIZONE-10 PLUS....103,
 120, 177, 179
 CORTIZONE-10/ALOE....103,
 120, 177, 179
 COSENTYX.....146, 153, 184
 COSENTYX (300 MG DOSE)
146, 153, 184
 COSENTYX SENSOREADY
 (300 MG).....146, 153, 184
 COSENTYX SENSOREADY
 PEN.....146, 153, 184
 COSOPT101, 102
 COSOPT PF101, 102
 COTEMPLA XR-ODT79
 cough dm164
 coughtab166
 COZAAR38, 39
 CREON98, 114
 CRESEMBA15
 cromolyn sodium..99, 105, 168
 CROTAN183
 CRYSELLE124, 129, 136
 CRYSELLE-28 ...124, 129, 136
 CURITY ALCOHOL PREPS
86
 CURITY ALL PURPOSE
 SPONGES86
 CURITY GAUZE86
 CURITY GAUZE SPONGE 86
 CURITY SPONGES86
 cvs 8hr muscle aches & pain
56, 64, 74
 cvs acetaminophen ex st...56,
 64, 74
 cvs acne foaming face wash
182
 cvs adapalene161, 181, 184
 cvs advanced acne spot treat
181
 cvs antibiotic16, 100, 173
 cvs anti-diarrheal 108, 109, 111
 cvs beta carotene191
 cvs calcium 600 + d/minerals
94, 194
 cvs capsaicin hp.....184
 CVS CHEWY NOT CHALKY
 FLAVOR.....108, 111
 cvs childrens complete 35, 187
 cvs chocolate laxative pieces
112
 cvs clotrimazole.....176
 cvs contact lens relief/rewet
102
 cvs cortisone intense healing
103, 120, 179
 cvs cortisone maximum
 strength.....103, 120, 179
 cvs cough dm childrens164
 cvs daily multiple for men ..94,
 187
 cvs daily multiple women 50+
94, 187
 cvs dairy relief ex st.....114
 cvs diclofenac sodium.....183,
 184
 cvs dry-eye relief nighttime
105
 cvs eczema anti-itch.103, 120,
 179
 cvs eye lubricant105
 cvs fiber112
 cvs foot & sneaker186
 cvs gas relief ultra strength
110
 cvs gauze86
 cvs gentle laxative womens
112
 cvs glucose123
 cvs glycerin adult112
 cvs gummy dinos .94, 187, 193
 cvs headache relief.56, 74, 79,
 81
 cvs infants pain relief drops
56, 64, 74
 cvs instant food thickener .162
 cvs iron35
 cvs itch relief.....176
 cvs jock itch.....13, 173
 CVS KETONE CARE92
 cvs lansoprazole118
 cvs laxative dietary
 supplement.....112
 cvs lice killing.....183
 cvs medicated spot.....181
 cvs miconazole 1 combo
 pack.....176
 cvs miconazole 3 combo
 pack.....176
 cvs motion sickness ii....9, 110
 cvs nasal allergy spray....103,
 165, 169
 cvs nasal mist.....107
 cvs natural daily fiber112
 cvs nicotine27, 31
 cvs nicotine polacrilex ...27, 31
 cvs olopatadine hcl10, 99
 cvs one daily essential 94, 187
 cvs oral anesthetic max str
106, 175
 cvs pain relief.....175
 cvs pain relief childrens 56, 64,
 74
 cvs plantar wart remover ..181
 cvs poly bacitracin 16, 100, 173

INDEX

- cvs prenatal gummy ...94, 160,
 187, 191
 CVS PURELAX..... 112
 cvs ringworm 176
 cvs rubbing alcohol..... 182
 cvs senna-extra..... 112
 cvs sinus pe decongestant.25
 cvs skin treatment..... 177
 cvs spectravite adult 50+ ...94,
 187
 cvs spectravite advanced ..94,
 187
 cvs spectravite senior .94, 187
 cvs spectravite ultra men 50+
94, 187
 cvs spectravite ultra mens.94,
 187
 cvs spectravite ultra women
94, 187
 cvs spectravite womens
 senior94, 187
 cvs stool softener..... 112
 cvs therapeutic..... 182
 cvs vitamin b-2 191
 cvs womens active daily94,
 187
 cvs womens prenatal+dha 35,
 94, 160, 187, 191
 cyanocobalamin37, 191
 cyclobenzaprine hcl.....28
 cyclophosphamide.....21, 145,
 159
 cyclosporine..... 101, 105, 144,
 154, 157, 159
 cyclosporine (pf).101, 105, 144
 cyclosporine modified 101,
 144, 153, 154, 156, 159
 CYLTEZO (2 PEN) 148, 154
 CYLTEZO (2 SYRINGE) .115,
 148, 154, 157
 CYMBALTA 71, 82
 cyproheptadine hcl8, 9, 167
 CYRED EQ..... 124, 129, 136
D
 d3 high potency..... 194
 D3-50 194
 d-5000 194
 dabigatran etexilate mesylate
33
 daily face wash..... 181
 daily value multivitamin.....187
 dalfampridine er 160, 161
 DALIRESP 169, 181, 183
 dapaglifloz base-metformin er
 123, 142
 dapagliflozin.....142
 dapagliflozin pro-metformin
 er 123, 142
 dapagliflozin propanediol..142
 dapsone..... 14, 15, 173, 184
 DARAPRIM.....14
 darifenacin hydrobromide er
 186
 darunavir 18
 DASETTA 1/35 (28) .124, 129,
 136
 DASETTA 7/7/7..124, 129, 136
 DAWNZERA51, 151
 DAYHIST ALLERGY 12
 HOUR RELIEF8, 9, 167
 DAYSEE..... 124, 129, 136
 DAYTRANA 79
 DAYVIGO..... 66, 78
 DEBLITANE..... 124, 136
 DECARA 194
 deep sea nasal spray 105, 168
 delta d3..... 194
 DELYLA..... 124, 129, 136
 DENAVIR 175
 DENTA 5000 PLUS..... 84, 152
 dentagel..... 84, 152
 DEPAKOTE59, 62, 64, 72
 DEPAKOTE ER..59, 62, 64, 72
 DEPAKOTE SPRINKLES..59,
 62, 64
 DEPO-PROVERA..... 124, 136
 DEPO-SUBQ PROVERA 104
 124, 136
 DEPO-TESTOSTERONE.122
 DERMACEA GAUZE
 SPONGE86
 DERMACEA IV SPONGES86
 DERMACEA NON-WOVEN
 SPONGES 86
 DERMACEA TYPE VII
 GAUZE87
 DERMAREST ECZEMA ..103,
 120, 179
 DESCOVY.....18, 19
 DESENX.....176
 desipramine hcl84
 desloratadine12, 170
 desmopressin ace spray
 refrig34, 135
 desmopressin acetate.34, 135
 desmopressin acetate spray
34, 135
 desogestrel-ethinyl estradiol
124, 129, 136
 desoximetasone 179
 desvenlafaxine er.....82
 desvenlafaxine succinate er
82
 DETROL186
 DETROL LA.....186
 DEX4.....92, 123, 193
 DEX4 POUCH PACK .92, 123,
 193
 DEX4 QUICK DISSOLVE
 GLUCOSE.....123
 dexamethasone.....103, 120
 DEXAMETHASONE
 INTENSOL103, 120
 dexamethasone sodium
 phosphate103
 DEXCOM G5 MOB/G4 PLAT
 SENSOR87
 DEXCOM G5 MOBILE
 RECEIVER.....87
 DEXCOM G5 MOBILE
 TRANSMITTER.....87
 DEXCOM G5 RECEIVER
 KIT87
 DEXCOM G6 RECEIVER..87
 DEXCOM G6 SENSOR87
 DEXCOM G6
 TRANSMITTER.....87
 DEXCOM G7 RECEIVER..87
 DEXCOM G7 SENSOR87
 DEXILANT.....118
 dexlansoprazole118
 dexmethylphenidate hcl79

INDEX

- dexmethylphenidate hcl er .79
DEXTENZA..... 103
dextroamphetamine sulfate 56
dextroamphetamine sulfate
er56
dextromethorphan polistirex
er 164
DHIVY..... 71
diabetes health formula94,
187
DIABETIC TUSSIN DM ... 164,
166
DIACOMIT 59, 72
DIALYVITE 187, 191, 193
DIALYVITE 800.. 187, 191, 193
dialyvite 800/ultra d 94, 187
DIALYVITE VITAMIN D 5000
..... 194
DIALYVITE VITAMIN D3
MAX 194
diamode..... 109
diaper rash..... 175
diarrhea 108, 109, 111
DIASTIX 91
diazepam..... 69
diazoxide 123
DICLEGIS 110
diclofenac epolamine 75
diclofenac potassium..... 75
diclofenac sodium .75, 84, 106,
183, 184
diclofenac sodium er 75
diclofenac-misoprostol 75, 118
dicloxacillin sodium..... 20
dicyclomine hcl..... 25
diflorasone diacetate 179
DIFLUCAN..... 15
diflunisal 75, 80
difluprednate..... 103
DIGOX..... 40, 45
digoxin 40, 45
DILANTIN..... 46, 72
DILANTIN INFATABS... 46, 72
diltiazem hcl..... 43, 44, 48, 54
diltiazem hcl er ... 43, 44, 48, 54
diltiazem hcl er beads .. 42, 43,
44, 48, 54
diltiazem hcl er coated beads
..... 42, 43, 44, 48, 54
DIMAPHEN DM
COLD/COUGH..... 9, 11, 25,
164
dimethyl fumarate 145, 157
dimethyl fumarate starter
pack..... 145, 157
DIOVAN..... 38, 39
DIOVAN HCT 39, 97, 98
DIPENTUM 111
diphen 8, 9, 26, 58, 66, 164, 167
diphenhydramine hcl .. 8, 9, 26,
58, 66, 164, 167
diphenoxylate-atropine 25, 109
dipyridamole 37, 53, 54, 91
disopyramide phosphate ... 46
disulfiram 7, 149
divalproex sodium... 59, 62, 64,
72
divalproex sodium er 59, 62,
64, 72
dm-guaifenesin er 164, 166
docusate sodium..... 112
DOCUSOL MINI..... 112
docuzen 112
DOLISHALE..... 124, 129, 136
donepezil hcl..... 29
dorzolamide hcl 102
dorzolamide hcl-timolol mal
..... 101, 102
dorzolamide hcl-timolol mal
pf..... 101, 102
double antibiotic ... 16, 100, 173
DOVATO 17, 18
doxazosin mesylate .29, 38, 41
doxepin hcl..... 84, 175
doxycycline hyclate 14, 21, 173
doxycycline monohydrate .. 14,
21, 173
doxylamine-pyridoxine 110
DRIZALMA SPRINKLE 82
droperidol 66, 114
DROPLET INSULIN
SYRINGE 87
DROPLET PEN NEEDLES 87
dropsafe safety pen needles
..... 87
drospiren-eth estrad-
levomefol .124, 130, 136, 191
drospirenone-ethinyl estradiol
..... 125, 130, 136
DROXIA..... 21
DRS CHOICE
CORN/CALLUS
REMOVER..... 181
DRYSOL..... 175
dss 112
DUAKLIR PRESSAIR .. 25, 30,
163
DUETACT 142, 143
DULCOLAX STOOL
SOFTENER 112
DULERA..... 30, 120
duloxetine hcl..... 71, 82
DUODERM CGF DRESSING
..... 87
DUODERM CGF EXTRA
THIN..... 87
DUODERM HYDROACTIVE
..... 184
DUPIXENT 168, 180, 184
DUREX EXTRA SENSITIVE
THIN..... 161
DUREX REALFEEL..... 161
DUREZOL 103
DURYSTA..... 107
dutasteride 149
dutasteride-tamsulosin hcl.30,
150
D-VI-SOL..... 194
DYANAVEL XR 56
DYMISTA 99, 103, 165, 169,
170
DYRENIUM..... 53, 93
E
E.E.S. 400 16
E.E.S. GRANULES..... 16
e-200 195
ear drops 101
ear wax removal kit..... 101
earwax removal..... 101
easy comfort insulin syringe
..... 87
easy comfort pen needles .. 87
easy glide pen needles 87

INDEX

- EASY TOUCH ALCOHOL
PREP MEDIUM.....87
- EASY TOUCH FLIPLOCK
INSULIN SY.....87
- EASY TOUCH INSULIN
BARRELS87
- EASY TOUCH INSULIN
BARRELS 1ML87
- EASY TOUCH INSULIN
SAFETY SYR.....87
- EASY TOUCH INSULIN
SYRINGE.....87
- EASY TOUCH PEN
NEEDLES87
- EASY TOUCH
SHEATHLOCK SYRINGE
.....87
- EBGLYSS 180
- econazole nitrate 176
- ECONTRA ONE-STEP.... 122,
125, 136
- ECPIRIN.....37, 64, 81
- ed bron gp..... 25, 166
- ed chlorped jr..... 9, 11, 167
- ed-apap 56, 64, 74
- EDARBI 38, 39
- EDARBYCLOR 39, 98
- EDLUAR.....66, 73
- EDURANT..... 17
- efavirenz..... 17, 18
- EFFEXOR XR 82
- EFFIENT 37
- EKTERLY 51
- ELEPSIA XR..... 59
- eletriptan hydrobromide..... 82
- ELINEST 125, 130, 136
- ELIQUIS 33
- ELIQUIS DVT/PE STARTER
PACK..... 33
- ELLA 125, 136
- ELOCTATE..... 34
- ELURYNG..... 125, 130, 136
- ELYXYB 64, 71
- EMBECTA AUTOSHIELD
DUO.....87
- EMBECTA INS SYR U/F 1/2
UNIT.....87
- EMBECTA INSULIN SYR
ULTRAFINE.....87
- EMBECTA INSULIN
SYRINGE87
- EMBECTA INSULIN
SYRINGE U-10087
- EMBECTA INSULIN
SYRINGE U-50087
- EMBECTA PEN NEEDLE
NANO87
- EMBECTA PEN NEEDLE
NANO 2 GEN87
- EMBECTA PEN NEEDLE
ULTRAFINE.....87
- EMCYT21
- EMGALITY..... 70
- emtricitabine 18
- emtricitabine-tenofovir df ... 18,
19
- EMTRIVA 18
- enalapril maleate.....39, 40
- enalapril-hydrochlorothiazide
.....40, 98
- ENBREL 148, 154, 157
- ENBREL MINI ... 148, 154, 157
- ENBREL SURECLICK.... 148,
154, 157
- ENCARE 161
- ENDACOF-DM...9, 11, 25, 164
- ENDARI..... 160, 184
- ENDUR-ACIN 41, 191
- ENDUR-C..... 193
- enema..... 112
- enema pediatric..... 112
- ENEMEEZ MINI 112
- ENGERIX-B 23
- ENILLORING..... 125, 130, 136
- enoxaparin sodium 35
- ENPRESSE-28 .. 125, 130, 136
- ENSKYCE 125, 130, 136
- ENSPRYNG..... 147, 157
- entacapone 70
- ENTADFI..... 53, 150, 178
- entecavir..... 19
- ENTRESTO 38, 39, 53
- ENTYVIO 115, 117, 144
- ENTYVIO PEN ... 115, 117, 144
- enulose 92
- ENVARUSUS XR .144, 159, 180
- EPANED.....39, 40
- EPCLUSA 17
- ephrine nose drops.....25, 107
- EPIDIOLEX.....59
- epinastine hcl..... 12, 99
- epinephrine24, 163
- EPIPEN 2-PAK.....24, 163
- EPIPEN JR 2-PAK.....24, 163
- EPIVIR 18
- eplerenone51, 53, 93
- EPOGEN33
- EPRONTIA..... 59, 64
- eq acetaminophen ...56, 64, 74
- eq athletes foot.....176
- eq athletes foot (tolnaftate)
.....186
- eq calcium 500+d.....94, 194
- eq complete multivit adult
50+94, 187
- eq daily fiber112
- eq dairy digestive fast acting
.....114
- eq fiber therapy112
- eq first aid antiseptic..176, 182
- eq lansoprazole.....118
- eq lice killing max st183
- eq nicotine.....27, 32
- eq nicotine polacrilex.....27, 32
- eq nicotine step 3.....27, 32
- eq pain & fever childrens ...57,
64, 74
- eq restore plus lubricant eye
.....105
- EQ RESTORE PM.....105
- eq restore tears105
- eq saline nasal spray.105, 168
- eq anti-itch maximum
strength.....103, 120, 179
- eq dairy digest fast acting 114
- eq first aid antibiotic...16, 100,
174, 175
- eq heartburn prevention....10,
117
- eq insulin syringe87
- eq lansoprazole118
- eq lice killing max st.....183

INDEX

- eq1 one daily mens health .94,
 187
 eq1 one daily womens 50+
 adv 94, 187
 eq1 smooth texture fiber 112
 eq1 vision formula..... 94, 187
 EQUETRO 59, 62
 ergocalciferol 194
 ERRIN 125, 136
 ERTACZO 176
 ery 16, 100, 174
 ERYPED 200..... 16
 ERYPED 400..... 16
 ERY-TAB..... 16
 ERYTHROCIN STEARATE 16
 erythromycin ... 16, 17, 100, 174
 erythromycin base 16
 erythromycin ethylsuccinate
 16
 ERZOFRI 68
 escitalopram oxalate 83
 eslicarbazepine acetate 59, 72
 esomeprazole magnesium
 118
 ESPEROCT 34
 ESSENTIA 94, 187
 ESTARYLLA..... 125, 130, 136
 ESTRACE 130, 151
 estradiol..... 130, 151
 estradiol-norethindrone acet
 130, 136
 eszopiclone..... 66, 73
 ethambutol hcl..... 15
 ethosuximide 84
 ethynodiol diac-eth estradiol
 125, 130, 136
 etodolac..... 76, 80
 etodolac er 75, 80
 etonogestrel-ethinyl estradiol
 125, 130, 136
 EUCRISA 174, 183
 EVAC-U-GEN..... 112
 EVEKEO 56
 EVEKEO ODT 56
 EVENITY 144, 151
 everolimus..... 21, 145, 159
 EVISTA..... 129, 152
 EVKEEZA 40, 41
 EXCILON IV SPONGES..... 88
 EXELON..... 29
 exenatide..... 133
 EXFORGE 39, 49
 EXFORGE HCT 39, 49, 98
 extraprin 57, 74, 79, 81
 EYSUVIS..... 103
 EZ CHAR 108
 EZALLOR SPRINKLE 50
 ezetimibe..... 46
 ezetimibe-simvastatin.... 46, 50
 EZFE 200 35
F
 FABIOR 181, 184
 FALMINA..... 125, 130, 136
 famciclovir 19
 famotidine..... 10, 117
 FANAPT 68
 FANAPT TITRATION PACK
 A 68
 FANAPT TITRATION PACK
 B 68
 FANAPT TITRATION PACK
 C 68
 FANTASY LUBRICATED .161
 FANTASY
 LUBRICATED/SPERMICID
 E 161
 FARESTON 21, 129
 FARXIGA 142
 FASENRA 168
 FASENRA PEN..... 168
 FC2 FEMALE CONDOM.. 161
 fe c tab plus 35, 191, 193
 FEIBA 34
 felbamate 59
 FELBATOL..... 59
 felodipine er 49
 FEMCAP 161
 fenofibrate 50
 fenofibrate micronized..... 50
 fenofibric acid 50
 FENOGLIDE..... 50
 fenoprofen calcium 76, 80
 fentanyl 77
 FEOSOL..... 35
 FERATE 35
 FEROSUL 35
 FERREX 150 35
 ferric x-150 35
 FERROCITE 35
 ferrous fumarate..... 35
 ferrous gluconate 36
 ferrous sulfate..... 36
 fesoterodine fumarate er .. 186
 FETZIMA 82
 FETZIMA TITRATION..... 82
 FEVERALL INFANTS .. 57, 64,
 74
 fexofenadine hcl 12, 170
 FIASP..... 140
 FIASP FLEXTOUCH 140
 FIASP PENFILL 140
 FIASP PUMPCART 140
 fiber 112
 fiber therapy 112
 fiber-lax..... 112
 FIBRICOR..... 50
 FIFTY50 PEN NEEDLES ... 88
 finasteride..... 150, 178
 fingolimod hcl..... 147, 157
 FINTEPLA 59
 FINZALA..... 125, 130, 136
 FIRAZYR..... 152
 FIRVANQ 17
 fish oil..... 160
 fish oil concentrate..... 160
 fish oil/super potent/no burp
 160
 flavoxate hcl..... 186
 flecainide acetate 46
 FLECTOR 76
 FLEET BISACODYL..... 112
 FLEET LIQUID GLYCERIN
 SUPP 112
 FLEET MINI ENEMA..... 112
 FLEET PEDIATRIC 112
 FLINTSTONES COMPLETE
 36, 94, 187, 193
 FLINTSTONES GUMMIES 94,
 188, 193
 FLINTSTONES GUMMIES
 PLUS..... 94, 188, 193
 FLINTSTONES GUMMIES-
 IMMUNITY 94, 188, 193

INDEX

- FLINTSTONES PLUS**
 CALCIUM..... 188, 191, 193
FLINTSTONES SOUR
 GUMMIES..... 94, 188, 193
FLINTSTONES/MY FIRST
 188, 191, 193
 flolipid..... 50
FLOMAX 30
 fluconazole..... 15
 flucytosine..... 20
 fludrocortisone acetate 120
 flunisolide 103, 120, 165, 169
 fluocinolone acetonide 103,
 179
 fluocinonide..... 179
 fluocinonide emulsified base
 179
 fluorometholone 103
 fluorouracil 21, 174, 184
 fluoxetine hcl..... 83
 fluoxetine hcl (pmdd)..... 83
 fluphenazine decanoate 78
 fluphenazine hcl..... 78
 flurbiprofen..... 76, 80, 106
 flurbiprofen sodium..... 80, 106
 fluticasone furoate ellipta. 103,
 120, 165, 169
 fluticasone furoate-vilanterol
 30, 103, 120, 165
 fluticasone propionate..... 103,
 120, 165, 169
 fluticasone propionate diskus
 103, 120, 165, 169
 fluticasone propionate hfa 103,
 120, 165, 169
 fluticasone-salmeterol 30, 103,
 104, 120, 165
 fluvastatin sodium..... 50
 fluvastatin sodium er 50
 fluvoxamine maleate 83
 fluvoxamine maleate er 83
FML FORTE 104
FOCALIN..... 79
FOCALIN XR..... 79
 folic acid 191
 fondaparinux sodium..... 33, 35
 for sty relief 106
FORA G20 BLOOD
 GLUCOSE SYSTEM..... 88
FORA G20 BLOOD
 GLUCOSE TEST 91
FORFIVO XL 61
 formoterol fumarate 30, 171
FORMULA 3 THE
 TREATMENT..... 186
FORTEO 134, 135, 151
FOSAMAX 152
FOSAMAX PLUS D... 152, 194
 fosinopril sodium 40
 fosinopril sodium-hctz ... 40, 98
FOSRENOL..... 92, 150
FRAGMIN..... 35
FREESTYLE FREEDOM
 LITE..... 88
FREESTYLE INSULINX
 TEST..... 91
FREESTYLE LIBRE 14 DAY
 READER 88
FREESTYLE LIBRE 14 DAY
 SENSOR 88
FREESTYLE LIBRE 2 PLUS
 SENSOR 88
FREESTYLE LIBRE 2
 READER 88
FREESTYLE LIBRE 2
 SENSOR 88
FREESTYLE LIBRE 3 PLUS
 SENSOR 88
FREESTYLE LIBRE 3
 READER 88
FREESTYLE LIBRE 3
 SENSOR 88
FREESTYLE LITE 88
FREESTYLE LITE TEST... 91
FREESTYLE TEST 91
FROVA 82
 frovatriptan succinate 82
 fruit c 500 193
 ft allergy relief 12, 170
 ft allergy relief 12 hour 12, 170
 ft allergy relief 24 hour 12, 170
 ft arthritis pain 183, 184
 ft nicotine 27, 32
 full spectrum b/vitamin c.. 188,
 191, 193
 furosemide 51, 92
FYAVOLV..... 130, 136
FYCOMPA 59
G
 g tussin ac..... 164, 166
 gabapentin 57, 59, 72
 galantamine hydrobromide. 29
 galantamine hydrobromide er
 29
GALBRIELA..... 125, 130, 136
GARDASIL 9..... 23
 gas relief..... 110
 gas relief extra strength 110
 gatifloxacin 100
 gavalax..... 112
GAVILYTE-C 112
GAVILYTE-G 112
GAVILYTE-N WITH FLAVOR
 PACK 113
GEL-KAM 84, 152
 gemfibrozil..... 50
GEMMILY..... 125, 130, 137
GEMTESA..... 186
GENERESS FE.. 125, 130, 137
 generlac..... 92
 genicin 160
GENOTROPIN 135, 142
GENOTROPIN MINIQUICK
 135, 142
 gentamicin sulfate 14, 100, 174
GENTEAL TEARS..... 106
 gentle laxative 113
 gentlelax 113
GENVOYA 17, 18
GEODON 62, 68
 geri-dryl..... 8, 9, 26, 58, 66, 164,
 167
 geri-kot..... 113
 geri-lanta 108, 110
 geri-mox..... 109, 110
GILENYA..... 147, 157
GIMOTI..... 118
 glatiramer acetate 143, 157
GLATOPA 143, 157
 glimepiride..... 142
 glipizide..... 143
 glipizide er 142
 glipizide xl..... 143

INDEX

- glipizide-metformin hcl 123,
143
- global alcohol prep ease88
- global ease inject pen
needles88
- global easy glide insulin syr88
- global inject ease insulin syr
.....88
- global insulin syringes.....88
- GLUCAGEN HYPOKIT 7, 133,
150
- glucagon emergency....7, 133,
150
- GLUCOCARD EXPRESSION
MONITOR.....88
- GLUCOCARD EXPRESSION
TEST.....91
- GLUCOCARD SHINE88
- GLUCOCARD SHINE TEST
.....91
- GLUCOCARD SHINE XL...88
- glucosamine sulfate 160
- glucose 123
- glucoten..... 94, 188
- GLUTOSE 15 123
- GLUTOSE 45 123
- glyburide..... 143
- glyburide micronized 143
- glyburide-metformin... 123, 143
- GLYCOLAX 113
- glycopyrrolate25, 175
- GLYDO 175
- GLYXAMBI 128, 142
- gnp 24 hour nasal allergy 104,
165, 169
- gnp adapalene ... 161, 181, 184
- gnp all day allergy..... 12, 171
- gnp all day allergy childrens
..... 12, 171
- gnp all day allergy-d 12, 24
- gnp allergy8, 9, 26, 58, 66, 164,
167
- gnp allergy & congestion ... 12,
24
- gnp allergy relief..... 12, 171
- gnp allergy/congestion relief
..... 12, 24
- gnp antacid extra strength
.....109, 111
- gnp aspirin37, 64, 81
- gnp calcium 500 +d3...95, 194
- gnp childrens chewables/iron
.....36, 188
- GNP CLEARLAX 113
- gnp clickfine pen needles ...88
- gnp clotrimazole 3.....176
- gnp cold/cough childrens.....9,
11, 25, 164
- gnp dairy relief.....114
- gnp diclofenac sodium 183,
184
- gnp esomeprazole
magnesium 118
- gnp essential one daily188
- gnp eye drops long lasting106
- gnp fexofenadine hcl ... 12, 171
- gnp fiber-caps..... 113
- gnp fluticasone propionate
.....104, 120, 165, 169
- gnp gas relief..... 110
- gnp hair/skin/nails95, 188
- gnp infants pain/fever...57, 64,
74
- gnp insulin syringe88
- gnp iron.....36
- gnp lansoprazole 118
- gnp lice treatment 183
- gnp lidocaine pain relief....175
- gnp little ones childrens ...188,
191, 193
- gnp loratadine..... 12, 171
- gnp loratadine childrens 12,
171
- gnp mega multi for women 95,
188
- gnp miconazorb af 176
- gnp naproxen sodium ..64, 76,
80, 150
- gnp nasal decongestant24,
163
- gnp nasal moisturizing106,
168
- gnp natural fiber 113
- gnp nicotine27, 32
- gnp nicotine mini27, 32
- gnp nicotine polacrilex ..27, 32
- gnp olopatadine hcl10, 99
- gnp omeprazole118
- gnp one daily mens health
50+95, 188
- gnp one daily mens/lycopene
.....95, 188
- gnp one daily womens 95, 188
- gnp one daily womens health
.....95, 188
- gnp tab tussin166
- gnp terbinafine hydrochloride
.....13, 173
- gnp tolnaftate.....186
- gnp tussin dm cough .164, 166
- gnp ulticare pen needles88
- gnp ultra com insulin syringe
.....88
- GOCOVRI13, 26, 55
- goodsense all day allergy ..12,
171
- goodsense aller-ease..12, 171
- goodsense clickfine pen
needle88
- GOODSENSE
ESOMEPRAZOLE118
- goodsense lansoprazole...118
- goodsense nicotine.....27, 32
- GRALISE57, 59, 72
- granisetron hcl.....108
- griseofulvin microsize14
- griseofulvin ultramicrosize ..14
- guaiatussin ac164, 166
- guaifenesin.....166
- guaifenesin ac164, 166
- guaifenesin er166
- guaifenesin-codeine ..164, 166
- guaifenesin-dm.....164, 166
- guanfacine hcl45, 50, 70
- guanfacine hcl er.....70
- GUMMI BEAR
MULTIVITAMIN/MIN95,
188, 193
- GVOKE HYPOPEN 1-PACK
.....7, 133, 150
- GVOKE HYPOPEN 2-PACK
.....7, 133, 150
- GVOKE KIT.....7, 133, 150

INDEX

- GVOKE PFS..... 7, 133, 150
- H**
- HABITROL..... 27, 32
- HADLIMA ... 116, 148, 154, 157
- HADLIMA PUSH TOUCH. 115, 148, 154, 157
- HAEGARDA 152
- HAILEY 1.5/30 ... 125, 130, 137
- HAILEY 24 FE.... 125, 130, 137
- HAILEY FE 1.5/30 125, 130, 137
- HAILEY FE 1/20 125, 130, 137
- hair/skin/nails..... 95, 188
- HALOETTE..... 125, 130, 137
- haloperidol 70
- haloperidol decanoate 70
- haloperidol lactate 70
- HARVONI..... 17
- HAVRIX..... 23
- headache relief .. 57, 74, 79, 81
- healthy eyes 95, 188
- HEALTHY MAMA EAZZZE
THE PAIN 8, 9, 57, 66, 74
- HEALTHY MAMA SHAKE
THAT ACHE 57, 64, 74
- HEALTHYLAX..... 113
- heartburn relief..... 10, 117
- heartburn relief max st 10, 117
- HEATHER..... 125, 137
- h-e-b incontrol alcohol 88
- h-e-b incontrol pen needles 88
- HEMANGEOL ... 28, 41, 45, 47, 52, 64
- HEMLIBRA 34
- HEMOFIL M..... 34
- hemorrhoidal cooling.. 25, 176, 178
- HEPLISAV-B 23
- HETLIOZ..... 66, 73
- HETLIOZ LQ..... 66, 73
- HIBERIX..... 23
- hm allergy relief..... 12, 171
- hm allergy relief/nasal
decong..... 12, 24
- hm cetirizine hcl 12, 171
- hm complete men 95, 188
- hm complete women... 95, 188
- hm fexofenadine hcl 12, 171
- hm loratadine..... 12, 171
- hm loratadine childrens..... 12, 171
- hm nicotine..... 27, 32
- hm nicotine polacrilex.... 27, 32
- hm stool softener/laxative. 113
- HOMATROPAIRE..... 107
- HONEY BEARS 188
- HONEY BEARS W/IRON-ZINC..... 36, 188
- HORIZANT..... 57, 59, 72
- HULIO..... 116, 148, 154, 157
- HULIO (2 PEN) . 116, 148, 154, 157
- HUMALOG..... 140, 141
- HUMALOG JUNIOR
KWIKPEN..... 140
- HUMALOG KWIKPEN 140
- HUMALOG MIX 50/50 140
- HUMALOG MIX 50/50
KWIKPEN..... 140
- HUMALOG MIX 75/25 141
- HUMALOG MIX 75/25
KWIKPEN..... 141
- HUMALOG TEMPO PEN . 141
- HUMATE-P 34
- HUMATROPE 135, 142
- HUMIRA (1 PEN)..... 116, 148, 154, 157
- HUMIRA (2 PEN)..... 116, 148, 154, 157
- HUMIRA (2 SYRINGE) 116, 148, 154, 157
- HUMIRA-CD/UC/HS
STARTER 116, 148, 154, 157
- HUMIRA-PED >/=40KG UC
STARTER 116, 148, 154, 157
- HUMIRA-PSORIASIS/UVEIT
STARTER 116, 148, 154, 157
- HUMULIN 70/30..... 134, 141
- HUMULIN 70/30 KWIKPEN
..... 134, 141
- HUMULIN N..... 134
- HUMULIN N KWIKPEN 134
- HUMULIN R..... 141
- HUMULIN R U-500
(CONCENTRATED)..... 141
- HUMULIN R U-500
KWIKPEN..... 141
- hydralazine hcl 50
- hydrochlorothiazide 53, 98
- hydrocodone bitartrate er ... 77
- hydrocodone bit-homatrop
mbr 25, 164
- hydrocodone-acetaminophen
..... 57, 74, 77
- hydrocortisone... 104, 121, 177, 179
- hydrocortisone (perianal). 104, 120, 179
- hydrocortisone max st..... 104, 121, 179
- hydrocortisone valerate ... 104, 121, 179
- hydrocortisone/aloe max str
..... 104, 121, 179
- hydrocortisone-acetic acid
..... 104, 106, 121, 179
- hydrogen peroxide 182
- hydromet 25, 164
- hydromorphone hcl..... 77
- hydromorphone hcl er 77
- hydroxychloroquine sulfate 15, 145, 154, 157
- hydroxyurea 22
- hydroxyzine hcl..... 9, 10, 66
- hydroxyzine pamoate 9, 10, 66
- hyoscyamine sulfate 7, 26, 163
- hyoscyamine sulfate er .. 7, 26, 163
- hyprost..... 160
- HYRIMOZ.... 116, 149, 154, 157
- HYRIMOZ-CROHNS/UC
STARTER 116, 149, 154, 157
- HYRIMOZ-PED <40KG
CROHN STARTER..... 116, 149, 154, 157
- HYRIMOZ-PED >/=40KG
CROHN START 116, 149, 154, 157
- HYRIMOZ-PLAQ
PSOR/UVEIT START ... 116, 149, 154, 157

INDEX

- HYRIMOZ-PLAQUE
 PSORIASIS START 116,
 149, 154, 157
 HYSINGLA ER..... 77
 HYZAAR..... 39, 98
I
 ibandronate sodium..... 152
 IBSRELA..... 116
 IBU 64, 76, 80
 ibuprofen 64, 76, 80
 ibuprofen childrens .. 64, 76, 80
 ibuprofen junior strength.... 64,
 76, 80
 ibuprofen-famotidine 76, 80,
 117
 ICAPS..... 95, 188
 ICAPS LUTEIN & OMEGA-3
 95, 188
 icatibant acetate..... 42, 152
 ICLEVIA..... 125, 130, 137
 icosapent ethyl 41, 52
 IDACIO (2 PEN) 116, 149, 154,
 157
 IDACIO (2 SYRINGE)..... 116,
 149, 154, 157
 IDACIO-CROHNS/UC
 STARTER 116, 149, 154, 157
 IDACIO-PSORIASIS
 STARTER 116, 149, 154, 157
 IDELVION 34
 IDOSE TR..... 107
 ILARIS 19, 57, 160, 168
 ILEVRO 106
 ILUMYA..... 180, 184
 ILUVIEN 104, 179
 imipramine hcl 84
 imiquimod..... 174, 185
 IMITREX..... 82
 IMITREX STATDOSE
 REFILL 82
 IMITREX STATDOSE
 SYSTEM 82
 IMULDOSA..... 146
 IMURAN 144, 154, 158, 159
 INBRIJA..... 71
 INCASSIA 125, 137
 IN-CHECK INSPIRATORY
 FLOW MTR..... 88
 INCRUSE ELLIPTA..... 26, 163
 indapamide 53, 54, 98
 INDERAL LA 28, 41, 45, 47, 52,
 64
 INDERAL XL 28, 41, 45, 47, 52,
 64
 INDOCIN 76, 80, 151
 indomethacin 76, 80, 151
 indomethacin er..... 76, 80, 151
 INFANTS ADVIL 64, 76, 80
 infants ibuprofen 64, 76, 80
 INFLECTRA..... 116, 145, 149,
 154, 158, 185
 infliximab 116, 145, 149, 154,
 158, 185
 INNOPRAN XL.. 28, 41, 45, 47,
 52, 64
 INPEFA..... 53, 142
 insulin asp prot & asp flexpen
 141
 insulin aspart 141
 insulin aspart flexpen 141
 insulin aspart penfill..... 141
 insulin aspart prot & aspart
 141
 insulin degludec 134
 insulin degludec flextouch 134
 insulin glargine max solostar
 134
 insulin glargine solostar ... 134
 insulin glargine-yfgn 134
 insulin lispro 141
 insulin lispro (1 unit dial) ... 141
 insulin lispro junior kwikpen
 141
 insulin lispro prot & lispro.. 141
 insulin syringe..... 88
 insulin syringe-needle u-100
 88
 insupen pen needles 88
 INSUPEN SENSITIVE 88
 INSUPEN ULTRAFIN..... 88
 intense toothache pain relief
 106, 175
 INTROVALE 125, 130, 137
 INTUNIV 70
 INVEGA..... 68
 INVEGA HAFYERA..... 68
 INVEGA SUSTENNA 68
 INVEGA TRINZA 68
 INVELTYS..... 104
 INVOKAMET..... 123, 142
 INVOKAMET XR..... 123, 142
 INVOKANA 142
 IOPIDINE..... 99, 106
 IPOL..... 23
 ipratropium bromide..... 26, 163
 ipratropium-albuterol 26, 31,
 163
 irbesartan 38, 39
 irbesartan-
 hydrochlorothiazide ... 39, 98
 iron 36
 iron 100 plus 36, 191, 193
 iron supplement childrens... 36
 ISENTRESS 17
 ISENTRESS HD..... 17
 ISIBLOOM..... 125, 130, 137
 isoniazid..... 15
 isopropyl alcohol 182
 isosorbide dinitrate..... 52
 isosorbide mononitrate..... 52
 isosorbide mononitrate er... 52
 isotretinoin..... 181, 185
 isradipine 49
 ISTALOL..... 28, 41, 47, 101
 itraconazole..... 15
 iv prep wipes..... 183
 ivabradine hcl 45, 54
 IXINITY 34
 IYUZEH 107
J
 JAIMIESS..... 125, 130, 137
 JALYN..... 30, 150
 JANTOVEN..... 33
 JANUMET 123, 128
 JANUMET XR..... 123, 128
 JANUVIA 128
 JARDIANCE 142
 JASMIEL 125, 130, 137
 JENCYCLA..... 125, 137
 JENTADUETO 123, 128
 JENTADUETO XR..... 123, 128
 JINTELI..... 130, 137
 JIVI 34
 jock itch..... 177

INDEX

- jock itch spray powder 186
 JOLESSA 125, 130, 137
 JORNAY PM 79
 JOYEAUX 125, 130, 137
 JUBBONTI 144
 JUBLIA 177
 JULEBER 125, 130, 137
 JULUCA 17, 18
 JUNEL 1.5/30 125, 130, 137
 JUNEL 1/20 125, 130, 137
 JUNEL FE 1.5/30 125, 130, 137
 JUNEL FE 1/20 .. 125, 130, 137
 JUNEL FE 24 125, 130, 137
 JYNNEOS 23
- K**
 KAITLIB FE 125, 130, 137
 KALBITOR 51, 152, 160
 KALLIGA 125, 130, 137
 KAMELEON LUBRICATED 161
 KAOPECTATE EXTRA STRENGTH 109, 111
 KAPSPARGO SPRINKLE .31, 41, 45, 47, 52
 KARIVA 125, 130, 137
 KATERZIA 49, 54
 KELNOR 1/35 125, 130, 137
 KELNOR 1/50 125, 131, 137
 KEPPRA 59
 KEPPRA XR 59
 KERALYT 181
 KERR INSTA-CHAR 109
 KERYDIN 183
 KESIMPTA 147, 158
 ketoconazole 15, 177
 KETO-DIASTIX 92
 ketone test 91
 ketoprofen 65, 76
 ketoprofen er 65, 76
 ketorolac tromethamine 76, 80, 106
 KETOSTIX 91
 ketotifen fumarate 10, 99
 KEVZARA 146, 154
 kimono 161
 KIMONO COLORS 161
- KIMONO MAXX-LARGE FLARE 161
 kimono micro thin 161
 kimono micro thin plus 161
 kimono plus 161
 kimono ps 161
 kimono ps plus 161
 kimono sensation 161
 kimono sensation plus 161
 KIMONO SPECIAL 161
 KINERET 146, 154, 158
 KITABIS PAK (W/ NEBULIZER) 14, 100
 KLOR-CON M10 95
 KLOR-CON M20 95
 KLOXXADO 7, 78
 KLS ALLER-TEC 12, 171
 kls diclofenac sodium 183, 185
 kls esomeprazole magnesium 118
 kls lansoprazole 118
 KLS LAXACLEAR 113
 kls mucus relief chest 166
 kls omeprazole 118
 KLS QUIT2 27, 32
 KLS QUIT4 27, 32
 kmart valu insulin syringe 29g 88
 KOATE 34
 KOATE-DVI 34
 KOGENATE FS 34
 KONVOMEF 109, 118
 KOVALTRY 34
 kp adults 50+ daily formula 95, 188
 kp b complex-c ... 188, 191, 193
 kp folic acid 192
 kp ketotifen fumarate 10, 99
 kp mag-oxide magnesium .. 95
 kp mens daily formula . 95, 188
 kp omeprazole magnesium 118
- KP VISION FORMULA/LUTEIN . 95, 188
 kp womens 50+ daily formula 95, 188
 kp womens daily formula ... 95, 188
- K-PAX IMMUNE PROFESSIONAL ST 95, 188
 kpn prenatal 36, 95, 188, 192
 KURVELO 125, 131, 137
 K-Y ME & YOU EXTRA LUBRICATED 161
 K-Y ME & YOU INTENSE 161
 KYLEENA 122, 125, 137
- L**
 labetalol hcl .. 28, 30, 38, 41, 45, 47, 52
 LAC-HYDRIN FIVE 177
 lacosamide 59, 72
 lactase enzyme 114
 lactic acid 177
 lactose fast acting relief 114
 lactulose 92
 LAGEVRIO 19
 LAMICTAL 59, 62
 LAMICTAL ODT 59, 62
 LAMICTAL STARTER ... 60, 62
 LAMICTAL XR 60, 62
 lamivudine 18
 lamotrigine 60, 62
 lamotrigine er 60, 62
 lamotrigine starter kit-blue . 60, 62
 lamotrigine starter kit-green 60, 62
 lamotrigine starter kit-orange 60, 62
 lansoprazole 118
 lanthanum carbonate .. 92, 150
 LANTUS 134
 LANTUS SOLOSTAR 134
 LARIN 1.5/30 125, 131, 137
 LARIN 1/20 125, 131, 137
 LARIN 24 FE 125, 131, 137
 LARIN FE 1.5/30 125, 131, 137
 LARIN FE 1/20 ... 125, 131, 137
 latanoprost 107
 LATUDA 68
 laxacin 113
 laxative 113
 LAYOLIS FE 125, 131, 137
 l-carnitine 92
 leader insulin syringe 88

INDEX

- ledipasvir-sofosbuvir 17
- LEENA..... 126, 131, 137
- leflunomide . 147, 154, 158, 159
- LEMTRADA 147, 158
- LEQVIO 41, 52
- LESCOL XL 50
- LESSINA..... 126, 131, 137
- LETAIRIS 54, 166, 172
- letrozole..... 22, 122
- leucovorin calcium .8, 150, 192
- LEUKERAN 22
- levalbuterol hcl 31, 171
- levalbuterol tartrate..... 31, 171
- levamlodipine maleate ..49, 54
- levetiracetam 60
- levetiracetam er 60
- levobunolol hcl 101
- levocarnitine (dietary)..... 92
- levocetirizine dihydrochloride
..... 12
- levofloxacin 15, 21, 174
- LEVONEST..... 126, 131, 137
- levonorgest-eth est & eth est
..... 126, 131, 137
- levonorgest-eth estrad 91-
day 126, 131, 137
- levonorgest-eth estradiol-iron
..... 126, 131, 137
- levonorgestrel..... 122, 126, 137
- levonorgestrel-ethinyl estrad
..... 126, 131, 137
- levonorg-eth estrad triphasic
..... 126, 131, 137
- LEVORA 0.15/30 (28)..... 126,
131, 137
- LEVO-T 143
- levothyroxine sodium 143
- LEVOXYL..... 143
- LEXAPRO 83
- l-glutamine 160, 185
- LIALDA 111
- LIBERVANT 69
- LICART 76
- lice killing..... 183
- lice killing maximum strength
..... 183
- lice treatment..... 183
- lidocaine 175
- lidocaine hcl 175
- lidocaine hcl urethral/mucosal
..... 175
- lidocaine pain relief..... 175
- lidocaine plus..... 175
- lidocaine viscous hcl..... 107
- lidocaine-prilocaine..... 175
- LILETTA (52 MG) 122, 126,
137
- linezolid..... 20
- LINZESS 116, 117
- liothyronine sodium..... 143
- LIPITOR 51
- LIPOFEN..... 50
- liquid acetaminophen ...57, 65,
74
- liquid corn & callus remover
..... 181
- liquid pain relief 57, 65, 74
- liraglutide..... 58, 133
- lisdexamphetamine dimesylate
..... 56
- lisinopril..... 40
- lisinopril-hydrochlorothiazide
..... 40, 98
- LITETOUCH INSULIN
SYRINGE 88
- LITETOUCH PEN NEEDLES
..... 88
- lithium 62
- lithium carbonate..... 62
- lithium carbonate er 62
- LITTLE REMEDIES FOR
FEVER..... 57, 65, 74
- LITTLE REMEDIES FOR
TUMMYS..... 110
- LIVALO 51
- LO LOESTRIN FE 126, 131,
137
- LOESTRIN 1.5/30 (21)..... 126,
131, 137
- LOESTRIN 1/20 (21) 126, 131,
138
- LOESTRIN FE 1.5/30..... 126,
131, 138
- LOESTRIN FE 1/20.. 126, 131,
138
- LOFENA 76
- LOHIST-D 9, 11, 24
- LOJAIMIESS..... 126, 131, 138
- LOKELMA 93
- lomustine 22
- long acting nasal spray 107
- longs insulin syringe 88
- loperamide hcl 109
- LOPID 50
- lopinavir-ritonavir..... 18
- LOPRESSOR 31, 41, 45, 47,
52
- LOPROX 180, 185
- loratadine..... 12, 171
- loratadine childrens 12, 171
- loratadine-d 12hr 12, 24
- loratadine-d 24hr 12, 24
- lorazepam 69
- LORYNA..... 126, 131, 138
- losartan potassium 38, 39
- losartan potassium-hctz 39, 98
- LOTEMAX 104
- LOTEMAX SM 104
- LOTENSIN 40
- LOTENSIN HCT 40, 98
- loteprednol etabonate 104
- LOTREL..... 40, 49
- LOTRIMIN AF..... 177
- LOTRIMIN AF DEODORANT
POWDER 177
- LOTRIMIN AF JOCK ITCH
POWDER 177
- LOTRONEX 111
- lovastatin 51
- LOVENOX..... 35
- LOW-OGESTREL..... 126, 131,
138
- loxapine succinate 66, 71
- LO-ZUMANDIMINE .. 126, 131,
138
- lubiprostone 114, 116
- lubricant eye drops pf..... 106
- lubricating eye drops 106
- lubricating tears eye drops
..... 106
- LUIZZA 1.5/30 126, 131, 138
- luliconazole 177
- LUMIGAN 107
- LUNESTA..... 67, 73

INDEX

- lurasidone hcl 68
 LUTERA 126, 131, 138
 LUZU 177
 LYBALVI..... 62, 68, 109
 LYLEQ..... 126, 138
 LYRICA 60, 71, 72
 LYRICA CR..... 57, 71, 72
 LYSIPLEX PLUS 95, 188
 LYSODREN 22
 LYUMJEV 141
 LYUMJEV KWIKPEN..... 141
 LYUMJEV TEMPO PEN... 141
 LYZA..... 126, 138
M
 MACUVITE/LUTEIN.... 95, 188
 mag-al plus xs 109, 110
 MAGELLAN INSULIN
 SAFETY SYR..... 89
 mag-g..... 95
 magnesium 95
 magnesium citrate 113
 magnesium gluconate..... 95
 magnesium lactate 95
 magnesium oxide (antacid)
 109, 111
 magnesium oxide -mg
 supplement..... 95, 109, 111
 MAGNESIUM-OXIDE 95
 malathion..... 183
 mapap..... 57, 65, 75
 MAPAP ACETAMINOPHEN
 EXTRA STR 57, 65, 74
 mapap arthritis pain. 57, 65, 75
 MAPAP CHILDRENS... 57, 65,
 75
 MAPO BATH 177
 maraviroc 17
 marlissa 126, 131, 138
 MATULANE 22
 MATZIM LA..... 43, 44, 48, 54
 MAVENCLAD (10 TABS) .. 22,
 143, 158, 159
 MAVENCLAD (4 TABS) 22,
 143, 158, 159
 MAVENCLAD (5 TABS) 22,
 143, 158, 159
 MAVENCLAD (6 TABS) 22,
 143, 158, 159
 MAVENCLAD (7 TABS)..... 22,
 143, 158, 159
 MAVENCLAD (8 TABS)..... 22,
 143, 158, 160
 MAVENCLAD (9 TABS)..... 22,
 143, 158, 160
 MAVYRET 17
 MAXALT 82
 MAXALT-MLT 82
 MAXI-COMFORT INSULIN
 SYRINGE 89
 MAXI-COMFORT SAFETY
 PEN NEEDLE..... 89
 MAXIDEX..... 104
 maxx 161
 maxx plus..... 161
 MAYZENT 147, 158
 MAYZENT STARTER PACK
 147, 158
 meclizine hcl 9, 110
 meclufenamate sodium. 76, 80
 medicated anti-fungal..... 186
 MEDI-FIRST ASPIRIN .37, 65,
 81
 MEDI-FIRST IBUPROFEN 65,
 76, 80
 medi-laxx..... 113
 MEDI-PAK PERFORMANCE
 PLUS ABD 185
 MEDIPROXEN .65, 76, 80, 151
 MEDIQUE ASPIRIN 37, 65, 81
 MEDPURA
 HYDROCORTISONE... 104,
 121, 179
 MEDROL..... 121
 medroxyprogesterone
 acetate 126, 138
 mefenamic acid 76, 80
 mefloquine hcl 15
 mega multiple/chelated
 mineral..... 117, 188
 megestrol acetate 22, 138
 meijer anti-diarrheal..... 109
 meijer zinc oxide 176
 MELEYA..... 126, 138
 meloxicam 76, 80
 melphalan..... 22
 memantine hcl 70
 memantine hcl er 70
 MENQUADFI 23
 MENVEO..... 23
 meprobamate 67, 73
 mercaptopurine 22, 145, 160
 MERILOG..... 141
 MERILOG SOLOSTAR.... 141
 MERZEE 126, 131, 138
 mesalamine..... 111
 mesalamine er 111
 mesalamine-cleanser 111
 METAMUCIL..... 113
 metformin hcl 123
 metformin hcl er 123
 methadone hcl..... 77
 METHERGINE 162
 methimazole 123
 methocarbamol..... 18, 28
 methotrexate sodium.. 22, 145,
 155, 158, 160
 methsuximide 84
 methyl dopa 25, 45, 50
 methylergonovine maleate
 162
 METHYLIN 79
 methylphenidate..... 79
 methylphenidate hcl 79
 methylphenidate hcl er 79
 methylphenidate hcl er (cd) 79
 methylphenidate hcl er (la). 79
 methylphenidate hcl er (osm)
 79
 methylphenidate hcl er (xr). 79
 methylphenidate hcl er (diffus)
 79
 methylprednisolone 121
 metoclopramide hcl 118
 metolazone 53, 54, 98
 metoprolol succinate er 31, 41,
 45, 47, 52
 metoprolol tartrate... 31, 41, 46,
 47, 52
 metoprolol-
 hydrochlorothiazide .. 41, 46,
 98
 metronidazole .. 14, 15, 19, 112,
 174
 mexiletine hcl..... 46

INDEX

- mgo95
 MIBELAS 24 FE. 126, 131, 138
 MICARDIS38, 39
 MICARDIS HCT39, 98
 miconazole 3177
 miconazole 3 combo pack 177
 miconazole 7177
 miconazole antifungal177
 miconazole nitrate177
 miconazole-zinc oxide-
 petrolat..... 176, 177, 180
 MICROCHAMBER.....89
 MICRODOT PEN NEEDLE 89
 MICROGESTIN 1.5/30126,
 131, 138
 MICROGESTIN 1/20 126, 131,
 138
 MICROGESTIN 24 FE.....126,
 131, 138
 MICROGESTIN FE 1.5/30
 126, 131, 138
 MICROGESTIN FE 1/20..126,
 131, 138
 MICROLET NEXT LANCING
 DEVICE89
 MICROSPACER89
 MIEBO101, 106
 mifepristone122, 162
 miglitol122
 migraine relief.....57, 75, 79, 81
 MILI126, 131, 138
 milk of magnesia113
 MINASTRIN 24 FE ...126, 131,
 138
 mineral oil.....113
 mineral oil heavy113
 mineral oil light113
 MINIMED 630G GUARDIAN
 PRESS89
 minocycline hcl.....15, 21, 100,
 174
 minoxidil50, 178
 mintox maximum strength 109,
 110
 mirabegron er186
 MIRAPEX ER73
 MIRCERA33
 MIRENA (52 MG).....122, 126,
 138
 mirtazapine61, 83
 misoprostol.....118
 mm insulin syringe/needle..89
 M-M-R II23
 m-natal plus36, 188, 192
 MNEXSPIKE.....23
 modafinil84
 moexipril hcl.....40
 MOISTURE EYES106
 mometasone furoate 104, 121,
 166, 169, 179
 MONDOXYNE NL..15, 21, 174
 MONISTAT 3.....177
 MONISTAT CARE INSTANT
 ITCH RLF104, 121, 179
 MONOJECT INSULIN
 SYRINGE89
 MONOJECT ULTRA
 COMFORT SYRINGE.....89
 MONO-LINYAH..126, 131, 138
 montelukast sodium168
 morphine sulfate77
 morphine sulfate
 (concentrate)77
 morphine sulfate er.....77
 morphine sulfate er beads..77
 MOTEGRITY116
 motion sickness relief...9, 110
 motion-time9, 110
 MOTPOLY XR.....60, 73
 MOUNJARO133
 MOVANTIK116, 118
 moxifloxacin hcl.....15, 21, 100,
 174
 moxifloxacin hcl (2x day) ...21,
 100
 MRESVIA23
 MS CONTIN.....77
 MUCINEX SINUS-MAX
 CLEAR & COOL107
 mucosa166
 mucus relief167
 mucus relief d24, 166
 mucus relief dm.....164, 166
 mucus relief dm max.164, 166
 mucus relief er.....167
 multi complete/iron.....95, 188
 multi for her 50+95, 188
 MULTI FOR HIM95, 188
 multi for him 50+95, 188
 multi prenatal36, 188, 192
 MULTIGEN36, 37, 92, 160, 192
 MULTIGEN FOLIC36, 92, 160,
 192, 193
 MULTIGEN PLUS.36, 92, 160,
 192, 193
 multiple vit/minerals/no iron
 95, 188
 multiple vitamins.....188
 multiple vitamins/womens..95,
 188
 multiple vitamins-minerals .95,
 188
 multi-purpose solution102
 multivitamin95, 189
 multivitamin & mineral .95, 188
 multivitamin adult188
 multivitamin childrens188
 multivitamin childrens (w/ fa)
 188, 192, 193
 multi-vitamin hp/minerals.117,
 189
 multivitamin men95, 189
 multivitamin men 50+ ..95, 189
 multivitamin women95, 189
 multivitamin women 50+95,
 189
 multivitamin/fluoride84, 152,
 189, 192
 multi-vitamin/fluoride/iron...36,
 152, 189
 multi-vitamin/minerals .95, 189
 multi-vitamins.....189
 mupirocin174
 mupirocin calcium174
 MURO 128106
 MY CHOICE122, 126, 138
 MY WAY122, 126, 138
 mycophenolate mofetil144,
 160
 mycophenolate sodium160
 MYDAYIS56
 MYFORTIC160
 MYHIBBIN.....160

INDEX

- MYLERAN.....22
 MYNEPHRON.... 189, 192, 193
 MYRBETRIQ 186
- N**
 nabumetone..... 76, 80
 nadolol 28, 31, 38, 41, 46, 47,
 52
 naftifine hcl..... 173
 NAFTIN 173
 NALFON..... 76, 80
 naloxone hcl 7, 78, 150
 naltrexone hcl..... 7, 32, 78, 150
 NAMENDA..... 70
 NAMENDA TITRATION PAK
 71
 NAMZARIC 29, 71
 NAPRELAN 65, 76, 80, 151
 NAPROSYN 65, 76, 80, 151
 naproxen 65, 76, 81, 151
 naproxen sodium 65, 76, 81,
 151
 naproxen sodium er 65, 76, 81,
 151
 naproxen-esomeprazole.... 81,
 118
 naproxen-esomeprazole mg
 76, 81, 118
 naratriptan hcl 82
 NARCAN 7, 78
 nasal decongestant spray 107
 nasal four 25, 107
 nasal spray 107
 nasal spray extra
 moisturizing..... 107
 NATACYN..... 100
 NATAZIA..... 126, 131, 138
 NATROBA..... 183
 natural oatmeal bath
 treatment..... 180
 natural psyllium seed 113
 natural senna laxative..... 113
 NAYZILAM..... 69, 70
 nebivolol hcl..... 28, 41, 46, 47
 NECON 0.5/35 (28).. 126, 131,
 138
 NECON 1/35 (28) 126, 131,
 138
 nefazodone hcl..... 83
- NEFFY 24
 NEMLUVIO 180
 neomycin-polymyxin-
 dexameth 100, 104
 neomycin-polymyxin-
 gramicidin..... 100
 neomycin-polymyxin-hc ... 100,
 104
 NEO-POLYCIN 100
 NEO-POLYCIN HC..... 16, 100,
 104, 174
 NEORAL..... 101, 144, 155, 158,
 160
 NEOSPORIN ORIGINAL... 16,
 100, 174
 NEUAC 19, 174, 183
 NEUPRO 73
 NEURONTIN 57, 60, 72
 NEUTROGENA RAPID
 CLEAR..... 181
 NEVANAC..... 106
 nevirapine..... 18
 nevirapine er 18
 NEW DAY 122, 126, 138
 NEXIUM 118
 NEXIUM 24HR 118
 NEXIUM 24HR CLEAR
 MINIS..... 118
 NEXLETOL 38, 41
 NEXLIZET 38, 41, 46
 NEXPLANON 122, 126, 138
 NEXTSTELLIS ... 126, 131, 138
 NGENLA..... 135
 niacin..... 192
 niacin (antihyperlipidemic). 41,
 192
 niacin er..... 41, 192
 niacin er (antihyperlipidemic)
 41, 192
 nicardipine hcl 49, 54
 NICODERM CQ 27, 32
 NICORELIEF 27, 32
 NICORETTE 27, 32
 NICORETTE MINI 27, 32
 NICORETTE STARTER KIT
 27, 32
 nicotine 28, 32
 nicotine mini..... 27, 32
- nicotine polacrilex 27, 32
 nicotine polacrilex mini.. 27, 32
 nicotine step 1 27, 32
 nicotine step 2 27, 32
 nicotine step 3 28, 32
 NICOTROL 28, 32
 NICOTROL NS..... 28, 32
 nifedipine 49, 54
 nifedipine er 49, 54
 nifedipine er osmotic release
 49, 54
 night time pain medicine ex st
 8, 9, 57, 67, 75
 nighttime sleep aid 8, 9, 26, 58,
 67, 164, 167
 NIKKI..... 126, 131, 138
 nimodipine..... 49, 55
 nisoldipine er 49
 nitrofurantoin..... 21
 nitrofurantoin macrocrystal. 21
 nitroglycerin..... 52
 NITRO-TIME..... 52
 NIVA-PLUS 36, 189, 192
 NIVESTYM..... 34
 non-aspirin 57, 65, 75
 non-aspirin extra strength.. 57,
 65, 75
 non-pseudo sinus
 decongestant 25
 NORA-BE 127, 138
 NORDITROPIN FLEXPRO
 135, 142
 norethin ace-eth estrad-fe 127,
 131, 138
 norethindrone 127, 138
 norethindrone acetate 138
 norethindrone acet-ethinyl est
 127, 131, 138
 norethindrone-eth estradiol
 131, 138
 norethindron-ethinyl estrad-fe
 127, 131, 138
 norethin-eth estradiol-fe... 127,
 131, 139
 norgestimate-eth estradiol
 127, 132, 139
 norgestim-eth estrad triphasic
 127, 132, 139

INDEX

- NORLIQVA 49, 55
 NORLYDA 127, 139
 NORLYROC 127, 139
 NORPACE CR 46
 NORTREL 0.5/35 (28) 127, 132, 139
 NORTREL 1/35 (21). 127, 132, 139
 NORTREL 1/35 (28). 127, 132, 139
 NORTREL 7/7/7. 127, 132, 139
 nortriptyline hcl 84
 NORVASC 49, 55
 NORVIR 18
 NOURIANZ 55, 71
 novavax covid-19 vaccine .. 23
 NOVOEIGHT 34
 NOVOFINE 89
 NOVOFINE AUTOCOVER
 PEN NEEDLE 89
 NOVOFINE PEN NEEDLE. 89
 NOVOFINE PLUS 89
 NOVOFINE PLUS PEN
 NEEDLE 89
 NOVOLIN 70/30 134, 141
 NOVOLIN 70/30 FLEXPEN
 134, 141
 NOVOLIN 70/30 FLEXPEN
 RELION 134, 141
 NOVOLIN 70/30 RELION 134, 141
 NOVOLIN N 134
 NOVOLIN N FLEXPEN 134
 NOVOLIN N FLEXPEN
 RELION 134
 NOVOLIN N RELION 134
 NOVOLIN R 142
 NOVOLIN R FLEXPEN 142
 NOVOLIN R FLEXPEN
 RELION 142
 NOVOLIN R RELION 142
 NOVOLOG 141
 NOVOLOG 70/30 FLEXPEN
 RELION 141
 NOVOLOG FLEXPEN 141
 NOVOLOG FLEXPEN
 RELION 141
 NOVOLOG MIX 70/30 141
- NOVOLOG MIX 70/30
 FLEXPEN 141
 NOVOLOG MIX 70/30
 RELION 141
 NOVOLOG PENFILL 141
 NOVOLOG RELION 141
 NOVOSEVEN RT 34
 NOVOTWIST 89
 NOXAFIL 15, 16
 NP THYROID 143
 NUCALA 163
 NULEV 7, 26, 163
 NUPERCAINAL 175
 NUPLAZID 68
 NURTEC 70
 NUVARING 127, 132, 139
 nuvaxovid covid-19 vaccine
 23
 NUWIQ 34, 35
 NYAMYC 20, 183
 NYLIA 1/35 127, 132, 139
 NYLIA 7/7/7 127, 132, 139
 NYMYO 127, 132, 139
 nystatin 20, 183
 nystatin-triamcinolone 20, 179, 183
- O**
 obizur 35
 OCELLA 127, 132, 139
 OCREVUS 158
 OCREVUS ZUNOVO 158
 OCUFLOX 21, 100
 ocutabs-lutein 95, 189
 OCUVITE-LUTEIN 95, 189
 ODEFSEY 18, 19
 odor control foot & sneaker
 186
 ofloxacin 21, 100
 OHTUVAYRE 166
 olanzapine 62, 68, 109
 olanzapine-fluoxetine hcl ... 62, 68, 83, 109
 olmesartan medoxomil.. 38, 39
 olmesartan medoxomil-hctz
 39, 98
 olmesartan-amlodipine-hctz
 39, 49, 98
 olopatadine hcl 10, 99
- OLUMIANT 147, 155
 omega-3 160
 omega-3 fish oil 160
 omega-3-acid ethyl esters. 41, 52
 omeprazole 119
 omeprazole magnesium ... 119
 omeprazole-sodium
 bicarbonate 109, 119
 OMNARIS 104, 121, 166
 omnicap 189
 OMNIFLEX DIAPHRAGM 162
 OMNITROPE 135, 142
 OMVOH 116, 117
 once daily 189
 ONCOVITE 96, 189
 ondansetron 108
 ondansetron hcl 108
 one daily calcium/iron.. 96, 189
 one daily for men 50+
 advanced 96, 189
 one daily for men/lycopene 96, 189
 one daily for women 96, 189
 one daily maximum 96, 189
 one daily multivitamin adult
 189
 one daily multivitamin/iron .36, 189
 one daily womens 50 plus .96, 189
 one daily/minerals 96, 189
 ONE-A-DAY ADULT
 VITACRAVES+DHA 189
 ONE-A-DAY ESSENTIAL. 189
 ONE-A-DAY MENOPAUSE
 FORMULA 96, 189
 ONE-A-DAY MENS 50+
 ADVANTAGE 96, 189
 ONE-A-DAY TEEN
 ADVANTAGE/HER.. 96, 189
 ONE-A-DAY TEEN
 ADVANTAGE/HIM... 96, 189
 ONE-A-DAY WOMENS
 HEALTHY SKIN 96, 189
 ONE-A-DAY WOMENS
 PETITES 96, 189
 one-daily multi-vitamin 189

INDEX

- ONETOUCH ULTRA..... 91
 ONETOUCH ULTRA 2 89
 ONETOUCH ULTRA BLUE
 TEST 91
 ONETOUCH ULTRA TEST 91
 ONETOUCH VERIO 91
 ONETOUCH VERIO FLEX
 SYSTEM 89
 ONEXTON 19, 174, 183
 ONFI 69, 70
 ONGENTYS 70
 ONYDA XR 25
 OPCICON ONE-STEP 122,
 127, 139
 OPILL 127, 139
 OPIPZA 62, 68
 OPSUMIT 55, 166, 172
 OPSYVI 166, 169
 OPTICHAMBER DIAMOND
 89
 OPTICHAMBER DIAMOND-
 LG MASK 89
 OPTICHAMBER DIAMOND-
 MD MASK 89
 OPTICHAMBER DIAMOND-
 SM MASK 89
 OPTI-FREE DAILY
 CLEANER 102
 OPTI-FREE REPLENISH. 102
 OPTIMAL D3 195
 OPTIMAL-D 195
 OPTION 2 122, 127, 139
 OPTIONS GYNOL II
 CONTRACEPTIVE 162
 OPVEE 78
 OPZELURA 22, 181, 185
 oral analgesic max st 107, 175
 orallyte 96
 ORAVIG 177
 ORENCIA 144, 155, 158
 ORENCIA CLICKJECT ... 144,
 155, 158
 ORENITRAM 55, 170, 172
 ORENITRAM MONTH 1 55,
 169, 172
 ORENITRAM MONTH 2 55,
 169, 172
 ORENITRAM MONTH 3 55,
 169, 172
 ORLADEYO 51, 152, 160
 orlistat 116
 orphenadrine citrate er. 28, 31,
 58
 ORSYTHIA 127, 132, 139
 ORTHO TRI-CYCLEN LO
 127, 132, 139
 OS-CAL CALCIUM + D3 ... 96,
 195
 oscimin 7, 26, 163
 oseltamivir phosphate 19
 OSEVELT 144
 OTEZLA 147, 155, 158, 185
 OTEZLA XR 147
 OTULFI 146
 OVIDE 183
 oxaprozin 76, 81
 oxazepam 70
 oxcarbazepine 60, 73
 oxiconazole nitrate 177
 OXISTAT 177
 OXTELLAR XR 60, 73
 oxybutynin chloride 186
 oxybutynin chloride er 186
 oxycodone hcl 77
 oxycodone hcl er 77
 oxycodone-acetaminophen
 57, 75, 77
 OXYCONTIN 77
 oxymorphone hcl er 77
 OXYTROL 186
 OXYTROL FOR WOMEN 186
 OYSCO 500+D 96, 195
 oyster shell calcium 96
 oyster shell calcium 250+d 96,
 195
 oyster shell calcium 500+d 96,
 195
 oyster shell calcium/d .. 96, 195
 oyster shell calcium/vitamin d
 96, 195
 OYSTERCAL-D 96, 195
 OZEMPIC (0.25 OR 0.5
 MG/DOSE) 133
 OZEMPIC (1 MG/DOSE) .. 133
 OZEMPIC (2 MG/DOSE) .. 133
 OZURDEX 104
P
 PACERONE 47
 pain & fever childrens ... 57, 65,
 75
 pain & fever infants .. 57, 65, 75
 pain relief childrens .. 57, 65, 75
 pain relief extra strength 57,
 65, 75
 pain relief pm extra strength 8,
 9, 57, 67, 75
 pain reliever 57, 65, 75
 pain reliever extra strength 57,
 65, 75, 79, 81
 pain reliever plus 57, 75, 79, 81
 pain reliever pm 8, 9, 57, 67, 75
 pain reliever pm ex st. 8, 9, 57,
 67, 75
 pain reliever/fever reducer. 57,
 65, 75
 pain-off 57, 75, 79, 81
 paliperidone er 68
 PAMPRIN MAX .. 57, 75, 79, 81
 pantoprazole sodium 119
 PARAGARD
 INTRAUTERINE COPPER
 162
 paroxetine hcl 83
 paroxetine hcl er 83
 paroxetine mesylate 83
 PAXIL 83
 PAXIL CR 83
 PAXLOVID (150/100) ... 15, 16
 PAXLOVID (300/100 &
 150/100) 15, 16
 PAXLOVID (300/100) ... 15, 16
 PEDIACARE CHILDREN .. 57,
 65, 75
 PEDIA-LAX 113
 PEDIAPRED 104, 121
 pediatric electrolyte 96
 peg 3350 113
 peg 3350-kcl-na bicarb-nacl
 113
 peg-3350/electrolytes 113
 PEGASYS 18, 22, 145, 158
 pen needles 89
 pen needles 5/16 89

INDEX

- PENBRAYA23
- penciclovir 175
- penicillin v potassium 19
- penmenvy 23
- PENTASA 111
- PENTIPS89
- PENTIPS GENERIC PEN
NEEDLES89
- pentoxifylline er34
- perampanel60
- PERFOROMIST 31, 171
- perindopril erbumine40
- PERIOGARD 14, 101, 176, 183
- permethrin 183
- perphenazine78
- perphenazine-amitriptyline 78,
84
- PERTZYE 98, 114
- petrolatum white 178
- petroleum jelly 178
- petroleum jelly lip treatment
..... 178
- pharbedryl 8, 9, 26, 58, 67, 164,
168
- PHARBETOL EXTRA
STRENGTH 57, 65, 75
- PHARMACIST CHOICE
DICLOFENAC 183, 185
- phenazopyridine hcl 175
- phenelzine sulfate 73
- phenobarbital69
- phenylephrine hcl 107, 108
- PHENYTEK 46, 72
- phenytoin46, 72
- PHENYTOIN INFATABS... 46,
72
- phenytoin sodium extended
..... 46, 72
- PHEXXI 162
- PHILITH 127, 132, 139
- PHILLIPS 113
- PHILLIPS MILK OF
MAGNESIA 113
- PHILLIPS STOOL
SOFTENER 113
- phytonadione 7, 150, 195
- pilocarpine hcl 29, 107
- pimecrolimus 160, 180, 185
- pimozide66, 71
- PIMTREA 127, 132, 139
- pindolol28, 41, 46, 47, 52
- pink bismuth 109, 112
- pioglitazone hcl 143
- pioglitazone hcl-glimepiride
..... 143
- pioglitazone hcl-metformin
hcl 123, 143
- PIRMELLA 7/7/7 127, 132, 139
- piroxicam76, 81
- pitavastatin calcium51
- PLAVIX37
- PLEGRIDY 158
- PLEGRIDY STARTER PACK
..... 158
- PNEUMOVAX 2323
- POCKET CHAMBER89
- podofilox 181, 185
- POLYCIN 16, 100, 174
- polyethylene glycol 3350 ..113
- POLY-IRON 15036
- polymyxin b-trimethoprim ..20,
100, 174
- polysaccharide iron complex
.....36
- polysaccharide-iron complex
.....36
- polyvinyl alcohol 106
- PONVORY 158
- PONVORY STARTER PACK
..... 158
- PORTIA-28 127, 132, 139
- posaconazole 16
- potassium chloride96
- potassium chloride crys er..96
- potassium chloride er96
- potassium citrate er92
- povidone-iodine 176, 183
- PRADAXA33
- PRALUENT52
- pramipexole dihydrochloride
..... 74
- pramipexole dihydrochloride
er 74
- prasugrel hcl37
- pravastatin sodium51
- praziquantel 14
- prazosin hcl29, 38, 41
- PRECISION XTRA BLOOD
GLUCOSE91
- PRECISION XTRA-
GLUCOSE/KETONE89
- PRED MILD104, 121
- prednisolone 104, 121
- prednisolone acetate .104, 121
- prednisolone sodium
phosphate 104, 121
- prednisone 121
- PREDNISONE INTENSOL
..... 121
- preferred plus insulin syringe
.....89
- pregabalin60, 71, 72
- pregabalin er57, 71, 72
- PREHEVBRIO23
- PREMARIN132, 152
- PRENATABS RX .36, 189, 192
- prenatal36, 189, 192
- prenatal (w/iron & fa)36, 96,
189, 192
- prenatal complete 36, 189, 192
- prenatal formula a-free36,
189, 192
- prenatal gummies/dha & fa96,
160, 189, 192
- prenatal multi +dha36, 96,
160, 189, 192
- PRENATAL MULTIVITAMIN
+ DHA ..36, 96, 161, 189, 192
- prenatal one daily 36, 189, 192
- prenatal plus36, 189, 192
- prenatal vitamins..36, 189, 192
- prenatal/iron36, 96, 189, 192
- PREPARATION H104, 121,
179
- PREPARATION H
SOOTHING RELIEF104,
121, 179
- PRESERVISION/LUTEIN..96,
190
- PREVACID119
- PREVACID 24HR 119
- PREVACID SOLUTAB 119
- PREVNAR 2023
- PREZCOBIX 18, 161

INDEX

- PREZISTA 18
 PRILOSEC..... 119
 primaquine phosphate 15
 primidone 69
 PRIORIX 23
 PRISTIQ 82
 pro comfort alcohol..... 89
 PRO COMFORT INSULIN
 SYRINGE 89
 pro comfort pen needles..... 89
 PROAIR DIGIHALER.. 31, 171
 PROAIR RESPICLICK 31, 172
 probenecid 98, 151
 PROCARDIA XL 49, 55
 PROCENTRA..... 56
 prochamber vhc 89
 prochlorperazine 78, 110
 prochlorperazine edisylate 78,
 110
 prochlorperazine maleate.. 78,
 110
 PROCRIIT 33, 34
 PROCTOFOAM HC . 105, 121,
 175, 179
 PRODIGY AUTOCODE
 BLOOD GLUCOSE 89
 PRODIGY INSULIN
 SYRINGE 89
 PRODIGY NO CODING
 BLOOD GLUC..... 91
 PRODIGY POCKET BLOOD
 GLUCOSE 89
 PRODIGY VOICE BLOOD
 GLUCOSE 89
 PROFILNINE..... 35
 PROGLYCEM 123
 PROGRAF 144, 160, 180
 PROLENSA 106
 PROLIA 144, 152
 promethazine hcl 8, 10, 11, 67,
 109, 110, 114, 168
 promethazine vc..... 10, 11, 25
 promethazine-dm... 10, 11, 164
 promethazine-phenylephrine
 10, 11, 25
 PROMETHEGAN.... 10, 11, 67,
 110, 115, 168
 propafenone hcl 46
 propranolol hcl... 29, 42, 46, 47,
 52, 65
 propranolol hcl er 29, 41, 46,
 47, 52, 65
 propylthiouracil 123
 PRORENAL + D..... 96, 190
 PRORENAL + D W/ OMEGA-
 3..... 96, 190
 PROSCAR 150, 178
 PROTONIX 119
 PROZAC 83
 pseudoeph-bromphen-dm . 10,
 11, 24, 164
 pseudoephedrine hcl... 24, 163
 pseudoephedrine hcl er 24,
 163
 pseudoephedrine-guaifenesin
 er 24, 167
 PULMICORT 121, 166, 169
 PULMICORT FLEXHALER
 121, 166, 169
 PURE & GENTLE
 LUBRICANT 106
 PUREWAY-C..... 193
 px acid reducer..... 10, 117
 px allergy relief cetirizine ... 12,
 171
 px antacid maximum strength
 109, 112
 px athletic foot 177
 px childrens profen ib... 65, 77,
 81
 px complete senior multivits
 96, 190
 px dibromm dm cold/cough
 child..... 10, 11, 25, 164
 px hemorrhoidal ... 25, 162, 178
 px hydrocream.... 105, 121, 179
 px infants profen ib .. 65, 77, 81
 px mens multivitamins. 96, 190
 px original nasal spray 108
 px stomach relief max st.. 109,
 112
 px stop smoking aid..... 28, 32
 pyrazinamide 15
 pyridostigmine bromide..... 29
 pyridostigmine bromide er .. 29
 pyridoxine hcl..... 192
 PYZCHIVA 146
Q
 QBRELIS..... 40
 qc 3 day 177
 qc all day allergy 12, 171
 qc antacid/anti-gas..... 109, 110
 qc aspirin low dose .. 37, 65, 81
 qc daily multivit/multimineral
 96, 190
 qc diclofenac sodium. 183, 185
 qc fiber laxative 113
 qc lansoprazole 119
 qc loratadine allergy relief . 12,
 171
 qc loratadine-d..... 12, 24
 qc natural vegetable 113
 qc natura-lax..... 113
 qc nicotine transdermal
 system 28, 32
 qc non-aspirin extra strength
 57, 65, 75
 qc olopatadine hcl..... 10, 99
 qc pain reliever pm ex st 8, 10,
 58, 67, 75
 QELBREE 71, 79
 QLEARQUIL 108
 QNASL..... 105, 121, 166, 169
 QNASL CHILDRENS 105, 121,
 166, 169
 QTERN 128, 142
 QUDEXY XR..... 60
 QUESTRAN 42
 QUESTRAN LIGHT 42
 quetiapine fumarate..... 63, 68
 quetiapine fumarate er .. 62, 68
 QUILLICHEW ER..... 79
 QUILLIVANT XR 79
 quin b strong 96, 190
 quinapril hcl..... 40
 quinapril-hydrochlorothiazide
 40, 98
 quinidine sulfate 15, 46
 quintabs 190
 quintabs-m 96, 190
 QULIPTA..... 70
 QUTENZA..... 185
 QUTENZA (2 PATCH) 185
 QUVIVIQ 78

INDEX

- QVAR REDIHALER.. 121, 166, 169
- R**
- ra acetaminophen.... 58, 65, 75
- ra acetaminophen childrens 58, 65, 75
- ra acetaminophen ex st58, 65, 75
- ra allergy relief childrens ... 12, 171
- ra antibiotic/pain relief 16, 100, 174, 175
- ra antifungal foot care . 13, 173
- ra anti-itch maximum strength 105, 121, 179
- ra antiseptic 176, 183
- RA CENTRAL-VITE 96, 190
- ra central-vite womens mature 96, 190
- ra cleaning/disinfecting lens 102
- ra clotrimazole 177
- ra col-rite 113
- ra dairy aid 114
- ra dairy relief fast acting ... 114
- ra fever reducer/pain reliever 58, 65, 75
- ra fish oil..... 161
- ra gas relief ultra strength. 110
- ra glycerin adult..... 113
- ra hemorrhoidal... 25, 162, 177, 178, 180
- ra laxative..... 113
- ra lice maximum strength . 183
- ra lice solution 183
- ra menstrual relief 8, 58, 75, 79
- ra miconazole 3 combo pack 177
- ra miconazole 3 combo pack app 177
- ra mineral oil 113
- ra mini nicotine 28, 32
- ra mucus relief d max strength 24, 167
- ra multihealth fiber 113
- ra nicotine 28, 32
- ra nicotine gum..... 28, 32
- ra nicotine polacrilex 28, 32
- ra nighttime sleep aid 8, 10, 26, 58, 67, 164, 168
- ra no flush niacin..... 192
- ra nose drops extra strength 25, 107, 108
- ra p col-rite 113
- ra petroleum jelly..... 178
- ra renewal soothing bath .. 180
- ra suphedrine..... 24, 163
- ra tussin..... 167
- ra tussin dm 164, 167
- ra wart remover 181
- rabeprazole sodium..... 119
- raloxifene hcl 129, 152
- ramelteon 67, 73
- ramipril..... 40
- RAPAFLO 30
- REALITY LATEX CONDOMS 162
- REALITY LATEX/ULTRA TEXTURED 162
- REALITY LATEX/ULTRA THIN..... 162
- REBIF 145, 158
- REBIF REBIDOSE 145, 158
- REBIF REBIDOSE TITRATION PACK. 145, 158
- REBIF TITRATION PACK 146, 158
- REBINYN 35
- REBLOZYL 33, 34
- RECLIPSEN 127, 132, 139
- RECOMBINATE..... 35
- RECOMBIVAX HB..... 23
- refenesen 400 167
- REFRESH..... 101, 106
- REFRESH LACRI-LUBE .. 106
- REGULOID 113
- RELAFEN DS..... 77, 81
- RELENZA DISKHALER..... 19
- RELEXXII 79
- RELION INSULIN SYRINGE 90
- RELION KETONE TEST 91
- RELION MINI PEN NEEDLES 90
- RELION PEN NEEDLES 90
- RELPAK 82
- REMERON..... 61, 83
- REMERON SOLTAB..... 61, 83
- REMICADE 116, 145, 149, 155, 158, 185
- RENAL..... 190, 192, 193
- renal vitamin 190, 192, 193
- rena-vite..... 190, 192, 193
- rena-vite rx 190, 192, 193
- RENFLEXIS..... 116, 145, 149, 155, 158, 185
- reno caps..... 190, 192, 193
- RENU MULTIPLUS 102
- RENU MULTIPLUS LUB/REWETTING 102
- RENU REWETTING DROPS 102
- REVELA 7, 92, 93, 150
- REPATHA 52
- REPATHA PUSHTRONEX SYSTEM..... 52
- REPATHA SURECLICK 52
- RESOURCE THICKENUP CLEAR..... 162
- RESTASIS 101, 105, 144
- RESTASIS MULTIDOSE. 101, 105, 144
- RETACRIT 33, 34
- RETAINÉ CMC..... 106
- RETAINÉ PM..... 106
- RETIN-A MICRO..... 22, 178
- RETIN-A MICRO PUMP 22, 178
- RETISERT 105, 179
- REVATIO..... 53, 169, 172, 186
- rewetting drops..... 102
- REXTOVY 7, 78
- REXULTI 68
- REYVOW 82
- REZUROCK..... 161
- REZVOGLAR KWIKPEN.. 134
- RHOPRESSA 107
- ribavirin 19
- rifabutin 15, 21
- rifampin 15, 21
- riluzole 56, 71
- RINVOQ 147, 155
- RINVOQ LQ..... 147
- risedronate sodium 152

INDEX

- RISPERDAL 63, 68
 RISPERDAL CONSTA .63, 68
 risperidone 63, 68
 risperidone microspheres er
 63, 68
 RITALIN..... 79
 ritonavir..... 18
 rivastigmine.....29
 rivastigmine tartrate.....29
 RIVELSA..... 127, 132, 139
 rixubis 35
 rizatriptan benzoate..... 82
 ROBITUSSIN CHILDRENS
 COUGH LA..... 164
 ROCKLATAN 107
 roflumilast..... 169, 181, 183
 ropinirole hcl 74
 ropinirole hcl er..... 74
 rosuvastatin calcium..... 51
 ROWASA 111
 ROWEEPRA..... 60
 ROZEREM..... 67, 73
 RUCONEST 152
 rufinamide 60, 73
 RYALTRIS 11, 99, 105, 121,
 166, 169
 RYBELSUS..... 133
 RYKINDO..... 63, 68
 rynex dm 10, 11, 25, 164
 rynex pe..... 10, 11, 25
 rynex pse..... 10, 11, 24
 RYTARY..... 71
S
 SABRIL..... 60, 72
 sacubitril-valsartan... 38, 39, 53
 SAFYRAL.... 127, 132, 139, 192
 SAIZEN 135, 142
 saline 102
 saline mist spray 106, 168
 saline nasal spray..... 106, 168
 salsalate 81
 SANCUSO 108
 SANDIMMUNE.. 101, 144, 155,
 158, 160
 SANTYL 98, 178, 185
 SAPHRIS 63, 68
 SAVAYSA 33
 SAVELLA 72, 82
 SAVELLA TITRATION PACK
 72, 82
 saxagliptin hcl..... 128
 saxagliptin-metformin er .. 123,
 128
 SAXENDA..... 58, 133
 sb allergy 8, 10, 27, 58, 67, 164,
 168
 sb allergy medicine... 8, 10, 27,
 58, 67, 164, 168
 sb anti-diarrhea 109
 sb cough control..... 167
 sb cough tab 167
 sb hemorrhoid 25, 177, 178,
 180
 sb lice killing max st..... 184
 sb non-aspirin..... 58, 65, 75
 sb non-aspirin extra strength
 58, 65, 75
 sb non-aspirin nighttime 8, 10,
 58, 67, 75
 sb omega-3 fish oil 161
 sb pain relief x-str ... 58, 75, 79,
 81
 sb saline nose 106, 168
 sb sleep .. 8, 10, 27, 58, 67, 165,
 168
 scopolamine..... 26, 110, 117
 SECUADO 63, 68
 SEGLUROMET 123, 142
 SELARSDI 146
 selegiline hcl 73
 selenium 96
 selenium sulfide .176, 181, 183
 SELZENTRY 17
 SEMGLEE (YFGN)..... 134
 senexon-s..... 113
 senior tabs 96, 190
 senna 113
 senna-docusate sodium ... 113
 senna-lax..... 113
 senna-plus 114
 senna-s..... 114
 senna-time s 114
 sennosides-docusate sodium
 114
 SENSITIVE EYES PLUS
 SALINE..... 102
 sentry 96, 190
 sentry senior 96, 190
 SEREVENT DISKUS... 31, 172
 SEROQUEL 63, 68
 SEROQUEL XR 63, 68
 SEROSTIM 135, 142
 sertraline hcl 83
 SETLAKIN..... 127, 132, 139
 sevelamer carbonate..... 7, 93,
 150
 sevelamer hcl 7, 93, 150
 SEVENFACT 35
 SFROWASA 111
 SHAROBEL 127, 139
 SHINGRIX..... 23
 SIDESTREAM PEDIATRIC
 FACE MASK..... 90
 SIKLOS..... 22
 sildenafil citrate.... 53, 169, 172,
 186
 silicone mask/pediatric..... 90
 SILIQ..... 180, 185
 silodosin..... 30
 siltussin dm das..... 165, 167
 siltussin-dm alcohol free .. 165,
 167
 silver sulfadiazine 176, 183
 SIMBRINZA 99, 102
 simethicone..... 110
 SIMLANDI (1 PEN)... 116, 149,
 155, 158
 SIMLANDI (1 SYRINGE) .. 149
 SIMLANDI (2 PEN)... 116, 149,
 155, 159
 SIMLANDI (2 SYRINGE) .116,
 149, 155, 159
 SIMLIYA 127, 132, 139
 SIMPESSSE..... 127, 132, 139
 SIMPLY SLEEP .. 8, 10, 27, 58,
 67, 165, 168
 SIMPONI 116, 117, 149, 155,
 159
 SIMPONI ARIA.. 116, 149, 155,
 159
 simvastatin 51
 SINEMET 71
 SINGULAIR..... 168
 sinus relief..... 108

INDEX

- sinus relief extra strength ..25,
107, 108
- SINUVA..... 105, 121, 166, 169
- sirolimus 147, 160, 180
- sitagliptin 128
- sitagliptin base-metformin hcl
..... 123, 128
- SITAVIG 19, 175
- SKYLA..... 123, 127, 139
- SKYRIZI 117, 180, 185
- SKYRIZI PEN..... 180, 185
- SKYTROFA 135
- sleep aid (diphenhydramine)
..... 8, 10, 27, 58, 67, 165, 168
- slow iron 36
- slow release iron..... 36
- SLYND..... 123, 127, 139
- sm acid reducer 11, 117
- sm all day allergy 13, 171
- sm all day allergy-d 13, 24
- sm allergy childrens..... 13, 171
- sm allergy relief... 8, 10, 13, 27,
58, 67, 105, 121, 165, 166,
168, 169, 171
- sm animal shapes complete
..... 36, 190
- sm antacid advanced 109, 110
- sm antacid anti-gas ... 109, 110
- sm antibiotic..... 16, 100, 174
- sm anti-dandruff coal tar... 182
- sm antifungal miconazole. 177
- sm antioxidant vitamins 96,
190
- sm b-complex/vitamin c ... 190,
192, 193
- sm calcium 500/vitamin d3 97,
195
- sm calcium/vitamin d... 97, 195
- sm calcium-vitamin d... 97, 195
- sm chest congestion relief 167
- sm childrens loratadine..... 13,
171
- sm complete 97, 190
- sm complete 50+ 97, 190
- sm complete 50+ ultimate
mens 97, 190
- sm complete 50+ ultimate
women 97, 190
- sm complete advanced
formula..... 97, 190
- sm complete senior formula
..... 97, 190
- sm enema 114
- sm fexofenadine hcl 13, 171
- sm fiber..... 114
- sm fiber laxative 114
- sm fiber powder..... 114
- sm fish oil 161
- sm foaming antacid 109
- sm gauze..... 90
- sm glycerin pediatric..... 114
- sm ibuprofen ib..... 65, 77, 81
- sm iron slow release..... 36
- sm lansoprazole 119
- sm laxative 114
- sm lice killing max strength
..... 184
- sm lice treatment..... 184
- sm loratadine 13, 171
- sm lorata-dine d 13, 24
- sm loratadine d 12hr..... 13, 24
- sm magnesium oxide 97
- sm medicated corn removers
..... 181
- sm motion sickness 10, 110
- sm multi-purpose 102
- sm nasal decongestant..... 24,
163
- sm nasal spray sinus..... 108
- sm nicotine..... 28, 32, 33
- sm nicotine polacrilex... 28, 32,
33
- sm oatmeal bath 180
- sm olopatadine hcl..... 11, 99
- sm one daily essential. 97, 190
- sm one daily mens..... 97, 190
- sm one daily prenatal .36, 161,
190, 192
- sm one daily womens.. 97, 190
- sm opti-vitamins 97, 190
- sm saline solution 102
- sm senna-s 114
- sm smooth antacid ex st.. 109,
112
- sm super b complex/c 190,
192, 193
- sm tussin cough/chest
congest 165, 167
- sm ultra dairy digestive 114
- sm vitamin d3 195
- SMOOTH LAX..... 114
- sod phos mono-sod phos
dibasic..... 114
- sodium bicarbonate ... 109, 112
- sodium chloride 97, 168
- sodium chloride (hypertonic)
..... 106
- sodium fluoride 84, 152
- sodium fluoride 5000 plus .84,
152
- sodium fluoride 5000 ppm .84,
152
- sofosbuvir-velpatasvir 17
- SOGROYA..... 135
- SOLIA 127, 132, 139
- solifenacin succinate 186
- SOLQUA 133, 134
- SOLUBLE FIBER THERAPY
..... 114
- SOOTHE 109, 112
- SOOTHE HYDRATION..... 106
- SOOTHE XP..... 106
- sorbitol 114
- SORBUGEN NR 165, 167
- sotalol hcl 29, 42, 46, 47, 48, 52
- sotalol hcl (af) 29, 42, 46, 47,
52
- SOTYKTU 181, 185
- SOTYLIZE.... 29, 42, 46, 47, 48,
52
- SOVALDI..... 17
- SPEVIGO 180, 185
- SPIKEVAX 23
- spinosad 184
- SPIRIVA HANDIHALER 26,
163
- SPIRIVA RESPIMAT... 26, 163
- spironolactone 51, 53, 93
- spironolactone-hctz 51, 53, 93,
98
- SPORANOX 16
- SPRINTEC 28 127, 132, 139
- SPRITAM 60
- SPS 7, 93, 150

INDEX

- SPS (SODIUM POLYSTYRENE SULF)... 7, 93, 150
- SRONYX..... 127, 132, 139
- SSD..... 176, 183
- SSD (SILVER SULFADIAZINE).... 176, 183
- SSKI..... 167
- sss 10-5..... 174, 181
- ST JOSEPH LOW DOSE... 37, 38, 65, 66, 81
- STALEVO 100..... 70, 71
- STALEVO 125..... 70, 71
- STALEVO 150..... 70, 71
- STALEVO 200..... 70, 71
- STALEVO 50..... 70, 71
- STALEVO 75..... 70, 71
- STEGLATRO..... 142
- STEGLUJAN 128, 142
- STELARA..... 117, 146, 185
- STEQEYMA..... 146
- sterile gauze 90
- stimulant laxative 114
- STIOLTO RESPIMAT ... 26, 31
- STOBOCLO..... 144
- stool softener 114
- stool softener plus laxative 114
- stop lice complete treatment 184
- STRATTERA 71, 79
- stress b
 complex/antioxid/zinc..... 97, 190
- stress b/zinc. 97, 190, 192, 193, 195
- stress b-complex/vit c/zinc 97, 190, 192, 193, 195
- stress formula..... 190
- stress formula (folic acid) 190, 192, 193
- stress formula/iron..... 36, 190
- STRIVERDI RESPIMAT ... 31, 172
- SUBLOCADE 78
- SUBOXONE 78
- sucralfate..... 118
- SUDAFED CHILDRENS.... 24, 163
- SUDOGEST..... 24, 163
- sudogest 12 hour 24, 163
- SUDOGEST
 SINUS/ALLERGY 10, 11, 24
- SULAR..... 49, 50
- sulfacetamide sodium 100
- sulfacetamide sodium (acne) 174
- sulfacetamide sodium-sulfur 174, 181, 182
- sulfacetamide-prednisolone 100, 105
- sulfadiazine 21
- sulfamethoxazole-trimethoprim..... 15, 21
- sulfasalazine 21, 111, 145, 155, 159
- sulindac 77, 81
- sumatriptan 82
- sumatriptan succinate 82
- sumatriptan succinate refill. 82
- sumatriptan-naproxen sodium 77, 81, 82
- super antioxidant 97, 190
- super b-complex/vit c/fa... 190, 192, 193
- super multiple 97, 190
- SUPER OMEGA-3..... 161
- super thera vite m..... 97, 190
- support..... 97, 190
- SUPRAX..... 13
- sure comfort alcohol prep... 90
- sure comfort insulin syringe 90
- sure comfort pen needles... 90
- SYEDA 127, 132, 139
- SYMBICORT 31, 121
- SYMLINPEN 120 122
- SYMLINPEN 60 122
- SYMPAZAN 69, 70
- SYMPROIC..... 117, 118
- SYMTUZA..... 18, 161
- SYNJARDY..... 123, 142
- SYNJARDY XR..... 123, 142
- SYNOVACIN 161
- SYNTHROID 143
- SYSTANE CONTACTS ... 106
- T**
- TAB-A-VITE 190
- TAB-A-VITE/BETA
 CAROTENE 190
- TAB-A-VITE/IRON 36, 190
- TABLOID 22
- tacrolimus.... 144, 160, 180, 185
- tadalafil (pah)..... 53, 169, 172
- TADLIQ..... 53, 169, 172
- tafluprost (pf)..... 107
- TAKHZYRO 51, 152, 160
- TALTZ..... 146, 185
- TAMIFLU 19
- tamoxifen citrate..... 22, 129
- tamsulosin hcl..... 30
- TARINA 24 FE.... 127, 132, 139
- TARINA FE 1/20 EQ 127, 132, 139
- TARSUM RELIEF 182
- TASCENSO ODT..... 147, 159
- tasimelteon..... 67, 73
- TASMAR 70
- tavaborole 183
- TAVNEOS 144, 152
- TAYSOFY 127, 132, 139
- TAYTULLA..... 127, 132, 139
- tazarotene 182, 185
- TDVAX..... 22
- TECFIDERA 145, 159
- techlite insulin syringe..... 90
- TECHLITE PEN NEEDLES 90
- TECHLITE PLUS PEN
 NEEDLES 90
- TEGRETOL..... 60, 63
- TEGRETOL-XR..... 60, 63
- TEKTURNA..... 53
- telmisartan..... 38, 39
- telmisartan-amlodipine.. 39, 49
- telmisartan-hctz 39, 98
- temazepam 70
- TENCON 58, 69, 75
- TENIVAC..... 22
- tenofovir disoproxil fumarate 18
- TENORETIC 100 42, 46, 98
- TENORETIC 50 42, 46, 98
- TENORMIN... 31, 42, 46, 47, 52
- terazosin hcl..... 29, 38, 42

INDEX

- terbinafine hcl..... 13, 173
 terbutaline sulfate 31, 172
 teriflunomide 143, 159
 teriparatide..... 135, 151
 TESTIM 122, 123
 testosterone 122, 123
 testosterone cypionate..... 122,
 123
 tetracycline hcl 15, 21, 112, 174
 TEZRULY 29, 38
 TEZSPIRE 168, 170
 THE MAGIC BULLET 114
 THEO-24 ... 50, 79, 92, 172, 186
 theophylline er... 50, 79, 80, 92,
 172, 186
 THERA 190
 THERA M PLUS 97, 190
 THERAGRAN-M PREMIER
 50 PLUS 97, 190
 theram 97, 191
 therapeutic 182
 THERAPEUTIC T+PLUS . 182
 therapeutic-m 97, 191
 thera-tabs 191
 THERATRUM COMPLETE
 97, 191
 THERATRUM COMPLETE
 50 PLUS 97, 191
 THEREMS 191
 THEROMEGA 161
 thiamine hcl..... 192
 thiamine mononitrate 192
 THICK NOW 162
 THICK-IT 162
 THICK-IT #2 162
 thioridazine hcl 78
 thiothixene..... 84
 THRIVE 28, 33
 thyroid 143
 tiagabine hcl 60, 72
 TIAZAC..... 43, 44, 48, 55
 ticagrelor 37
 TILIA FE 127, 132, 139
 timolol maleate .. 29, 42, 46, 47,
 52, 66, 101
 timolol maleate (once-daily)
 29, 42, 47, 101
 TIMOLOL MALEATE
 OCUDOSE.... 29, 42, 47, 101
 timolol maleate pf.... 29, 42, 47,
 102
 TIMOPTIC OCUDOSE. 29, 42,
 47, 102
 tiotropium bromide 26, 163
 TIVICAY 17
 tizanidine hcl 28
 TOBI..... 14, 100
 TOBI PODHALER..... 14, 100
 tobramycin 14, 100
 tobramycin-dexamethasone
 14, 100, 105
 TODAY SPONGE 162
 todays health pen needles . 90
 TOFIDENCE 146, 155, 159
 tolcapone..... 70
 TOLECTIN DS..... 77
 tolmetin sodium 77
 tolnaftate..... 186
 tolnaftate antifungal 186
 tolsura 16
 tolterodine tartrate 186
 tolterodine tartrate er 186
 TOPAMAX 60, 66
 TOPAMAX SPRINKLE.. 60, 66
 topcare clickfine pen needles
 90
 topcare ultra comfort ins syr
 90
 topiramate 60, 66
 topiramate er 60, 66
 TOPROL XL.. 31, 42, 46, 47, 52
 toremifene citrate 22, 129
 torsemide 51, 92
 TOSYMRA 82
 total allergy..... 8, 10, 27, 58, 67,
 165, 168
 TOUJEO MAX SOLOSTAR
 134
 TOUJEO SOLOSTAR 134
 TOVIAZ..... 186
 TRACLEER..... 55, 166, 172
 TRADJENTA 128
 tramadol hcl 78
 tramadol hcl (er biphasic) ... 78
 tramadol hcl er..... 78
 trandolapril 40
 trandolapril-verapamil hcl er
 40, 44
 TRANSDERM-SCOP . 26, 110,
 117
 tranlycypromine sulfate 73
 TRAVATAN Z 107
 travel-ease 10, 111
 travoprost (bak free) 107
 trazodone hcl 83
 TRELEGY ELLIPTA 26, 31,
 105, 121, 166
 TREMFYA..... 145, 181, 185
 TREMFYA ONE-PRESS . 145,
 180, 185
 TRESIBA 134
 TRESIBA FLEXTOUCH... 134
 tretinoin 22, 178
 tretinoin microsphere... 22, 178
 tretinoin microsphere pump
 22, 178
 TRETEN..... 35
 TREXIMET 77, 81, 82
 TRI FEMYNOR... 127, 132, 139
 triamcinolone acetonide... 105,
 122, 166, 169, 179, 180
 triamterene 53, 93
 triamterene-hctz 93, 98
 triazolam 70
 TRIBENZOR..... 39, 49, 98
 tri-buffered aspirin... 37, 38, 66,
 82, 109, 114
 TRICOR..... 50
 TRIDERM..... 122, 180
 TRISENCE 105
 TRI-ESTARYLLA 127, 132,
 139
 trifluoperazine hcl..... 78
 trifluridine 101
 trihexyphenidyl hcl 27, 58
 TRIJARDY XR.... 123, 129, 142
 TRI-LEGEST FE 127, 132, 139
 TRILEPTAL..... 61, 73
 TRI-LINYAH..... 128, 132, 139
 TRILIPIX..... 50
 TRI-LO-ESTARYLLA 128, 132,
 139
 TRI-LO-MARZIA. 128, 132, 139

INDEX

- TRI-LO-MILI..... 128, 132, 139
 TRI-LO-SPRINTEC .. 128, 132, 139
 trimethoprim.....21
 TRI-MILI 128, 132, 139
 trinatal rx 1 36, 191, 192
 TRINESSA (28).. 128, 132, 139
 TRINTELLIX83
 TRI-NYMYO 128, 132, 140
 triple antibiotic 16, 100, 174
 triple antibiotic pain relief... 16, 100, 174, 175
 triple antibiotic plus 16, 100, 174, 175
 TRI-SPRINTEC.. 128, 132, 140
 TRIUMEQ 17, 18
 tri-vitamin/fluoride84, 152, 191, 194, 195
 TRIVORA (28).... 128, 132, 140
 TRI-VYLIBRA 128, 132, 140
 TRI-VYLIBRA LO..... 128, 132, 140
 TROKENDI XR..... 61, 66
 trospium chloride 186
 trospium chloride er..... 186
 true comfort alcohol prep pads 90
 true comfort insulin syringe 90
 true comfort pen needles.... 90
 TRUE METRIX AIR GLUCOSE METER 90
 TRUE METRIX BLOOD GLUCOSE TEST 91
 TRUE METRIX METER..... 90
 TRUEPLUS 5-BEVEL PEN NEEDLES 90
 TRUEPLUS GLUCOSE 92, 123, 194, 195
 TRUEPLUS INSULIN SYRINGE 90
 TRULANCE 117
 TRULICITY 133
 TRUMENBA 23
 TRUSTEX COLOR CONDOMS + LUBE 162
 TRUSTEX LUB/RIBBED/STUDDED 162
 TRUSTEX LUB/SPERMICIDE EX ST 162
 TRUSTEX LUB/SPERMICIDE XL .. 162
 TRUSTEX LUBRICATED .162
 TRUSTEX LUBRICATED EX LARGE 162
 TRUSTEX LUBRICATED EXTRA ST 162
 TRUSTEX LUBRICATED/SPERMICIDE 162
 TRUSTEX NATURAL CONDOMS + LUBE 162
 TRUSTEX NON-LUBRICATED..... 162
 TRUSTEX RIA LUB/SPERMICIDE 162
 TRUSTEX RIA LUBRICATED..... 162
 TRUSTEX RIA NON-LUBRICATED..... 162
 TRUSTEX-NONOXYNOL-9/RIB/STUD 162
 TRYNGOLZA..... 41, 122, 151
 TRYPTYR 106
 TUDORZA PRESSAIR26, 163
 TUM-EASE 109, 112
 TUMS CHEWY DELIGHTS 109, 112
 TURQOZ 128, 132, 140
 tusnel diabetic 165, 167
 tussin dm..... 165, 167
 tussin mucus & chest congest..... 167
 tussin mucus+chest congestion..... 167
 TWINRIX 23
 TWIRLA..... 128, 132, 140
 TYBLUME 128, 133, 140
 TYDEMY 128, 133, 140, 192
 TYENNE..... 146, 155, 159
 TYMLOS..... 135, 151
 TYR COOLER..... 92
 TYRVAYA 33, 106
 TYSABRI..... 159
 TYVASO..... 55, 170, 172
 TYVASO DPI MAINTENANCE KIT55, 170, 172
 TYVASO DPI TITRATION KIT55, 170, 172
 TYVASO REFILL KIT .55, 170, 172
 TYVASO STARTER KIT55, 170, 172
U
 UBRELVY70
 ULTICARE INSULIN SYR 1/2 UNIT90
 ULTICARE INSULIN SYRINGE90
 ULTICARE MICRO PEN NEEDLES90
 ULTICARE MINI PEN NEEDLES90
 ULTICARE PEN NEEDLES90
 ULTICARE SHORT PEN NEEDLES90
 ULTIGUARD SAFEPAK PEN NEEDLE.....90
 ultilet alcohol swabs90
 ULTILET PEN NEEDLE.....90
 ULTRA FRESH106
 ULTRA FRESH PM106
 ULTRA OMEGA 3.....161
 ultracare insulin syringe90
 ultracare pen needles.....90
 ULTRA-THIN II INS SYR SHORT90
 ULTRA-THIN II INSULIN SYRINGE90
 ULTRA-THIN II MINI PEN NEEDLE90
 ULTRA-THIN II PEN NEEDLE SHORT91
 ULTRA-THIN II PEN NEEDLES91
 umeclidinium-vilanterol .26, 31
 UNIFIBER114
 UNIFINE PENTIPS91
 UNIFINE PENTIPS PLUS ..91
 UPLIZNA147, 159
 UPTRAVI.....172

INDEX

- UPTRAVI TITRATION 172
 urea 52, 92, 107, 182
 ursodiol 114
 ustekinumab 117, 146, 185
 ustekinumab-aekn 146
 ustekinumab-ttwe 146
 UZEDY 68
- V**
 VAGISTAT-3 177
 valacyclovir hcl 20
 valproic acid 61, 63, 66, 72
 valsartan 38, 39
 valsartan-hydrochlorothiazide
 39, 98
 VALTOCO 10 MG DOSE ... 69
 VALTOCO 15 MG DOSE ... 69
 VALTOCO 20 MG DOSE ... 69
 VALTOCO 5 MG DOSE 69
 VALTREX 20
 VALTYA 1/35 128, 133, 140
 valved holding chamber 91
 VANISHPOINT INSULIN
 SYRINGE 91
 VAPRISOL 98
 VAQTA 23
 varenicline tartrate 28, 33
 varenicline tartrate (starter)
 28, 33
 varenicline tartrate(continue)
 28, 33
 VARIVAX 23
 VASELINE 180
 VASERETIC 40, 98
 VASOTEC 40
 VAXNEUVANCE 23
 v-c forte 97, 191
 VCF VAGINAL
 CONTRACEPTIVE 162
 VELIVET 128, 133, 140
 VELPHORO 93
 VELSIPITY 117, 159
 VELTASSA 93
 VEMLIDY 20
 venlafaxine hcl 82
 venlafaxine hcl er 82
 VENTOLIN HFA 31, 172
 verapamil hcl 43, 44, 45, 48, 55
 VERELAN PM ... 43, 44, 45, 48,
 55
 VERKAZIA 101, 105, 144
 VERQUVO 46, 55
 VERSACLOZ 69
 VESICARE 186
 VESICARE LS 186
 VESTURA 128, 133, 140
 VEVYE 101, 105, 144
 VFEND 16
 VIBERZI 109, 117
 VIC-FORTE 97, 191
 VICKS SINEX 12 HOUR
 DECONGEST 108
 VICKS SINEX
 MOISTURIZING 108
 VICTOZA 58, 133
 VIENVA 128, 133, 140
 vigabatrin 61, 72
 VIGAMOX 21, 100
 VIIBRYD 83
 vilazodone hcl 83
 VIMPAT 61, 73
 VINATE ONE 36, 191, 192
 VIOKACE 98, 114
 viorele 128, 133, 140
 virt-caps 191, 192, 194
 vision vitamins 97, 191
 vit e-vit c-beta carotene ... 191
 vitalee 191
 VITALETS CHILDRENS ... 97,
 191, 194
 vitamin a 191
 vitamin b-1 193
 vitamin b12 37, 193
 vitamin b-12 37
 vitamin b-12 193
 vitamin b-2 193
 vitamin b-6 193
 vitamin c 191, 194
 vitamin c immune health ... 194
 vitamin c plus wild rose hips
 194
 vitamin c-rose hips 194
 vitamin c-rose hips er 194
 vitamin d (cholecalciferol) . 195
 vitamin d (ergocalciferol) ... 195
 vitamin d2 195
 vitamin d3 195
 vitamin d3 complete 97, 191
 vitamin e 195
 vitamins a-d-e/selenium 97,
 191
 VITRUM SENIOR 97, 191
 VIVITROL 7, 33, 78, 150
 VIVJOA 16
 VOGELXO 122, 123
 VOGELXO PUMP 122, 123
 VOLNEA 128, 133, 140
 VONVENDI 35
 voriconazole 16
 VORTEX HOLD
 CHMBR/MASK/CHILD ... 91
 VORTEX HOLD
 CHMBR/MASK/TODDLER
 91
 VORTEX VALVED HOLDING
 CHAMBER 91
 VOSEVI 17
 vp-vite rx 191, 193, 194
 VRAYLAR 69
 VUITY 29, 107
 VUMERITY 145, 159
 VUSION 176, 177, 180
 VYALEV 71
 VYEPTI 70
 VYFEMLA 128, 133, 140
 VYLIBRA 128, 133, 140
 VYTORIN 46, 51
 VYVANSE 56
 VYZULTA 107
- W**
 WAL-FOUR 25, 107, 108
 WAL-MUCIL 114
 WAL-PHED 24, 163
 WAL-PHED 12 HOUR. 24, 163
 WAL-PHED D 24, 163
 WAL-PHED PE 25
 wal-sporin 16, 100, 174
 WAL-TUSSIN
 COUGH/CHEST DM 165,
 167
 WAL-ZYR 13, 171

INDEX

- WAL-ZYR CHILDRENS..... 13,
 171
 warfarin sodium..... 33
 wart remover maximum
 strength 182
 WEBCOL ALCOHOL PREP
 LARGE 91
 WEGOVY 58, 133
 WELCHOL 42, 122
 WELLBUTRIN SR 61
 WELLBUTRIN XL 61
 WERA 128, 133, 140
 westab plus..... 36, 191, 193
 WEZLANA..... 146, 147
 white petrolatum 178
 WIDE-SEAL DIAPHRAGM
 60 162
 WIDE-SEAL DIAPHRAGM
 65 162
 WIDE-SEAL DIAPHRAGM
 70 162
 WIDE-SEAL DIAPHRAGM
 75 162
 WIDE-SEAL DIAPHRAGM
 80 162
 WIDE-SEAL DIAPHRAGM
 85 162
 WIDE-SEAL DIAPHRAGM
 90 162
 WIDE-SEAL DIAPHRAGM
 95 162
 WILATE 35
 WINLEVI 174, 185
 WIXELA INHUB .. 31, 105, 122,
 166
 womans laxative 114
 womens daily form/fa/ca/fe97,
 191
 WYMZYA FE 128, 133, 140
 WYOST 144
X
 XADAGO 73
 XALATAN 107
 XARELTO 33
 XARELTO STARTER PACK
 33
 XCOPRI 61, 73
 XCOPRI (250 MG DAILY
 DOSE) 61, 73
 XCOPRI (350 MG DAILY
 DOSE) 61, 73
 XELJANZ 147, 155
 XELJANZ XR 147, 155
 XELPROS 107
 XELSTRYM 56
 XENICAL 117
 XEPI 174
 XERESE 20, 175, 180
 XGEVA 144, 152
 XHANCE 105, 122, 166, 169
 XIGDUO XR 123, 142
 XIIDRA 101, 105
 XIPERE 105
 XOFLUZA (40 MG DOSE) 15,
 16
 XOFLUZA (80 MG DOSE) 15,
 16
 XOLAIR 146, 170
 XOPENEX HFA 31, 172
 XPHOZAH 93, 117
 XROMI 22
 X-SEB T PLUS 182
 XULANE 128, 133, 140
 XULTOPHY 134
 XYNTHA 35
 XYNTHA SOLOFUSE 35
Y
 YASMIN 28 128, 133, 140
 YAZ 128, 133, 140
 YELETS TEENAGE
 FORMULA 97, 191
 YESINTEK 147
 YOSPRALA 37, 119
 YUFLYMA (1 PEN) ... 117, 149,
 155, 159
 YUFLYMA (2 PEN) ... 117, 149,
 155, 159
 YUFLYMA (2 SYRINGE) . 117,
 149, 155, 159
 YUFLYMA-CD/UC/HS
 STARTER 117, 149, 155, 159
 YUPELRI 26, 163
 YUTIQ 105, 180
 YUTREPIA 55, 170
 YUVAFEM 133, 152
Z
 ZADITOR 11, 99
 ZAFEMY 128, 133, 140
 zafirlukast 168
 zaleplon 67, 73
 ZARONTIN 84
 ZARXIO 34
 ZAVZPRET 70
 ZEASORB-AF 177
 ZEGALOGUE 8, 133, 150
 ZEMBRACE SYMTOUCH .. 83
 ZENATANE 182, 185
 ZENPEP 99, 114
 ZENZEDI 56
 ZEPATIER 17
 ZEPBOUND 58, 134
 ZEPOSIA 159
 ZEPOSIA 7-DAY STARTER
 PACK 159
 ZERVIAE 13, 99, 171
 ZESTORETIC 40, 98
 ZESTRIL 40
 ZETIA 46
 ZIANA 19, 174, 178, 185
 zidovudine 18
 ZIEXTENZO 34
 zileuton er 168
 ZIMHI 7, 8, 78, 150
 zinc 97
 zinc gluconate 97
 zinc oxide 176
 zinc sulfate 97
 ZIOPTAN 107
 ziprasidone hcl 63, 69
 ziprasidone mesylate 63, 69
 ZITHROMAX 20
 ZITHROMAX TRI-PAK 20
 ZITHROMAX Z-PAK 20
 ZITUVIMET 124, 129
 ZITUVIMET XR 124, 129
 ZITUVIO 129
 ZOCOR 51
 zolmitriptan 83
 ZOLOFT 83
 zolpidem tartrate 67, 73
 zolpidem tartrate er 67, 73
 ZOMACTON 135, 142

INDEX

ZOMACTON (FOR ZOMAJET 10).....	135, 142	ZOVIA 1/35 (28).....	128, 133, 140	ZYMFENTRA (2 PEN)	117, 145, 149, 155, 159, 185
ZOMIG.....	83	ZOVIRAX	20, 175	ZYMFENTRA (2 SYRINGE)	..117, 145, 149, 155, 159, 185
ZONISADE	61, 73	ZTALMY	61, 72	ZYPITAMAG	51
zonisamide.....	61, 73	ZTLIDO.....	149, 175	ZYPREXA	63, 69, 110
ZORBTIVE.....	135, 142	ZUBSOLV	78	ZYPREXA RELPREVV	63, 69, 110
ZORTRESS	22, 145, 160	ZUMANDIMINE..	128, 133, 140	ZYPREXA ZYDIS...	63, 69, 110
ZORYVE	169, 181, 183, 185	ZURZUVAE	61		
ZOSTRIX HP	185	ZYMFENTRA (1 PEN)	117, 145, 149, 155, 159, 185		

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