Contra Costa Health Plan (CCHP) Basic Healthcare Formulary

Last Updated: April 1, 2024

Note: The CCHP formulary is subject to change, and all previous versions are no longer in effect.

- To access the electronic version of the CCHP formulary on the health plan's website, please go to the following web address: https://cchealth.org/healthplan/pdf/pdl.pdf
- To access the CCHP interactive formulary search tool, please go to the following web address: https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- To access plan-specific coverage information including cost sharing information, member handbook, and other important materials such as your Evidence of Coverage (EOC) documents, please go to the following web address: https://cchealth.org/healthplan/member-publications.php

Table of Contents:

Frequently Asked Questions

What is the CCHP formulary?

The CCHP formulary (also known as the CCHP preferred drug list, or PDL) includes drugs used to treat common diseases or health problems. This formulary applies only to outpatient drugs and self-administered drugs – it does not apply to medications used in the inpatient setting or in medical offices.

The formulary is a continually reviewed and revised list of preferred medications based on safety, efficacy, and cost-effectiveness. It is updated on a monthly basis and is effective the first of every month. Updates are based on input from a team of doctors and pharmacists that meet regularly to decide which drugs should be included. These updates may include, but are not limited to the following: (i) removal or addition of drugs and/or dosage forms. (ii) changes in tier placement of a drug (iii) changes to utilization management restrictions (such as quantity limits, step therapy, etc.). Updated documents are available online at: https://www.cchealth.org.

How do I use the CCHP formulary?

The list of formulary drugs begins on Page 1. To locate a drug on the formulary, simply look for the name of the drug in the index at the end of this booklet - the index lists all of the drugs on the formulary, including brand name and generic name. Once you have located the name of the drug in the index, you will see the page number where you can find more information about your drug listed next to it.

Instead of using the index, the formulary can also be searched by using ctrl+F to find a specific medication by brand name, generic name, or therapeutic class.

A mobile-enabled version of the CCHP formulary is also available using the ePocrates application. After you have downloaded the application to your mobile device, simply choose the “Contra Costa Health Plan-Commercial” formulary to display the formulary status of drugs within the application. If you have any questions about the installation or use of the Epocrates application, please contact Epocrates Customer Support at (800)230-2150 or goldsupport@epocrates.com.

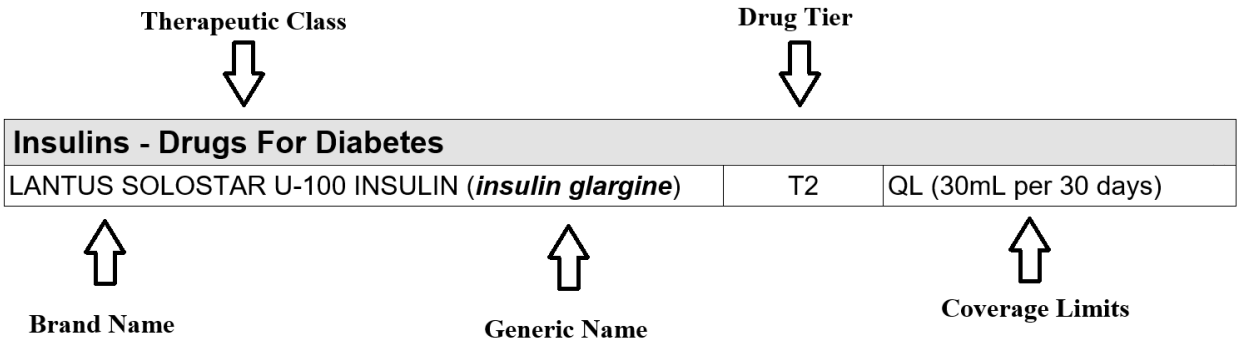
The presence of a prescription drug on the CCHP formulary does not guarantee that a member will be prescribed that medication by his or her prescribing provider for a particular medical condition. The absence of a drug on the CCHP means that the drug

is not on the formulary, and will require prior authorization to be covered (specific information about the CCHP prior authorization process is located below in the section titled “What if the drug that I need isn’t listed on the CCHP formulary?”)

How are drugs listed on the formulary?

Drugs are listed alphabetically by brand and generic name within the therapeutic category and class to which they belong. Brand name drugs will appear in all CAPITAL letters, with the generic name listed in parentheses after the brand name in all ***bold and italicized lowercase letters***. If a generic drug is available, it will be listed separately from the brand name drug, and will always be listed in ***bold and italicized lowercase letters***. If a generic equivalent of a brand name drug is not available, then the generic drug will not be listed separately from the brand name drug. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

An example listing from the CCHP formulary is below:



What if the drug that I need isn’t listed on the CCHP formulary?

If your drug isn’t listed on the CCHP formulary you can ask your doctor if there is a different drug on the formulary that will work the same way. If your doctor decides that you need a drug that is not on the formulary, they can ask CCHP to make an exception through the prior authorization process. All prior authorization requests will be evaluated by a health plan clinician (pharmacist or medical doctor) based upon CCHP prior authorization criteria that is approved by the CCHP Pharmacy and Therapeutics (P&T) committee. In instances where specific criteria do not exist, FDA indications, peer reviewed literature, other plan criteria, national treatment guidelines (such as IDSA, NCCN, AACE, etc.), and other medical compendia will be used for evaluation. Exceptions can be made for a variety of different reasons:

- Your doctor can ask CCHP to cover a drug that is listed on the formulary as requiring a prior authorization (PA): these drugs require approval prior to being dispensed at a network pharmacy. Each request will be reviewed by a health plan clinician, and if the request does not meet the guidelines established by the plan it will not be approved, and alternative therapy may be recommended.

- Your doctor can ask CCHP to cover a drug that isn't listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn't an alternate agent on the formulary.
- Your doctor can ask CCHP to make an exception to limits on a drug. For example, if a drug has a limit of 1 tablet per day, your doctor can ask us to cover more. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists without compromising safety.
- Your doctor can ask CCHP to make an exception to Step Therapy (ST) requirements: these drugs require one or more first step drugs to be tried before progressing to the second step drug (for example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first). If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to CCHP, you will not have to try the preferred drugs again. Your doctor can simply request an approval through the plan for continuation of therapy.

To start the CCHP prior authorization process or to ask for an exception, your doctor must fax a prior authorization request to CCHP at **1-866-428-7369** for urgent requests, or **1-866-205-8014** for standard requests. Your doctor may also be able to submit the request electronically to CCHP using the electronic medical record. If the request is approved, you will be able to get your medication filled at a pharmacy that works with CCHP. If we deny the request we will send you and your doctor a letter and will tell you how to file an appeal or a grievance. An "appeal" is when you want a decision to be reviewed again by the health plan (usually with additional information), and a "grievance" is a complaint or concern regarding the health plan.

CCHP will make a decision to deny or approve all prior authorization and exception requests within 24 hours of receiving the request. If CCHP fails to respond to a prior authorization or step therapy request within 72 hours of receiving a non-urgent request or 24 hours of receiving a request based on exigent circumstances, the request shall be deemed approved.

CCHP will provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills. CCHP will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency.

If you would like to download the CCHP prior authorization form, it is available at: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

What if I need my medication urgently – do pharmacies have the ability to fill emergency supplies of medication?

Yes. To ensure that CCHP members have access to a sufficient supply of medications in emergency situations, CCHP has established an Emergency Supply Policy that allows pharmacists to use their clinical judgement to override claims that deny at the point of sale. When a pharmacist determines that a medication is medically necessary, they may enter an authorization code that allows them to fill a 5-day emergency supply of medication for any CCHP member. CCHP promotes the use of the Emergency Supply Policy through point-of-sale messaging.

Instead of using the 5-day Emergency Supply Policy, pharmacies may also choose to call the PerformRx provider call center at 877-234-4269 – representatives are available 24 hours per day, 365 days per year. Staff at the call center have the ability to override prescriptions based on guidance provided by CCHP.

What if I'm a new CCHP member?

If you are a new CCHP member you may be taking drugs that are not on our formulary, or you may be taking drugs that are on our formulary but have limits. If possible, you should talk to your doctor to see if you can change to a preferred drug on the CCHP formulary. If you cannot switch to a preferred drug, then your doctor will need to ask CCHP for an exception to cover a drug you have been taking (known as continuation of therapy). See the section above titled "What if the drug that I need isn't listed on the CCHP formulary?" for more information.

Does CCHP cover generic and brand name medications?

CCHP covers brand and generic drugs, but when a generic drug is available CCHP requires that it be used. All drugs that become available generically are subject to review by the CCHP Pharmacy & Therapeutics committee.

A prescriber may request a brand name product in lieu of an approved generic if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made through the CCHP prior authorization process described above in the section titled "What if the drug that I need isn't listed on the CCHP formulary."

Are there drugs that are excluded from coverage?

For the CCHP Basic Healthcare pharmacy benefit, there are no prescription medications that are excluded for coverage. Your doctor can ask CCHP to cover a drug that isn't listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn't an alternate agent on the formulary.

If CCHP's coverage is amended to exclude a drug that we have been covering and providing to you under your current coverage, we will continue to provide the drug if a plan physician continues to prescribe the drug for the same condition and for a use approved by the Food and Drug Administration.

Can I go to any pharmacy for my medication?

No, members must use a pharmacy that is in the CCHP network. To find a network pharmacy, visit the CCHP website or call the health plan directly to have one of our member services or pharmacy staff help you locate a pharmacy near you (see section below titled "How do I find a pharmacy?").

How do I find a pharmacy?

To find a pharmacy near you, visit the CCHP website at https://cchealth.org/healthplan/. Once you have navigated to the CCHP website, follow the directions below:

(1) Scroll down and click on the "Search Doctors/Clinics/Pharmacies in My Area" button
(2) Click on the red "Begin Your Search Here" button (a new window will pop up)
(3) Click on the "Facility" tab, and choose "Pharmacy" as the facility type
(4) Choose how you want to search (by zip code, distance, etc.)
(5) Click "Find a Facility" - results will immediately show up (as a map and a list)

Be sure to show your CCHP Member ID card when you fill your prescriptions at the pharmacy.

Note: some medications are subject to limited distribution by the U.S. Food and Drug Administration. These types of drugs are called "specialty medications" because they require special handling, provider coordination, or special education that may not be

provided at your local pharmacy. CCHP has a contract with Walgreens to provide these types of medications. If you have specific questions about these types of drugs please contact the CCHP pharmacy unit directly.

What drugs are covered by CCHP?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the CCHP formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the CCHP formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, and blood glucose monitors
- FDA-approved birth control and contraceptives listed on the CCHP formulary
- Emergency contraception
- Epi-Pens, peak flow meters and spacers

Are intravenous (IV) and injectable drugs covered by CCHP?

Yes, the CCHP formulary lists certain injectable products that are covered as a pharmacy benefit. CCHP also covers most other intravenous medications through the medical benefit. Medications that are generally covered through the medical benefit are those that are given in a doctor's office, clinic, or hospital setting. Requests for coverage of a medication through the medical benefit should be directed to the CCHP Utilization Management Department by downloading the medical referral form at https://cchealth.org/healthplan/providers/ and faxing to (925) 313-6058 for routine requests or (925) 313-6458 for urgent requests.

Coverage of intravenous and injectable drugs through the pharmacy benefit are outlined below:

- Simple intravenous solutions: simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.
- Parenteral nutrition solutions (TPN or hyperalimentation): restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period. (Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.) Adjuncts to

parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

- Separately administered intravenous lipids: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this10-day period. Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.
- Intravenous solutions of unlisted antibiotics: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.
- Intravenous solutions of other unlisted drugs: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

How Much I Will Pay for My Drugs?

For all CCHP BHC members, you do not have to pay for covered services; medications are available with no copay.

Can providers make suggestions to CCHP to improve the formulary?

Absolutely. The formulary is a tool to promote cost-effective prescription drug use. CCHP has made every attempt to create a document that meets all therapeutic needs, however the art of medicine makes this a formidable task. CCHP welcomes the participation of physicians, pharmacists, and ancillary medical providers in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to CCHP via e-mail at:
cchp_pharmacy_director@hsd.cccounty.us.

What if I need more information?

For more information about your pharmacy benefits, please review your Evidence of Coverage documents or call CCHP directly to discuss. CCHP member services department and pharmacy department staff are available to answer questions Monday through Friday from 8:00am to 5:00pm Pacific Time at the phone numbers listed below:

CCHP Member Services Department: **(877) 661-6230 x2**

CCHP Pharmacy Department: **(877) 661-6230 x3**

Definitions & Abbreviations:

There are a number of terms that are used in this document that Contra Costa Health Plan wants to make sure that you understand. Below are some definitions and abbreviations:

"**Brand name drug"** is a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

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

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

"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

"Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

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

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

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

"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

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

“Nonformulary drug” is a prescription drug that is not listed on the health plan's formulary.

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

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

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

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

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Additional abbreviations and terms used on the CCHP formulary document are explained below:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
NF	Non-Formulary	These drugs are not covered on the Drug List. If your doctor feels you need a drug that is not covered, he or she can ask us to make an exception.
PA	Prior Authorization	Your doctor must ask for approval from CCHP before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
SCO	State Carve-Out	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for-Service program and must be billed to the State by the pharmacy.
ST	Step Therapy	In some cases, you must first try certain drugs before CalViva Health covers another drug for your medical condition. For example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first.

The CCHP formulary uses a 3 tier structure – the tiers are explained below:

Abbreviation	Term	What it means
T1	Tier 1	Tier 1 medications are preferred on the CCHP formulary and are available without restriction or prior authorization.
T2	Tier 2	Tier 2 medications are preferred on the CCHP formulary and are available without prior authorization, BUT may have certain restrictions such as quantity limits, step therapy, etc. (the specific restrictions are listed on the CCHP formulary).
T3	Tier 3	Tier 3 medications are non-preferred. These medications require prior authorization.

Plan de Salud de Contra Costa CCHP) ORGANIZACIÓN DE ADMINISTRACIÓN DE SALUD "Basic Healthcare" Formulario

Última actualización: 1 de abril de 2024

Nota: El formulario del CCHP está sujeto a cambios, y todas las versiones anteriores ya no están vigentes.

- Para acceder a la versión electrónica del formulario del CCHP en el sitio web del plan de salud, visite la siguiente dirección web: https://cchealth.org/healthplan/pdf/pdl.pdf
- Para acceder a la herramienta de búsqueda del formulario interactivo del CCHP, visite la siguiente dirección web: https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- Para acceder a la información de cobertura específica del plan que incluye información de costos compartidos, manual para miembros y otros materiales importantes como los documentos de su Evidencia de cobertura (EOC), visite la siguiente dirección web: https://cchealth.org/healthplan/member-publications.php

Preguntas frecuentes

¿Qué es el formulario del CCHP?

El formulario del CCHP (también conocido como la lista de medicamentos preferidos del CCHP, o PDL) incluye medicamentos utilizados para tratar enfermedades o problemas de salud comunes. Este formulario aplica solo a los medicamentos para pacientes en consulta externa y medicamentos autoadministrados, no aplica a medicamentos utilizados en el entorno de pacientes internados o en consultorios médicos.

El formulario es una lista de medicamentos preferidos examinada y revisada continuamente en función de la seguridad, eficacia y rentabilidad. Se actualiza mensualmente y es efectiva el primer día de cada mes. Las actualizaciones se basan en comentarios de un grupo de médicos y farmacéuticos que se reúnen regularmente para decidir qué medicamentos deben incluirse. Estas actualizaciones pueden incluir, entre otros, lo siguiente: (i) eliminación o adición de medicamentos o formas farmacéuticas, (ii) cambios en la colocación de nivel de un medicamento, (iii) cambios en las restricciones de administración de utilización (como límites de cantidad, tratamiento escalonado, etc.). Los documentos actualizados están disponibles en línea en: https://www.cchealth.org.

¿Cómo uso el formulario del CCHP?

La lista de medicamentos de formulario comienza en la Página 1. Para ubicar un medicamento en el formulario, simplemente busque el nombre del medicamento en el índice al final de este folleto. El índice enumera todos los medicamentos en el formulario, incluidos los medicamentos de marca y los medicamentos genéricos. Una vez que haya ubicado el nombre del medicamento en el índice, verá el número de página en donde puede encontrar más información sobre el medicamento indicado junto a este.

En lugar de usar el índice, también se puede buscar en el formulario usando ctrl+F para encontrar un medicamento específico por marca, nombre genérico o clase terapéutica.

Una versión para teléfonos celulares del formulario del CCHP también está disponible usando la aplicación ePocrates. Después de que haya descargado la aplicación a su dispositivo móvil, simplemente elija el formulario “Plan de Salud de Contra Costa Medi-Cal” para mostrar el estado de formulario de los medicamentos en la aplicación. Si tiene alguna pregunta sobre la instalación o uso de la aplicación Epocrates, comuníquese con atención al cliente de Epocrates al (800)230-2150 o goldsupport@epocrates.com.

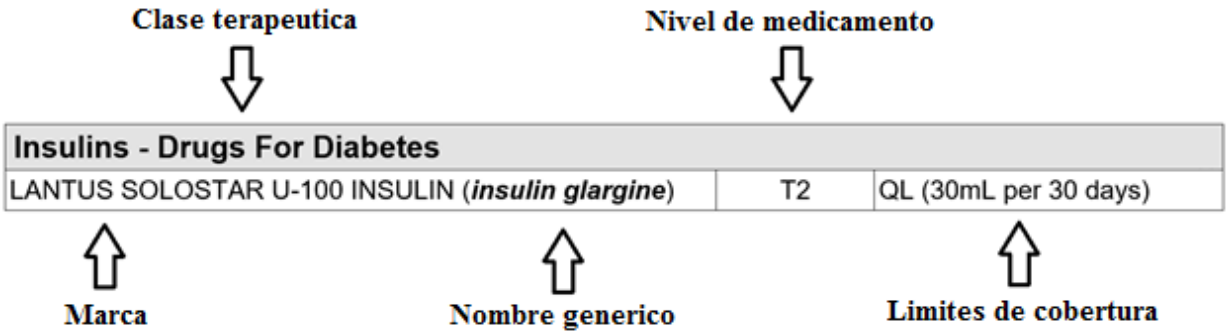
La presencia de un medicamento que requiere receta en el formulario del CCHP no garantiza que el proveedor que emite recetas le recete a un miembro ese medicamento para una afección médica particular.

Si un medicamento no está en el formulario del CCHP, requerirá una autorización previa para que esté cubierto (la información específica sobre el proceso de autorización previa del CCHP se encuentra a continuación en la sección titulada "¿Qué sucede si el medicamento que necesito no está en el formulario del CCHP?")

¿Cómo se indican los medicamentos en el formulario?

Los medicamentos están indicados alfabéticamente por marca y nombre genérico en la categoría terapéutica y clase a la que pertenecen. Los medicamentos de marca aparecerán en MAYÚSCULAS, con el nombre genérico indicado en paréntesis después de la marca todo escrito en ***letra minúscula negrita y cursiva***. Si el medicamento genérico está disponible, se indicará de forma separada del medicamento de marca y siempre se indicará en ***letra minúscula negrita y cursiva***. Si un genérico equivalente de un medicamento de marca no está disponible, el medicamento genérico no estará indicado de forma separada del medicamento de marca. En situaciones en las que un equivalente genérico aprobado por la Administración de Alimentos y Medicamentos (Food & Drug Administration, FDA) está disponible, las marcas se indican con fines de referencia únicamente, y no denotan cobertura para la marca, a menos que se indique específicamente.

Una lista de ejemplo del formulario del CCHP se encuentra a continuación:



¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?

Si su medicamento no figura en el formulario del CCHP, puede preguntarle a su médico si hay un medicamento diferente en el formulario que funcione de la misma manera. Si su médico decide que necesita un medicamento que no está en el formulario, puede pedirle al CCHP que haga una excepción a través del proceso de autorización previa. Todas las solicitudes de autorización previa serán evaluadas por un médico del plan de salud (farmacéutico o médico) según los criterios de autorización previa del CCHP

aprobados por el comité de Farmacia y Terapéutica (P&T) del CCHP. En los casos en que no existan criterios específicos, se utilizarán para la evaluación indicaciones de la FDA, literatura revisada por pares, otros criterios del plan, pautas nacionales de tratamiento (como IDSA, NCCN, AACE, etc.) y otros compendios médicos. Se pueden hacer excepciones por una variedad de motivos diferentes:

- Su médico puede pedirle al CCHP que cubra un medicamento que figura en el formulario que requiere una autorización previa (PA): estos medicamentos requieren aprobación antes de ser despachados en una farmacia de la red. Cada solicitud será revisada por un médico del plan de salud, y si la solicitud no cumple con las pautas establecidas por el plan, no será aprobada, y se puede recomendar una terapia alternativa.
- Su médico puede pedirle al CCHP que cubra un medicamento que no figura en el formulario: cualquier medicamento que no se encuentre en esta lista se considera no incluido en el formulario. La persona que emite la receta puede solicitar cobertura para agentes que no figuran en el formulario. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada y si no hay un agente alternativo en el formulario.
- Su médico puede pedirle al CCHP que haga una excepción a los límites de un medicamento. Por ejemplo, si un medicamento tiene un límite de 1 tableta por día, su médico puede pedirnos que cubramos más. Si se necesitan cantidades que exceden el límite, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada sin comprometer la seguridad.
- Su médico puede pedirle al CCHP que haga una excepción a los requisitos de tratamiento escalonado (ST): estos medicamentos requieren que se prueben uno o más medicamentos de primer paso antes de pasar al medicamento de segundo paso (por ejemplo, si el medicamento A y el medicamento B tratan su afección de salud, el CCHP puede no cubrir el medicamento B a menos que primero pruebe el medicamento A). Si existe una necesidad médica de usar un medicamento de segundo paso sin probar un medicamento de primer paso, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada. Si ya probó el medicamento preferido y este falló, o si ya está tomando un medicamento sujeto a tratamiento escalonado cuando se cambia al CCHP, no tendrá que probar los medicamentos preferidos nuevamente. Su médico simplemente puede solicitar una aprobación a través del plan para la continuación del tratamiento.

Para comenzar el proceso de autorización previa del CCHP o para solicitar una excepción, su médico debe enviar por fax una solicitud de autorización previa al CCHP al **1-866-428-7369** para solicitudes urgentes, o **1-866-205-8014** para solicitudes

estándar. Su médico también puede enviar la solicitud electrónicamente al CCHP utilizando la historia clínica electrónica. Si se aprueba la solicitud, podrá surtir su medicamento en una farmacia que trabaje con el CCHP. Si denegamos la solicitud, le enviaremos una carta a usted y a su médico y le diremos cómo presentar una apelación o una queja formal. Una "apelación" es cuando desea que el plan de salud revise nuevamente una decisión (generalmente con información adicional), y una "queja formal" es una queja o inquietud relacionada con el plan de salud.

El CCHP tomará la decisión de denegar o aprobar todas las solicitudes de autorización previa y de excepción dentro de las 24 horas posteriores a la recepción de la solicitud. Si el CCHP no responde a una autorización previa o solicitud de tratamiento escalonado dentro de las 72 horas de haber recibido una solicitud no urgente o 24 horas después de recibir una solicitud basada en circunstancias exigentes, la solicitud se considerará aprobada.

El CCHP proporcionará cobertura de conformidad con una solicitud no urgente por la duración de la receta, incluidos los resurtidos. El CCHP proporcionará cobertura, incluidos los resurtidos, de conformidad con una solicitud basada en circunstancias exigentes por la duración de la exigencia.

Si desea descargar el formulario de autorización previa del CCHP, está disponible en: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

¿Qué sucede si necesito mi medicamento con urgencia? ¿Las farmacias tienen la capacidad de surtir suministros de medicamentos de emergencia?

Sí. Para garantizar que los miembros del CCHP tengan acceso a un suministro suficiente de medicamentos en situaciones de emergencia, el CCHP ha establecido una Política de suministros de emergencia que permite a los farmacéuticos utilizar su criterio clínico para anular los reclamos que rechazan en el punto de venta. Cuando un farmacéutico determina que un medicamento es médicamente necesario, puede ingresar un código de autorización que le permita surtir un suministro de medicamentos de emergencia para 5 días para cualquier miembro del CCHP. El CCHP promueve el uso de la Política de suministros de emergencia a través de mensajes en el punto de venta.

En lugar de utilizar la Política de suministros de emergencia para 5 días, las farmacias también pueden optar por llamar al centro de llamadas del proveedor de PerformRx al 877-234-4269; los representantes están disponibles las 24 horas del día, los 365 días del año. El personal del centro de llamadas tiene la capacidad de anular las recetas en función de la orientación proporcionada por el CCHP.

¿Qué sucede si soy un miembro nuevo del CCHP?

Si es un miembro nuevo del CCHP, puede estar tomando medicamentos que no están en nuestro formulario, o puede estar tomando medicamentos que están en nuestro formulario, pero que tienen límites. Si es posible, debe hablar con su médico para ver si puede cambiar a un medicamento preferido en el formulario del CCHP. Si no puede cambiarse a un medicamento preferido, entonces su médico deberá solicitarle al CCHP una excepción para cubrir un medicamento que ha estado tomando (conocido como continuación del tratamiento). Consulte la sección anterior titulada "¿Qué sucede si el medicamento que necesito no figura en el formulario del CCHP?" para obtener más información.

¿El CCHP cubre medicamentos genéricos y de marca?

El CCHP cubre medicamentos de marca y genéricos, pero cuando hay un medicamento genérico disponible, el CCHP requiere que se use. Todos los medicamentos que están disponibles genéricamente están sujetos a revisión por parte del comité de Farmacia y Terapéutica del CCHP.

Una persona que emite una receta puede solicitar un producto de marca en lugar de un genérico aprobado si determina que existe una necesidad médica documentada del equivalente de marca. Este tipo de solicitud de cobertura se puede realizar a través del proceso de autorización previa del CCHP descrito anteriormente en la sección titulada "¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?"

¿Hay medicamentos que están excluidos de la cobertura?

El formulario de Medi-Cal del CCHP es muy similar a la Lista de Medicamentos con Contrato de Medi-Cal de California. Los siguientes tipos de medicamentos generalmente no son un beneficio cubierto para los miembros de Medi-Cal (tenga en cuenta que esta lista está sujeta a cambios):

- Medicamentos para la disfunción eréctil o sexual
- Medicamentos utilizados por razones estéticas o crecimiento del cabello
- Medicamentos que se consideran experimentales, o que se usan de manera experimental
- Medicamentos utilizados para tratar la infertilidad
- Medicamentos específicamente enumerados como "no cubiertos" en el formulario
- Medicamentos extranjeros o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA)

Si se modifica la cobertura del CCHP para excluir un medicamento que hemos estado cubriendo y proporcionándole bajo su cobertura actual, continuaremos proporcionándole el medicamento si un médico del plan continúa recetándolo para la misma afección y para un uso aprobado por la Administración de Alimentos y Medicamentos.

Algunos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de

pago por servicio de Medi-Cal para miembros de Medi-Cal, no por el CCHP. Los siguientes tipos de medicamentos están excluidos:

- Medicamentos antipsicóticos
- Medicamentos para el VIH/sida
- Medicamentos exclusivos para el tratamiento de desintoxicación y dependencia del alcohol y heroína
- Medicamentos exclusivos para tratar la hemofilia

¿Puedo ir a cualquier farmacia por mi medicamento?

No, los miembros deben usar una farmacia que esté en la red del CCHP. Para encontrar una farmacia de la red, visite el sitio web del CCHP o llame al plan de salud directamente para que uno de los miembros del personal de servicios para miembros o de farmacia le ayuden a ubicar una farmacia cercana (consulte la sección a continuación titulada “¿Cómo encuentro una farmacia?”).

¿Cómo encuentro una farmacia?

Para encontrar una farmacia cercana, visite el sitio web del CCHP en https://cchealth.org/healthplan/. Una vez que haya navegado al sitio web del CCHP, siga las instrucciones a continuación:

(1) Desplácese hacia abajo y haga clic en el botón "Buscar médicos/clínicas/farmacias en mi área" (Search Doctors/Clinics/Pharmacies in My Area)
(2) Haga clic en el botón rojo "Comenzar aquí" (Begin Your Search Here) (se abrirá una nueva ventana)
(3) Haga clic en la pestaña "Instalaciones" (Facility) y elija "Farmacia" (Pharmacy) como tipo de instalación
(4) Elija cómo desea buscar (por código postal, distancia, etc.)
(5) Haga clic en "Buscar una instalación" (Find a Facility): los resultados aparecerán inmediatamente (como un mapa y una lista)

Asegúrese de mostrar su tarjeta de identificación de miembro del CCHP cuando surta sus recetas en la farmacia.

Nota: algunos medicamentos están sujetos a una distribución limitada por parte de la Administración de Alimentos y Medicamentos de EE. UU. Estos tipos de medicamentos se denominan "medicamentos de especialidad" porque requieren un manejo especial, coordinación de proveedores o instrucciones especiales que es posible que su farmacia local no le proporcione. El CCHP tiene un contrato con Walgreens para proporcionar este tipo de medicamentos. Si tiene preguntas específicas sobre este tipo de medicamentos, comuníquese directamente con la unidad de farmacia del CCHP.

¿Qué medicamentos están cubiertos por el CCHP?

Usted puede obtener los siguientes medicamentos y otros artículos cuando los haya recetado su médico y sean médicamente necesarios:

- Medicamentos recetados que figuran en el formulario del CCHP
- Medicamentos sin receta o medicamentos de venta libre (como jarabes para la tos/resfrío, pastillas para la tos o aspirina) mencionados en el formulario del CCHP
- Suministros para diabéticos del formulario: insulina, jeringas de insulina, tiras reactivas de glucosa, lancetas y dispositivos de punción de lancetas, sistemas de administración de plumas y monitores de glucosa en sangre
- Anticonceptivos aprobados por la FDA que figuran en el formulario del CCHP
- Anticoncepción de emergencia
- Epipens, medidores de flujo máximo y espaciadores

¿Los medicamentos intravenosos (IV) e inyectables están cubiertos por el CCHP?

Sí, el formulario del CCHP enumera ciertos productos inyectables que están cubiertos como un beneficio de farmacia. El CCHP también cubre la mayoría de los demás medicamentos intravenosos a través del beneficio médico. Los medicamentos que generalmente están cubiertos a través del beneficio médico son aquellos que se administran en el consultorio de un médico, clínica u hospital. Las solicitudes de cobertura de un medicamento a través del beneficio médico deben dirigirse al Departamento de Administración de Utilización del CCHP descargando el formulario de referencia médica en https://cchealth.org/healthplan/providers/ y enviando un fax al (925) 313-6058 para solicitudes de rutina o (925) 313-6458 para solicitudes urgentes.

La cobertura de medicamentos intravenosos e inyectables a través del beneficio de farmacia se detalla a continuación:

- Soluciones intravenosas simples: las soluciones intravenosas simples normalmente se usan para la terapia de hidratación. Se incluyen soluciones comercialmente disponibles (no compuestas) como solución salina normal, dextrosa (hasta 10% en agua) y solución de ringer lactato; las soluciones de cloruro de potasio preparadas comercialmente en tales soluciones también se incluyen en esta definición. Las soluciones intravenosas simples se deben facturar utilizando el número del Código Nacional de Medicamentos (National Drug Code, NDC) del producto.
- Soluciones de nutrición parenteral (TPN o hiperalimentación): restringidas para dispensar dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando se inició la terapia (IV) con el mismo producto antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. (Las soluciones de nutrición parenteral son productos nutricionales administrados por vía intravenosa o intraarterial que suelen ser suspensiones o soluciones de aminoácidos o proteínas, dextrosa, lípidos, electrolitos, suplementos vitamínicos y/o minerales y oligoelementos). Los complementos a la nutrición parenteral son otros medicamentos que se mezclan físicamente con una solución de nutrición parenteral en cualquier momento antes de

la administración. Facture estos productos como parte de la facturación de nutrición parenteral. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

- Lípidos intravenosos administrados por separado: restringidos para ser dispensados dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia (IV) con el mismo producto se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. Las soluciones o suspensiones de lípidos intravenosos que se administran por separado de las soluciones de nutrición parenteral (es decir, no se mezclan físicamente en el recipiente de la solución de nutrición parenteral) deben facturarse utilizando el número NDC del producto.
- Soluciones intravenosas de antibióticos no incluidos en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo antibiótico se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.
- Soluciones intravenosas de otros medicamentos no indicados en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo medicamento se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

¿Cuánto pagaré por mis medicamentos?

Los miembros de Medi-Cal del CCHP **no** tienen que pagar los servicios cubiertos; los medicamentos están disponibles sin copago.

Los miembros comerciales del CCHP (con planes como el plan comercial A, el plan B, IHSS, etc.) pueden tener que pagar pequeños copagos por sus medicamentos. Consulte los materiales de su plan para determinar si tiene un copago.

¿Los proveedores pueden hacer sugerencias al CCHP para mejorar el formulario?

Por supuesto que sí. El formulario es una herramienta para promover el uso rentable de medicamentos recetados. El CCHP ha hecho todo lo posible para crear un documento que satisfaga todas las necesidades terapéuticas; sin embargo, el arte de la medicina hace que esta sea una tarea formidable. El CCHP agradece la participación de médicos, farmacéuticos y proveedores de servicios médicos auxiliares en este proceso dinámico. Se alienta a los médicos y farmacéuticos a dirigir

cualquier sugerencia o comentario al CCHP por correo electrónico a: cchp_pharmacy_director@hsd.cccounty.us.

¿Qué puedo hacer si necesito más información?

Para obtener más información sobre sus beneficios de farmacia, revise los documentos de su Evidencia de cobertura o llame al CCHP directamente para hablar sobre ellos. El departamento de servicios para miembros del CCHP y el personal del departamento de farmacia están disponibles para responder preguntas de lunes a viernes de 8 a.m. a 5 p.m., hora del Pacífico, en los números de teléfono que se detallan a continuación:

Departamento de Servicios a Miembros del CCHP: **(877) 661-6230 x2**

Departamento de Farmacia del CCHP: **(877) 661-6230 x3**

Definiciones y abreviaturas:

En este documento, se usan varios términos que el Plan de Salud Contra Costa quiere asegurarse de que usted entienda. A continuación se presentan algunas definiciones y abreviaturas:

"**Medicamento de marca"** es un medicamento que se comercializa bajo un nombre patentado y protegido por marca registrada. El medicamento de marca aparece en todas las letras en MAYÚSCULAS.

"Coseguro" es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"Copago" es un monto fijo en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"Deducible" es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar la totalidad o parte del costo del beneficio de atención médica según los términos de la póliza.

"Nivel de medicamento" es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento para el afiliado.

"Afiliado" es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla del formulario también incluirán suscriptores como se define en esta sección a continuación.

"Solicitud de excepción" es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su persona designada o el proveedor de atención médica que emite la receta presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la afección del afiliado.

"Circunstancias exigentes" se producen cuando un afiliado sufre una afección de salud que puede poner en grave peligro la vida, la salud o la capacidad del afiliado de recuperar su función máxima, o cuando un afiliado se somete a un tratamiento actual con un medicamento que no figura en el formulario.

“Formulario” es la lista completa de medicamentos preferidos para su uso y elegibles para la cobertura de un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados,

“Medicamento genérico” es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, cómo se toma, calidad,
rendimiento y uso previsto. Un medicamento genérico aparece en ***letra minúscula negrita y*** cursiva***.***

“Medicamento que no figura en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Costo de bolsillo” son copagos, coseguros y el deducible aplicable, más todos los costos por servicios de atención médica que no están cubiertos por el plan de salud.

“Proveedor que emite la receta” es un proveedor de atención médica autorizado para emitir una receta médica para tratar una afección médica de un afiliado al plan de salud.

“Receta” es una orden oral, escrita o electrónica de un proveedor que emite recetas para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que emite recetas si la receta es por escrito, y si la persona inscrita lo solicita, la afección médica o el propósito para el cual se receta el medicamento.

“Medicamento recetado” es un medicamento recetado por el proveedor del afiliado que emite recetas y requiere una receta en virtud de
la ley aplicable.

“Autorización previa” es un requisito del plan de salud de que el afiliado o el proveedor del afiliado que emite recetas obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

“Tratamiento escalonado” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la afección médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de tratamiento escalonado. Si el proveedor que emite recetas al afiliado presenta una solicitud de excepción de tratamiento

escalonado, los planes de salud harán excepciones al tratamiento escalonado cuando se cumplan los criterios.

“Suscriptor” es la persona responsable del pago de un plan o cuyo empleo u otra circunstancia, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.

A continuación se explican abreviaturas y términos adicionales utilizados en el documento del formulario del CCHP:

Abreviatura	Término	Qué significa
AL	Límite de edad	Algunos medicamentos solo están cubiertos para ciertas edades.
NF	No figura en el formulario	Estos medicamentos no están cubiertos en la Lista de medicamentos. Si su médico considera que necesita un medicamento que no está cubierto, puede solicitarnos que hagamos una excepción.
PA	Autorización previa	Su médico debe solicitar la aprobación del CCHP antes de que se cubran algunos medicamentos.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para ciertas cantidades.
SCO	Exclusión estatal	Estos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de tarifa por servicio de Medi-Cal y deben ser facturados al estado por la farmacia.
ST	Tratamiento escalonado	En algunos casos, primero debe probar ciertos medicamentos antes de que CalViva Health cubra otro medicamento para su afección médica. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección de salud, es posible que el CCHP no cubra el Medicamento B a menos que pruebe el Medicamento A primero.

El formulario del CCHP utiliza una estructura de 3 niveles; los niveles se explican a continuación:

Abreviatura	Término	Qué significa

T1	Nivel 1	Los medicamentos de nivel 1 se prefieren en el formulario del CCHP y están disponibles sin restricción o autorización previa.
T2	Nivel 2	Los medicamentos de nivel 2 se prefieren en el formulario del CCHP y están disponibles sin autorización previa, PERO pueden tener ciertas restricciones, como límites de cantidad, tratamiento escalonado, etc. (las restricciones específicas se enumeran en el formulario del CCHP).
T3	Nivel 3	Los medicamentos de nivel 3 no son preferidos. Estos medicamentos requieren autorización previa.

CCHP BHC 04/01/2024

Contra Costa Health Plan Basic HealthCare Formulary

CURRENT AS OF 4/01/2024

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
aler-cap oral capsule 25 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg	T1	
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs itch relief external gel 2 %	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
m-dryl oral liquid 12.5 mg/5ml	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
PERCOGESIC ORAL TABLET 12.5-325 MG (***diphenhydramine-acetaminophen***)	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sleep-aid oral tablet 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
sm sleep aid oral tablet 25 mg	T1	
total allergy oral tablet 25 mg	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
wal-som oral tablet 25 mg	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
First Generation Antihistamines		
aler-cap oral capsule 25 mg	T1	
aller-chlor oral tablet 4 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy oral tablet 4 mg	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg, 4 mg	T1	
ANTIVERT ORAL TABLET 50 MG (***meclizine hcl***)	T1	
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
chlorhist oral tablet 4 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpheniramine maleate er oral tablet extended release 12 mg	T1	
chlorpheniramine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs itch relief external gel 2 %	T1	
cvs motion sickness relief oral tablet chewable 25 mg	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (***meclizine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRAMAMINE ORAL TABLET 25 MG (***meclizine hcl***)	T1	
ed chlorped jr oral syrup 2 mg/5ml	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql motion sickness relief oral tablet 25 mg	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg, 4 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp motion sickness relief oral tablet 25 mg	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
meclizine hcl oral tablet chewable 25 mg	T1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (***triprolidine hcl***)	T1	
motion sickness relief oral tablet 25 mg	T1	
motion sickness relief oral tablet chewable 25 mg	T1	
motion-time oral tablet chewable 25 mg	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
pharbechlor oral tablet 4 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc chlor-pheniramine oral tablet 4 mg	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra allergy relief oral tablet 4 mg	T1	
ra chlorpheniramine maleate oral tablet 4 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
ra motion sickness relief oral tablet chewable 25 mg	T1	
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sleep-aid oral tablet 25 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm motion sickness oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
sm sleep aid oral tablet 25 mg	T1	
total allergy oral tablet 25 mg	T1	
travel-ease oral tablet 25 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-FINATE ORAL TABLET 4 MG (***chlorpheniramine maleate***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
wal-som oral tablet 25 mg	T1	
Other Antihistamines		
acid controller max st oral tablet 20 mg	T1	
acid controller oral tablet 10 mg	T1	
acid reducer maximum strength oral tablet 20 mg	T1	
acid reducer oral tablet 10 mg	T1	
cimetidine 200 oral tablet 200 mg	T1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	
cvs acid controller max st oral tablet 20 mg	T1	
cvs acid controller oral tablet 10 mg	T1	
cvs allergy eye drops ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs heartburn relief oral tablet 200 mg	T1	
cvs olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
cvs olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
eq acid reducer oral tablet 10 mg, 200 mg	T1	
eq famotidine max st oral tablet 20 mg	T1	
eql heartburn prevention oral tablet 10 mg, 20 mg	T1	
eye allergy itch relief ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
eye allergy itch/redness rel ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
famotidine maximum strength oral tablet 20 mg	T1	
famotidine oral suspension reconstituted 40 mg/5ml	T1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	T1	
famotidine orig st oral tablet 10 mg	T1	
gnp acid reducer max st oral tablet 20 mg	T1	
gnp acid reducer oral tablet 10 mg	T1	
gnp olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
gnp olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
heartburn relief max st oral tablet 20 mg	T1	
heartburn relief oral tablet 10 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
ketotifen fumarate ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
kls acid controller max st oral tablet 20 mg	T1	
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
qc acid controller max st oral tablet 20 mg	T1	
qc acid controller oral tablet 10 mg	T1	
qc olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
ra acid reducer max st oral tablet 20 mg	T1	
ra acid reducer oral tablet 10 mg	T1	
ra eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
sm acid reducer max st oral tablet 20 mg	T1	
sm acid reducer oral tablet 10 mg, 200 mg	T1	
sm olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
ZANTAC 360 MAX ST ORAL TABLET 20 MG (***famotidine***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANTAC 360 ORAL TABLET 10 MG (***famotidine***)	T1	
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine vc oral syrup 6.25-5 mg/5ml	T1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Piperazine Derivatives		
stahist ad oral tablet 25-60 mg	T1	
Propylamine Derivatives		
aller-chlor oral tablet 4 mg	T1	
allergy oral tablet 4 mg	T1	
allergy relief d oral tablet 4-60 mg	T1	
allergy relief oral tablet 4 mg	T1	
bio-dtuss dmx oral liquid 30-1-20 mg/5ml	T1	
bio-rytuss oral liquid 5-2-10 mg/5ml	T1	
chlorhist oral tablet 4 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpheniramine maleate er oral tablet extended release 12 mg	T1	
chlorpheniramine maleate oral tablet 4 mg	T1	
ED A-HIST ORAL LIQUID 4-10 MG/5ML (***chlorpheniramine-phenylephrine***)	T1	
ed chlorped jr oral syrup 2 mg/5ml	T1	
ed-a-hist dm oral liquid 10-4-15 mg/5ml	T1	
GILTUSS ALLERGY COUGH & CONGES ORAL LIQUID 5-2-10 MG/5ML (***phenylephrine-chlorphen-dm***)	T1	
glenmax peb dm oral liquid 5-2-10 mg/5ml	T1	
gnp allergy relief oral tablet 4 mg	T1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	T1	
LOHIST-D ORAL LIQUID 2-30 MG/5ML (***chlorpheniramine-pseudoeph***)	T1	
lohist-dm oral syrup 5-2-10 mg/5ml	T1	
maxi-tuss pe oral liquid 2-5 mg/5ml	T1	
maxi-tuss tr oral liquid 1.25-30 mg/5ml	T1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (***triprolidine hcl***)	T1	
nohist-dm oral liquid 10-4-15 mg/5ml	T1	
nohist-lq oral liquid 4-10 mg/5ml	T1	
pharbechlor oral tablet 4 mg	T1	
qc chlor-pheniramine oral tablet 4 mg	T1	
ra allergy relief oral tablet 4 mg	T1	
ra chlorpheniramine maleate oral tablet 4 mg	T1	
rynex pse oral liquid 1-15 mg/5ml	T1	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5ML (***chlorpheniramine-dm***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-FINATE ORAL TABLET 4 MG (***chlorpheniramine maleate***)	T1	
Second Generation Antihistamines		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
12hr allergy relief oral tablet 60 mg	T1	ST
24hr allergy relief oral tablet 180 mg	T1	ST
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
all day allergy childrens oral solution 5 mg/5ml	T1	
all day allergy d oral tablet extended release 12 hour 5-120 mg	T1	PA
all day allergy oral tablet 10 mg	T1	
all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
all-day allergy childrens oral solution 5 mg/5ml	T1	
allergy (cetirizine) oral tablet 10 mg	T1	
allergy 24hour indoor/outdoor oral tablet 10 mg	T1	
allergy 24-hr oral tablet 180 mg	T1	ST
allergy childrens oral solution 5 mg/5ml	T1	
allergy childrens oral suspension 30 mg/5ml	T1	ST
allergy rel child (loratadine) oral solution 5 mg/5ml	T1	
allergy relief (cetirizine) oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 5 mg	T1	PA
allergy relief childrens oral solution 1 mg/ml	T1	
allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief d oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief oral tablet 180 mg, 60 mg	T1	ST
allergy relief oral tablet 5 mg	T1	
allergy relief/indoor/outdoor oral tablet 10 mg	T1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	T1	PA
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (***lodoxamide tromethamine***)	T1	PA
cetirizine hcl allergy child oral solution 5 mg/5ml	T1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	T1	
cetirizine hcl childrens oral solution 5 mg/5ml	T1	
cetirizine hcl oral solution 1 mg/ml	T1	
cetirizine hcl oral tablet 10 mg, 5 mg	T1	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	T1	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	T1	PA
childrens 24 hour allergy oral solution 1 mg/ml	T1	
childrens loratadine oral solution 5 mg/5ml	T1	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (***loratadine***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral suspension 30 mg/5ml	T1	ST
cvs allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	PA
cvs allergy relief oral tablet 180 mg, 60 mg	T1	ST
cvs allergy relief oral tablet 5 mg	T1	
cvs allergy relief oral tablet dispersible 10 mg, 5 mg	T1	
cvs allergy relief(cetirizine) oral tablet 10 mg	T1	
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	PA
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	T1	
cvs indoor/outdoor allergy rlf oral tablet 10 mg	T1	
desloratadine oral tablet 5 mg	T1	PA
desloratadine oral tablet dispersible 5 mg	T1	PA
eq allerg relief child (cetir) oral solution 5 mg/5ml	T1	
eq allerg relief child (lorat) oral solution 5 mg/5ml	T1	
eq allergy childrens oral solution 5 mg/5ml	T1	
eq allergy relief (cetirizine) oral solution 1 mg/ml	T1	
eq allergy relief (cetirizine) oral tablet 10 mg	T1	
eq allergy relief oral tablet 180 mg	T1	ST
eql all day allergy childrens oral solution 5 mg/5ml	T1	
eql all day allergy oral tablet 10 mg	T1	
eql allergy relief oral tablet 180 mg	T1	ST
fexofenadine hcl oral tablet 180 mg, 60 mg	T1	ST
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp all day allergy oral tablet 10 mg	T1	
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	T1	
gnp allergy relief 24 hr oral tablet 5 mg	T1	
gnp allergy relief oral tablet 180 mg	T1	ST
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
gnp loratadine childrens oral solution 5 mg/5ml	T1	
gnp loratadine oral solution 5 mg/5ml	T1	
gnp loratadine oral tablet dispersible 10 mg	T1	
goodsense all day allergy oral solution 5 mg/5ml	T1	
goodsense all day allergy oral tablet 10 mg	T1	
goodsense aller-ease oral tablet 180 mg	T1	ST
hm all day allergy childrens oral solution 5 mg/5ml	T1	
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	T1	
hm fexofenadine hcl oral tablet 180 mg	T1	ST
hm loratadine childrens oral solution 5 mg/5ml	T1	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	T1	ST
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	PA
levocetirizine dihydrochloride oral tablet 5 mg	T1	
loratadine childrens oral solution 5 mg/5ml	T1	
loratadine oral solution 5 mg/5ml	T1	
loratadine oral tablet dispersible 10 mg	T1	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	T1	
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
mm fexofenadine hcl oral tablet 180 mg	T1	ST
qc all day allergy oral tablet 10 mg	T1	
qc childrens allergy oral solution 5 mg/5ml	T1	
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	T1	
ra allergy relief (cetirizine) oral tablet 10 mg	T1	
ra allergy relief childrens oral solution 5 mg/5ml	T1	
ra allergy relief oral tablet 180 mg	T1	ST
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	T1	PA
ra lorata-d oral tablet extended release 24 hour 10-240 mg	T1	
sm all day allergy childrens oral solution 5 mg/5ml	T1	
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
sm allergy childrens oral solution 5 mg/5ml	T1	
sm allergy relief oral tablet 60 mg	T1	ST

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm fexofenadine hcl oral tablet 180 mg	T1	ST
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	T1	
sm loratadine oral solution 5 mg/5ml	T1	
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ITIN ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG (***cetirizine hcl***)	T1	
WAL-ZYR ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule 500 mg	T1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	T1	
cefadroxil oral tablet 1 gm	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cephalexin oral tablet 250 mg, 500 mg	T1	PA
2Nd Generation Cephalosporin Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefaclor oral capsule 250 mg, 500 mg	T1	
cefaclor oral suspension reconstituted 250 mg/5ml	T1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cefprozil oral tablet 250 mg, 500 mg	T1	
cefuroxime axetil oral tablet 250 mg, 500 mg	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule 300 mg	T1	QL (60 EA per 30 days)
cefdinir oral suspension reconstituted 125 mg/5ml	T1	QL (9000 ML per 30 days)
cefdinir oral suspension reconstituted 250 mg/5ml	T1	QL (6000 ML per 30 days)
cefixime oral capsule 400 mg	T1	QL (2 EA per 30 days)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	T1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	T1	QL (112 EA per 180 days)
ceftazidime (Tazicef Intravenous Solution Reconstituted 2 Gm)	T1	
Adamantane Antivirals		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5ml	T1	
amantadine hcl oral tablet 100 mg	T1	
rimantadine hcl oral tablet 100 mg	T1	
Allylamine Antifungals		
terbinafine hcl oral tablet 250 mg	T1	
Amebicides		
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
Aminoglycoside Antibiotics		
neomycin sulfate oral tablet 500 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
streptomycin sulfate intramuscular solution reconstituted 1 gm	T1	QL (1 EA per 30 days)
tobramycin inhalation nebulization solution 300 mg/5ml	T1	PA
Aminopenicillin Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	T1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	T1	
ampicillin oral capsule 500 mg	T1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 500 mg	T1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	T1	
Anthelmintics		
albendazole oral tablet 200 mg	T1	PA
cvs pinworm treatment oral suspension 144 (50 base) mg/ml	T1	
EMVERM ORAL TABLET CHEWABLE 100 MG (***mebendazole***)	T1	QL (60 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ivermectin oral tablet 3 mg	T1	QL (30 EA per 365 days)
pin-away oral suspension 144 (50 base) mg/ml	T1	
pinworm medicine oral suspension 144 (50 base) mg/ml	T1	
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	T1	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension 125 mg/5ml	T1	
griseofulvin microsize oral tablet 500 mg	T1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	
Anti-Infectives (Systemic), Misc.		
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	T1	
Antimalarials		
atovaquone-proguanil hcl oral tablet 250-100 mg	T1	QL (180 EA per 365 days)
atovaquone-proguanil hcl oral tablet 62.5-25 mg	T1	QL (540 EA per 365 days)
avidoxy oral tablet 100 mg	T1	
chloroquine phosphate oral tablet 250 mg, 500 mg	T1	
doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	T1	
mefloquine hcl oral tablet 250 mg	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
minocycline hcl oral capsule 50 mg	T1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral tablet 25 mg	T1	
quinidine gluconate er oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
quinine sulfate oral capsule 324 mg	T1	PA
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Antimycobacterials, Miscellaneous		
dapsone oral tablet 100 mg, 25 mg	T1	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (***nitazoxanide***)	T1	
atovaquone oral suspension 750 mg/5ml	T1	PA
dapsone oral tablet 100 mg, 25 mg	T1	
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
nitazoxanide oral tablet 500 mg	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
tinidazole oral tablet 250 mg, 500 mg	T1	
Antituberculosis Agents		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
cycloserine oral capsule 250 mg	T1	
ethambutol hcl oral tablet 100 mg, 400 mg	T1	
isoniazid oral syrup 50 mg/5ml	T1	
isoniazid oral tablet 100 mg, 300 mg	T1	
levofloxacin oral solution 25 mg/ml	T1	
levofloxacin oral tablet 250 mg, 500 mg	T1	
levofloxacin oral tablet 750 mg	T1	QL (30 EA per 30 days)
moxifloxacin hcl oral tablet 400 mg	T1	QL (21 EA per 21 days)
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	
pyrazinamide oral tablet 500 mg	T1	
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	T1	QL (1 EA per 30 days)
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	T1	
Antivirals, Miscellaneous		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (20 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T1	QL (30 EA per 180 days); AL (Min 12 Years)
Azole Antifungals		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	T1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
itraconazole oral capsule 100 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
itraconazole oral solution 10 mg/ml	T1	PA
posaconazole oral tablet delayed release 100 mg	T1	PA
voriconazole intravenous solution reconstituted 200 mg	T1	PA
voriconazole oral suspension reconstituted 40 mg/ml	T1	PA
voriconazole oral tablet 200 mg, 50 mg	T1	PA
Erythromycin Antibiotics		
erythromycin base oral capsule delayed release particles 250 mg	T1	
erythromycin base oral tablet 250 mg, 500 mg	T1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet 400 mg	T1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	
erythromycin stearate oral tablet 250 mg	T1	
Glycopeptide Antibiotics		
vancomycin hcl oral capsule 125 mg, 250 mg	T1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	T1	
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T1	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T1	PA
Hcv Replication Complex Inhibitors		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T1	PA
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
methocarbamol oral tablet 500 mg	T1	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
lamivudine oral tablet 100 mg	T1	PA
tenofovir disoproxil fumarate oral tablet 300 mg	T1	
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T1	PA
Lincomycin Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	T1	
Natural Penicillin Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (***penicillin g benzathine & proc***)	T1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (***penicillin g benzathine & proc***)	T1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (***penicillin g benzathine***)	T1	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	T1	
penicillin g sodium injection solution reconstituted 5000000 unit	T1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	T1	
penicillin v potassium oral tablet 250 mg, 500 mg	T1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (***penicillin g potassium***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	T1	QL (10 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	T1	QL (120 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (***zanamivir***)	T1	QL (20 EA per 180 days)
Nucleoside And Nucleotide Antivirals		
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
adefovir dipivoxil oral tablet 10 mg	T1	PA
entecavir oral tablet 0.5 mg, 1 mg	T1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T1	PA
LAGEVRIO ORAL CAPSULE 200 MG (***molnupiravir***)	T1	QL (40 EA per 180 days); AL (Min 18 Years)
valacyclovir hcl oral tablet 1 gm, 500 mg	T1	
valganciclovir hcl oral tablet 450 mg	T1	PA
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide fumarate***)	T1	PA
Other Macrolide Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
azithromycin oral packet 1 gm	T1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	T1	PA
linezolid oral tablet 600 mg	T1	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule 250 mg, 500 mg	T1	
nafcillin sodium injection solution reconstituted 1 gm	T1	
oxacillin sodium injection solution reconstituted 2 gm	T1	
Polyene Antifungals		
nystatin mouth/throat suspension 100000 unit/ml	T1	
nystatin oral tablet 500000 unit	T1	
Quinolone Antibiotics		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
levofloxacin oral solution 25 mg/ml	T1	
levofloxacin oral tablet 250 mg, 500 mg	T1	
levofloxacin oral tablet 750 mg	T1	QL (30 EA per 30 days)
moxifloxacin hcl oral tablet 400 mg	T1	QL (21 EA per 21 days)
ofloxacin oral tablet 300 mg, 400 mg	T1	PA
Rifamycin Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	
rifabutin oral capsule 150 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	T1	PA
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral tablet 500 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Tetracycline Antibiotics		
avidoxy oral tablet 100 mg	T1	
demeclocycline hcl oral tablet 150 mg, 300 mg	T1	PA
doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 20 mg	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	T1	
minocycline hcl oral capsule 100 mg	T1	QL (60 EA per 30 days)
minocycline hcl oral capsule 50 mg	T1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Urinary Anti-Infectives		
fosfomycin tromethamine oral packet 3 gm	T1	
methenamine hippurate oral tablet 1 gm	T1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd macro oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
trimethoprim oral tablet 100 mg	T1	
urin ds oral tablet 81.6 mg	T1	
urneva oral capsule 120 mg	T1	
Antineoplastic Agents		
Antineoplastic Agents		
anastrozole oral tablet 1 mg	T1	QL (30 EA per 30 days)
bexarotene oral capsule 75 mg	T1	PA
bicalutamide oral tablet 50 mg	T1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	T1	PA
capecitabine oral tablet 150 mg, 500 mg	T1	PA
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T1	PA
cyclophosphamide oral tablet 25 mg, 50 mg	T1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T1	
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	T1	
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	T1	PA
etoposide oral capsule 50 mg	T1	
exemestane oral tablet 25 mg	T1	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	T1	QL (1 EA per 30 days)
gefitinib oral tablet 250 mg	T1	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	T1	
hydroxyurea oral capsule 500 mg	T1	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	T1	PA
imatinib mesylate oral tablet 100 mg, 400 mg	T1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	T1	PA
lapatinib ditosylate oral tablet 250 mg	T1	PA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T1	PA
letrozole oral tablet 2.5 mg	T1	QL (30 EA per 30 days)
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	T1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T1	PA
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T1	
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
melphalan oral tablet 2 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T1	
nilutamide oral tablet 150 mg	T1	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (***lenalidomide***)	T1	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG (***hydroxyurea***)	T1	PA
sorafenib tosylate oral tablet 200 mg	T1	PA
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG (***dasatinib***)	T1	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	T1	PA
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T1	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	T1	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	
TASIGNA ORAL CAPSULE 200 MG (***nilotinib hcl***)	T1	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	T1	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	T1	
toremifene citrate oral tablet 60 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T1	QL (1 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T1	
tretinoin oral capsule 10 mg	T1	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	T1	PA
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T1	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T1	PA
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	T1	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	T1	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	AL (Min 19 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (***tetanus-diphtheria toxoids td***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (***rsv pre-fusion f a&b vac rcmb***)	T1	QL (1 Vial per 1 Dose)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	T1	QL (1 ml per 1 Fill); AL (Min 19 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (***rsvpref3 vac recomb adjuvanted***)	T1	QL (1 Vial per 1 Dose); AL (Min 60 Years)
bcg vaccine injection solution reconstituted 50 mg	T1	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b recomb omv adj***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T1	AL (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (***covid-19 mrna virus vaccine***)	T1	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (***covid-19 mrna virus vaccine***)	T1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (***hepatitis b vac recombinant***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML (***hepatitis b vac recombinant***)	T1	AL (Min 19 Years)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (***influenza vac a&b sa adj quad***)	T1	QL (1 EA per 270 days); AL (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***influenza vac recomb ha quad***)	T1	QL (1 EA per 270 days); AL (Min 18 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac subunit quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac subunit quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION (***influenza virus vac live quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (***influenza vac high-dose quad***)	T1	QL (1 EA per 270 days); AL (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	T1	QL (1 EA per 270 days); AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (***hpv 9-valent recomb vaccine***)	T1	QL (0.5 ML per 1 Fill); AL (Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hpv 9-valent recomb vaccine***)	T1	QL (0.5 ML per 1 Fill); AL (Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (***hepatitis a vaccine***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (***hepatitis b vac recomb adj***)	T1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (***haemophilus b polysac conj vac***)	T1	QL (1 ml per 1 Fill); AL (Min 19 Years)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (***rabies virus vaccine, hdc***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
MENQUADFI INTRAMUSCULAR SOLUTION (***mening acy&w-135 tetanus conj***)	T1	AL (Min 19 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	T1	QL (1 ml per 1 Fill); AL (Min 19 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	T1	AL (Min 19 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (***covid-19 mrna virus vaccine***)	T1	
novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml	T1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	T1	QL (1 vial per 1 Fill); AL (Max 25 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (***covid-19 mrna virus vaccine***)	T1	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	T1	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (***pneumococcal vac polyvalent***)	T1	AL (Min 19 Years)
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b vac 3-antigen rcmb***)	T1	AL (Min 19 Years)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (***pneumococcal 13-val conj vacc***)	T1	QL (0.5 ML per 1 Fill); AL (Min 1 Years and Max 19 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 20-val conj vacc***)	T1	AL (Min 19 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles, mumps & rubella vac***)	T1	AL (Min 19 Years)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	T1	
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	T1	AL (Min 18 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (***covid-19 mrna virus vaccine***)	T1	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***covid-19 mrna virus vaccine***)	T1	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	T1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b vac (recomb)***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (***hepatitis a-hep b recomb vac***)	T1	AL (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (***typhoid vi polysaccharide vacc***)	T1	QL (0.5 ML per 270 days)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (***typhoid vi polysaccharide vacc***)	T1	QL (0.5 ML per 270 days)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML (***hepatitis a vaccine***)	T1	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a vaccine***)	T1	QL (1 ML per 1 Fill); AL (Min 19 Years)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (***varicella virus vaccine live***)	T1	QL (1 ml per 1 Fill); AL (Min 19 Years)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 15-val conj vacc***)	T1	AL (Min 19 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	T1	QL (4 EA per 270 days)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
12 hour decongestant oral tablet extended release 12 hour 120 mg	T1	
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
all day allergy d oral tablet extended release 12 hour 5-120 mg	T1	PA
all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
allergy relief d oral tablet 4-60 mg	T1	
allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	PA
allergy relief d oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
bio-dtuss dmx oral liquid 30-1-20 mg/5ml	T1	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	T1	PA
cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
cvs allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	PA
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	PA
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	T1	
cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
cvs mucus d max st er oral tablet extended release 12 hour 1200-120 mg	T1	QL (60 EA per 30 days)
cvs nasal decongestant oral tablet 30 mg	T1	
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	QL (4 EA per 180 days)
epinephrine injection solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf injection solution 1 mg/ml	T1	
eql nasal decongestant oral tablet 30 mg	T1	
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	T1	
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
gnp nasal decongestant oral tablet 30 mg	T1	
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	T1	
hm allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	T1	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	PA
kp pseudoephedrine hcl oral tablet 30 mg, 60 mg	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000	T1	
LOHIST-D ORAL LIQUID 2-30 MG/5ML (***chlorpheniramine-pseudoeph***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	T1	
maxi-tuss tr oral liquid 1.25-30 mg/5ml	T1	
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
meijer nasal decongestant oral tablet 30 mg	T1	
mucus relief d oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)
mucus relief d oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
nasal decongestant d oral tablet 30 mg	T1	
nasal decongestant oral tablet 30 mg	T1	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	T1	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	T1	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	T1	
qc nasal decongestant pe oral tablet 30 mg	T1	
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	T1	
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	T1	PA
ra lorata-d oral tablet extended release 24 hour 10-240 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)
ra mucus relief d oral tablet extended release 12 hour 600-60 mg	T1	QL (120 EA per 30 days)
ra sinus/congestion relief oral tablet extended release 12 hour 120 mg	T1	
ra suphedrine oral tablet 30 mg	T1	
ra suphedrine oral tablet extended release 12 hour 120 mg	T1	
rynex pse oral liquid 1-15 mg/5ml	T1	
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	T1	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)	T1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	T1	
sinus 12 hour oral tablet extended release 12 hour 120 mg	T1	
sm all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	PA
sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
sm lorata-dine d oral tablet extended release 24 hour 10-240 mg	T1	
sm nasal decongestant max st oral tablet 30 mg	T1	
sm nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
stahist ad oral tablet 25-60 mg	T1	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	T1	
suphedrine 12hour oral tablet extended release 12 hour 120 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSNEL ORAL TABLET 60-30-400 MG (***pseudoephedrine-dm-gg***)	T1	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (***pseudoephedrine hcl***)	T1	
WAL-PHED D ORAL TABLET 30 MG (***pseudoephedrine hcl***)	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000 (***lidocaine-epinephrine***)	T1	
Alpha-Adrenergic Agonists		
actidom dmx oral liquid 10-30-200 mg/5ml	T1	
biodesp dm oral syrup 5-15-100 mg/5ml	T1	
bio-rytuss oral liquid 5-2-10 mg/5ml	T1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	
cvs cold & cough childrens oral solution 2.5-5 mg/5ml	T1	
despec dm oral syrup 5-10-100 mg/5ml	T1	
despec dm-g oral syrup 5-10-100 mg/5ml	T1	
despec eda oral liquid 2.5-5-50 mg/ml	T1	
dometuss-dmx oral liquid 10-30-200 mg/5ml	T1	
ED A-HIST ORAL LIQUID 4-10 MG/5ML (***chlorpheniramine-phenylephrine***)	T1	
ed bron gp oral liquid 5-100 mg/5ml	T1	
ed-a-hist dm oral liquid 10-4-15 mg/5ml	T1	
GILTUSS ALLERGY COUGH & CONGES ORAL LIQUID 5-2-10 MG/5ML (***phenylephrine-chlorphen-dm***)	T1	
glenmax peb dm oral liquid 5-2-10 mg/5ml	T1	
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	T1	
goodsense tussin cf oral liquid 5-10-100 mg/5ml	T1	
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML (***phenylephrine-dm-gg***)	T1	
lohist-dm oral syrup 5-2-10 mg/5ml	T1	
maxi-tuss jr oral liquid 2.5-5 mg/5ml	T1	
maxi-tuss pe max oral liquid 5-100 mg/5ml	T1	
maxi-tuss pe oral liquid 2-5 mg/5ml	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	T1	
nohist-dm oral liquid 10-4-15 mg/5ml	T1	
nohist-lq oral liquid 4-10 mg/5ml	T1	
pres gen pediatric oral liquid 2.5-5-75 mg/5ml	T1	
promethazine vc oral syrup 6.25-5 mg/5ml	T1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
qc tussin cf oral liquid 5-10-100 mg/5ml	T1	
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	T1	
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (***phenylephrine-dm-gg***)	T1	
sm tussin cf oral liquid 5-10-100 mg/5ml	T1	
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	T1	
tussin cf oral liquid 5-10-100 mg/5ml	T1	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (***umeclidinium-vilanterol***)	T1	
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
dicyclomine hcl oral capsule 10 mg	T1	
dicyclomine hcl oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	T1	
hydromet oral solution 5-1.5 mg/5ml	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (***umeclidinium bromide***)	T1	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium bromide nasal solution 0.03 %, 0.06 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	T1	
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	T1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	T1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	T1	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Tablet 16.2 Mg)	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide monohydrate***)	T1	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T1	
tiotropium bromide monohydrate inhalation capsule 18 mcg	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
urin ds oral tablet 81.6 mg	T1	
urneva oral capsule 120 mg	T1	
Antiparkinsonian Agents		
aler-cap oral capsule 25 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief oral tablet 25 mg	T1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
total allergy oral tablet 25 mg	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
eq nicotine mouth/throat lozenge 4 mg	T1	QL (324 EA per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
hm nicotine polacrilex mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (***nicotine polacrilex***)	T1	QL (324 EA per 30 days)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	T1	QL (30 EA per 30 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (30 EA per 30 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
NICOTROL INHALATION INHALER 10 MG (***nicotine***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	T1	PA
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (30 EA per 30 days)
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
ra nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	QL (30 EA per 30 days)
sm nicotine mouth/throat gum 4 mg	T1	QL (340 EA per 30 days)
sm nicotine mouth/throat lozenge 2 mg	T1	QL (324 EA per 30 days)
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (340 EA per 30 days)
sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (324 EA per 30 days)
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (30 EA per 30 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	QL (180 EA per 365 days)
Botulinum Toxins		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Centrally Acting Skeletal Muscle Relaxnt		
chlorzoxazone oral tablet 250 mg, 500 mg	T1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
metaxalone oral tablet 800 mg	T1	PA
methocarbamol oral tablet 500 mg, 750 mg	T1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	T1	PA
tizanidine hcl oral tablet 2 mg	T1	QL (540 EA per 30 days)
tizanidine hcl oral tablet 4 mg	T1	QL (270 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct-Acting Skeletal Muscle Relaxants		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	T1	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	
baclofen oral tablet 5 mg	T1	QL (90 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate injection solution 30 mg/ml	T1	
Non-Sel. Beta-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
ergoloid mesylates oral tablet 1 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ergotamine-caffeine oral tablet 1-100 mg	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
phenoxybenzamine hcl oral capsule 10 mg	T1	
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	T1	
bethanechol chloride oral tablet 50 mg	T1	PA
cevimeline hcl oral capsule 30 mg	T1	
donepezil hcl oral tablet 10 mg, 5 mg	T1	
donepezil hcl oral tablet 23 mg	T1	PA
donepezil hcl oral tablet dispersible 10 mg, 5 mg	T1	
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
pilocarpine hcl oral tablet 5 mg	T1	
pilocarpine hcl oral tablet 7.5 mg	T1	PA
pyridostigmine bromide er oral tablet extended release 180 mg	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T1	PA
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
tamsulosin hcl oral capsule 0.4 mg	T1	
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (36 GM per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml	T1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	PA
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (***umeclidinium-vilanterol***)	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (20.4 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine citrate injection solution 30 mg/ml	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	T1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T1	PA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (***daprodustat***)	T1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T1	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (***epoetin alfa-epbx***)	T1	PA
Anticoagulants, Miscellaneous		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (***anticoagulant cit dext soln a***)	T1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	T1	
Antithrombotic Agents, Miscellaneous		
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T1	PA
Blood Form.,Coag,Thrombosis Agents Misc.		
OXBRYTA ORAL TABLET 300 MG, 500 MG (***voxelotor***)	T1	PA
OXBRYTA ORAL TABLET SOLUBLE 300 MG (***voxelotor***)	T1	PA
Coumarin Derivatives		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	T1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (***apixaban***)	T1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	T1	QL (60 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (***rivaroxaban***)	T1	QL (600 ML per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (***rivaroxaban***)	T1	QL (42 EA per 21 days)
XARELTO ORAL TABLET 2.5 MG (***rivaroxaban***)	T1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (***rivaroxaban***)	T1	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	T1	QL (60 EA per 30 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (***dabigatran etexilate mesylate***)	T1	QL (60 EA per 30 days)
Hematopoietic Agents		
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-jmdb***)	T1	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***tbo-filgrastim***)	T1	PA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (***daprodustat***)	T1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	T1	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim***)	T1	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim***)	T1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim-aafi***)	T1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-aafi***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-apgf***)	T1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T1	PA
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	T1	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (***epoetin alfa-epbx***)	T1	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-fpgk***)	T1	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T1	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-bmez***)	T1	PA
Hemorrheologic Agents		
pentoxifylline er oral tablet extended release 400 mg	T1	
Hemostatics		
aminocaproic acid oral tablet 1000 mg	T1	
desmopressin ace spray refrig nasal solution 0.01 %	T1	PA
desmopressin acetate injection solution 4 mcg/ml	T1	PA
desmopressin acetate nasal solution 1.5 mg/ml	T1	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate pf injection solution 4 mcg/ml	T1	PA
desmopressin acetate spray nasal solution 0.01 %	T1	PA
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	T1	QL (40 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	T1	QL (32 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	T1	QL (12 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	T1	QL (16 ML per 180 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	T1	QL (24 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (***dalteparin sodium***)	T1	
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml	T1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	T1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
Iron Preparations		
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML (***ferrous sulfate***)	T1	
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs iron oral tablet 325 (65 fe) mg	T1	
cvs slow release iron oral tablet extended release 143 (45 fe) mg, 45 mg	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
eq slow-release iron oral tablet extended release 45 mg	T1	
eql carbonyl iron oral tablet 45 mg	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fe c tab plus oral tablet 100-250-0.025-1 mg	T1	
FEOSOL ORAL TABLET 200 (65 FE) MG (***ferrous sulfate dried***)	T1	
ferocon oral capsule	T1	
FEROSUL ORAL TABLET 325 (65 FE) MG (***ferrous sulfate***)	T1	
ferric x-150 oral capsule 150 mg	T1	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet 106-1 Mg)	T1	
ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg	T1	QL (200 EA per 30 days)
ferrous sulfate oral solution 300 mg/6.8ml, 75 (15 fe) mg/ml	T1	
ferrous sulfate oral tablet 325 (65 fe) mg	T1	
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	T1	
fe-vite iron oral solution 75 (15 fe) mg/ml	T1	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG (***pediatric multivitamins-iron***)	T1	
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (***ferrous sulfate-c-folic acid***)	T1	
GERITOL TONIC ORAL LIQUID (***iron-vitamins***)	T1	
gnp iron oral tablet 200 (65 fe) mg	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
hematinic/folic acid oral tablet 324-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
iron polysacch cmplx-b12-fa (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IFEREX 150 ORAL CAPSULE 150 MG (***polysaccharide iron complex***)	T1	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran***)	T1	
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	T1	
iron 100 plus oral tablet 100-250-0.025-1 mg	T1	
iron high-potency oral tablet 325 mg	T1	
iron infant & toddler oral solution 75 (15 fe) mg/ml	T1	
iron infant/toddler oral solution 75 (15 fe) mg/ml	T1	
iron oral tablet 325 (65 fe) mg	T1	
iron slow release oral tablet extended release 143 (45 fe) mg	T1	
iron supplement childrens oral solution 75 (15 fe) mg/ml	T1	
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	T1	QL (200 EA per 30 days)
kp ferrous sulfate oral tablet 325 (65 fe) mg	T1	
m-natal plus oral tablet 27-1 mg	T1	
multiple vitamins-iron oral tablet chewable 15 mg	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	T1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	T1	
polysaccharide iron complex oral capsule 150 mg	T1	
polysaccharide-iron complex oral capsule 150 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROFERRIN-FORTE ORAL TABLET 12-1 MG (***fe heme polypeptide-folic acid***)	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
ra high potency iron oral tablet 27 mg	T1	
ra iron oral tablet 325 (65 fe) mg	T1	
ra prenatal oral tablet 28-0.8 mg	T1	
ra slow release iron oral tablet extended release 45 mg	T1	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG (***ferrous sulfate***)	T1	
slow release iron oral tablet extended release 45 mg, 47.5 mg	T1	
sm iron oral tablet 325 (65 fe) mg	T1	
sm slow release iron oral tablet extended release 45 mg	T1	
sv iron oral tablet 325 (65 fe) mg	T1	
thrivite rx oral tablet 29-1 mg	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Liver And Stomach Preparations		
B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG (***cyanocobalamin***)	T1	
b-12 oral tablet 100 mcg, 1000 mcg, 50 mcg, 500 mcg	T1	
b-12 oral tablet extended release 1000 mcg	T1	
b-12 tr oral tablet extended release 1000 mcg, 2000 mcg	T1	
cvs b-12 oral tablet 500 mcg	T1	
cvs vitamin b12 oral tablet 1000 mcg	T1	
cvs vitamin b-12 oral tablet 1000 mcg	T1	
cvs vitamin b12 oral tablet extended release 1000 mcg	T1	
cvs vitamin b-12 oral tablet extended release 2000 mcg	T1	
cyanocobalamin injection solution 1000 mcg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyanocobalamin (Dodex Injection Solution 1000 Mcg/Ml)	T1	
eql vitamin b-12 oral tablet 500 mcg	T1	
gnp vitamin b-12 oral tablet 500 mcg	T1	
gnp vitamin b-12 oral tablet extended release 1000 mcg	T1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	T1	
kp vitamin b-12 oral tablet 1000 mcg	T1	
neurin-sl sublingual tablet sublingual 600-600 mcg	T1	
ra vitamin b-12 oral tablet 100 mcg	T1	
ra vitamin b12 oral tablet extended release 2000 mcg	T1	
ra vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
sv vitamin b-12 er oral tablet extended release 1000 mcg	T1	
vitamin b 12 oral tablet 500 mcg	T1	
vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg	T1	
vitamin b-12 oral tablet 1000 mcg	T1	
vitamin b12 tr oral tablet extended release 2000 mcg	T1	
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet 325 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 325 mg, 81 mg	T1	
aspirin rectal suppository 300 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (***aspirin***)	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	T1	QL (60 EA per 30 days)
childrens aspirin oral tablet chewable 81 mg	T1	
cilostazol oral tablet 100 mg, 50 mg	T1	
clopidogrel bisulfate oral tablet 300 mg	T1	QL (2 EA per 30 days)
clopidogrel bisulfate oral tablet 75 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
cvs aspirin oral tablet 325 mg	T1	
cvs genuine aspirin oral tablet 325 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eq aspirin oral tablet 325 mg	T1	
eql aspirin ec oral tablet delayed release 325 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet 325 mg	T1	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	T1	
goodsense aspirin adults oral tablet 325 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet 325 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
hm adult aspirin oral tablet 325 mg	T1	
hm aspirin oral tablet delayed release 325 mg	T1	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
MEDIQUE ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
prasugrel hcl oral tablet 10 mg, 5 mg	T1	QL (30 EA per 30 days)
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
qc aspirin oral tablet 325 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc aspirin oral tablet delayed release 325 mg	T1	
qc enteric aspirin oral tablet delayed release 325 mg	T1	
ra aspirin adult low dose oral tablet chewable 81 mg	T1	
ra aspirin adult low strength oral tablet chewable 81 mg	T1	
ra aspirin ec adult low st oral tablet delayed release 81 mg	T1	
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	T1	
ra aspirin oral tablet 325 mg	T1	
sm aspirin adult low strength oral tablet delayed release 81 mg	T1	
sm aspirin ec oral tablet delayed release 325 mg	T1	
sm aspirin low dose oral tablet chewable 81 mg	T1	
sm aspirin low dose oral tablet delayed release 81 mg	T1	
sm childrens aspirin oral tablet chewable 81 mg	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
Platelet-Reducing Agents		
anagrelide hcl oral capsule 0.5 mg	T1	
Thrombolytic Agents		
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	
aspirin low dose oral tablet chewable 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet 325 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 325 mg, 81 mg	T1	
aspirin rectal suppository 300 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (***aspirin***)	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
cvs aspirin oral tablet 325 mg	T1	
cvs genuine aspirin oral tablet 325 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eq aspirin oral tablet 325 mg	T1	
eql aspirin ec oral tablet delayed release 325 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet 325 mg	T1	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	T1	
goodsense aspirin adults oral tablet 325 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet 325 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
hm adult aspirin oral tablet 325 mg	T1	
hm aspirin oral tablet delayed release 325 mg	T1	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
MEDIQUE ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
qc aspirin oral tablet 325 mg	T1	
qc aspirin oral tablet delayed release 325 mg	T1	
qc enteric aspirin oral tablet delayed release 325 mg	T1	
ra aspirin adult low dose oral tablet chewable 81 mg	T1	
ra aspirin adult low strength oral tablet chewable 81 mg	T1	
ra aspirin ec adult low st oral tablet delayed release 81 mg	T1	
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	T1	
ra aspirin oral tablet 325 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm aspirin adult low strength oral tablet delayed release 81 mg	T1	
sm aspirin ec oral tablet delayed release 325 mg	T1	
sm aspirin low dose oral tablet chewable 81 mg	T1	
sm aspirin low dose oral tablet delayed release 81 mg	T1	
sm childrens aspirin oral tablet chewable 81 mg	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg	T1	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril-valsartan***)	T1	QL (60 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Angiotensin-Converting Enzyme Inhibitors		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T1	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	T1	PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T1	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Antiarrhythmics, Miscellaneous		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	T1	
magnesium sulfate injection solution 50 %	T1	
Antilipemic Agents, Miscellaneous		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T1	PA
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T1	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	T1	PA
omega-3-acid ethyl esters oral capsule 1 gm	T1	ST
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Bile Acid Sequestrants		
cholestyramine light oral packet 4 gm	T1	
cholestyramine light oral powder 4 gm/dose	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine oral packet 4 gm	T1	
cholestyramine oral powder 4 gm/dose	T1	
colestipol hcl oral granules 5 gm	T1	
colestipol hcl oral packet 5 gm	T1	
colestipol hcl oral tablet 1 gm	T1	
cholestyramine light (Prevalite Oral Packet 4 Gm)	T1	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten)		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Calcium-Channel Blocking Agents, Misc.		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
Cardiotonic Agents		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	T1	
Central Alpha-Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T1	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral capsule 100 mg, 150 mg	T1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (***disopyramide phosphate***)	T1	
quinidine gluconate er oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
Class Ib Antiarrhythmics		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	T1	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (***phenytoin sodium extended***)	T1	
DILANTIN ORAL SUSPENSION 125 MG/5ML (***phenytoin***)	T1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
Class Ic Antiarrhythmics		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	T1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	T1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	T1	
Class Ii Antiarrhythmics		
acebutolol hcl oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	PA
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	T1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	T1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T1	PA
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Class Iv Antiarrhythmics		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Dihydropyridines		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isradipine oral capsule 2.5 mg, 5 mg	T1	ST
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg	T1	PA
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T1	ST
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg	T1	PA
Direct Vasodilators		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 43 mg	T1	PA
fenofibrate micronized oral capsule 134 mg	T1	
fenofibrate micronized oral capsule 200 mg, 67 mg	T1	QL (30 EA per 30 days)
fenofibrate oral capsule 134 mg	T1	
fenofibrate oral capsule 200 mg, 67 mg	T1	QL (30 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
gemfibrozil oral tablet 600 mg	T1	
Hmg-Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (***lovastatin***)	T1	PA
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	T1	PA
fluvastatin sodium oral capsule 20 mg, 40 mg	T1	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	T1	
Hypotensive Agents, Miscellaneous		
phenoxybenzamine hcl oral capsule 10 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***)	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
Nitrates And Nitrites		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	T1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (***nitroglycerin***)	T1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	T1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T1	
nitroglycerin translingual solution 0.4 mg/spray	T1	PA
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	T1	PA
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (***evolocumab***)	T1	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (***evolocumab***)	T1	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***evolocumab***)	T1	PA
Phosphodiesterase Type 5 Inhibitors		
cilostazol oral tablet 100 mg, 50 mg	T1	
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral tablet 5 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril-valsartan***)	T1	QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Thiazide Diuretics(Hypotensive Agents)		
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	T1	
hydrochlorothiazide oral capsule 12.5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T1	
Vasodilating Agents, Miscellaneous		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	T1	PA
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	ST
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T1	PA
nicardipine hcl oral capsule 20 mg, 30 mg	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	T1	
nifedipine oral capsule 10 mg, 20 mg	T1	
nimodipine oral capsule 30 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	T1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
VENTAVIS INHALATION SOLUTION 20 MCG/ML (***iloprost***)	T1	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T1	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5ml	T1	
amantadine hcl oral tablet 100 mg	T1	
Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	T1	PA
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T1	PA
methamphetamine hcl oral tablet 5 mg	T1	PA
Analgesics And Antipyretics, Misc.		
8 hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen 8 hour oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
acetaminophen childrens oral solution 160 mg/5ml	T1	
acetaminophen childrens oral suspension 160 mg/5ml	T1	
acetaminophen childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
acetaminophen er oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
acetaminophen extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
acetaminophen infants oral suspension 160 mg/5ml	T1	
acetaminophen oral liquid 160 mg/5ml	T1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	T1	
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml	T1	
acetaminophen oral tablet 325 mg	T1	
acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
acetaminophen oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
acetaminophen rectal suppository 120 mg, 650 mg	T1	
acetaminophen-codeine oral solution 120-12 mg/5ml	T1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	QL (400 EA per 30 days)
APHEN ORAL TABLET 325 MG (***acetaminophen***)	T1	
arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
arthritis pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
betatemp childrens oral suspension 160 mg/5ml	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
childrens acetaminophen oral suspension 160 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
childrens apap oral tablet chewable 80 mg	T1	
childrens non-aspirin oral tablet chewable 80 mg	T1	
childrens silapap oral liquid 160 mg/5ml	T1	
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs acetaminophen ex st oral liquid 500 mg/15ml	T1	
cvs acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
cvs acetaminophen oral tablet 325 mg	T1	
cvs arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs fever reducing childrens rectal suppository 120 mg	T1	
cvs pain & fever childrens oral suspension 160 mg/5ml	T1	
cvs pain & fever infants oral suspension 160 mg/5ml	T1	
cvs pain relief childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
cvs pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
cvs pain relief oral tablet 500 mg	T1	QL (240 EA per 30 days)
ed-apap oral liquid 160 mg/5ml	T1	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	T1	PA
eq 8hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
eq acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
eq arthritis pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
eq pain & fever childrens oral suspension 160 mg/5ml	T1	
eq pain & fever childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
eq pain & fever infants oral suspension 160 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq pain relief/rapid burst oral liquid 500 mg/15ml	T1	
eq pain reliever ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
eq pain reliever oral tablet 325 mg	T1	
eq pain reliever oral tablet 500 mg	T1	QL (240 EA per 30 days)
eql acetaminophen childrens oral suspension 160 mg/5ml	T1	
eql acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (***acetaminophen***)	T1	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (***acetaminophen***)	T1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
gnp 8 hour arthritis relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp 8 hour pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp acetaminophen oral tablet 325 mg	T1	
gnp acetaminophen oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
gnp children's pain & fever oral suspension 160 mg/5ml	T1	
gnp infants pain/fever oral suspension 160 mg/5ml	T1	
gnp pain & fever childrens oral suspension 160 mg/5ml	T1	
gnp pain & fever infants oral suspension 160 mg/5ml	T1	
gnp pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
gnp pain relief oral tablet 325 mg	T1	
goodsense arthritis pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense pain & fever child oral suspension 160 mg/5ml	T1	
goodsense pain & fever infants oral suspension 160 mg/5ml	T1	
goodsense pain relief extra st oral tablet 500 mg	T1	QL (240 EA per 30 days)
goodsense pain relief oral tablet 325 mg	T1	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (***acetaminophen***)	T1	QL (240 EA per 30 days)
hm pain & fever childrens oral suspension 160 mg/5ml	T1	
hm pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
infants pain & fever oral suspension 160 mg/5ml	T1	
kls acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
liquid acetaminophen oral liquid 160 mg/5ml	T1	
liquid pain relief oral liquid 160 mg/5ml	T1	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG (***acetaminophen***)	T1	QL (750 EA per 30 days)
mapap oral capsule 500 mg	T1	
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (***acetaminophen***)	T1	QL (240 EA per 30 days)
m-pap oral liquid 160 mg/5ml	T1	
non-aspirin extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
non-aspirin oral tablet 325 mg	T1	
non-aspirin oral tablet 500 mg	T1	QL (240 EA per 30 days)
non-aspirin pain relief oral tablet 325 mg	T1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	PA
pain & fever childrens oral suspension 160 mg/5ml	T1	
pain & fever infants oral suspension 160 mg/5ml	T1	
pain & fever kids oral suspension 160 mg/5ml	T1	
pain relief childrens oral elixir 160 mg/5ml	T1	
pain relief childrens oral suspension 160 mg/5ml	T1	
pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
pain relief oral liquid 500 mg/15ml	T1	
pain relief regular strength oral tablet 325 mg	T1	
pain reliever extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
pain reliever oral tablet 325 mg	T1	
pain reliever/fever reducer rectal suppository 120 mg	T1	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (***acetaminophen***)	T1	
PERCOGESIC ORAL TABLET 12.5-325 MG (***diphenhydramine-acetaminophen***)	T1	
PHARBETOL ORAL TABLET 325 MG (***acetaminophen***)	T1	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	T1	
qc acetaminophen 8 hours oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
qc acetaminophen infants oral suspension 160 mg/5ml	T1	
qc arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
qc non-aspirin childrens oral suspension 160 mg/5ml	T1	
qc non-aspirin extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
qc pain relief childrens oral suspension 160 mg/5ml	T1	
qc pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc pain relief oral tablet 325 mg	T1	
ra 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
ra acetaminophen childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
ra acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
ra acetaminophen oral tablet 325 mg	T1	
ra arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
ra childrens fever/pain oral suspension 160 mg/5ml	T1	
ra fever reducer/pain reliever oral suspension 160 mg/5ml	T1	
ra pain relief acetaminophen oral tablet 325 mg	T1	
ra pain relief acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
sm 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
sm arthritis pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
sm pain & fever childrens oral suspension 160 mg/5ml	T1	
sm pain & fever infants oral suspension 160 mg/5ml	T1	
sm pain reliever childrens oral suspension 160 mg/5ml	T1	
sm pain reliever ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
sm pain reliever oral tablet 325 mg	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (240 EA per 30 days)
urin ds oral tablet 81.6 mg	T1	
urneva oral capsule 120 mg	T1	
Anorexigenic Agents, Miscellaneous		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	T1	PA
Anticholinergic Agents (Cns)		
aler-cap oral capsule 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg	T1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
orphenadrine citrate injection solution 30 mg/ml	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra allergy relief oral capsule 25 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
total allergy oral tablet 25 mg	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
Anticonvulsants, Miscellaneous		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg	T1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	T1	PA
carbamazepine (Epitol Oral Tablet 200 Mg)	T1	
felbamate oral suspension 600 mg/5ml	T1	PA
felbamate oral tablet 400 mg, 600 mg	T1	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg, 5 mg	T1	
levetiracetam oral solution 100 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	T1	
magnesium sulfate injection solution 50 %	T1	
oxcarbazepine oral suspension 300 mg/5ml	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	ST
rufinamide oral tablet 200 mg, 400 mg	T1	PA
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	T1	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T1	
Antidepressants, Miscellaneous		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	T1	QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	
bupropion hcl oral tablet 100 mg, 75 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	T1	
mirtazapine oral tablet dispersible 15 mg, 30 mg	T1	
mirtazapine oral tablet dispersible 45 mg	T1	PA
Antimanic Agents		
aripiprazole oral solution 1 mg/ml	T1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	T1	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg	T1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	T1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
carbamazepine (Epitol Oral Tablet 200 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg, 5 mg	T1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	T1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	T1	
lithium carbonate oral tablet 300 mg	T1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium carbonate***)	T1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet dispersible 0.25 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	T1	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	T1	
Antimigraine Agents, Miscellaneous		
8 hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
acetaminophen 8 hour oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
acetaminophen childrens oral solution 160 mg/5ml	T1	
acetaminophen childrens oral suspension 160 mg/5ml	T1	
acetaminophen childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
acetaminophen er oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
acetaminophen extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
acetaminophen infants oral suspension 160 mg/5ml	T1	
acetaminophen oral liquid 160 mg/5ml	T1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	T1	
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml	T1	
acetaminophen oral tablet 325 mg	T1	
acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
acetaminophen oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
acetaminophen rectal suppository 120 mg, 650 mg	T1	
APHEN ORAL TABLET 325 MG (***acetaminophen***)	T1	
arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
arthritis pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet 325 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 325 mg, 81 mg	T1	
aspirin rectal suppository 300 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (***aspirin***)	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
betatemp childrens oral suspension 160 mg/5ml	T1	
childrens acetaminophen oral suspension 160 mg/5ml	T1	
childrens apap oral tablet chewable 80 mg	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
childrens ibuprofen 100 oral suspension 100 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
childrens non-aspirin oral tablet chewable 80 mg	T1	
childrens silapap oral liquid 160 mg/5ml	T1	
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs acetaminophen ex st oral liquid 500 mg/15ml	T1	
cvs acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
cvs acetaminophen oral tablet 325 mg	T1	
cvs arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
cvs aspirin oral tablet 325 mg	T1	
cvs childrens ibuprofen oral suspension 100 mg/5ml	T1	
cvs fever reducing childrens rectal suppository 120 mg	T1	
cvs genuine aspirin oral tablet 325 mg	T1	
cvs ibuprofen childrens oral suspension 100 mg/5ml	T1	
cvs pain & fever childrens oral suspension 160 mg/5ml	T1	
cvs pain & fever infants oral suspension 160 mg/5ml	T1	
cvs pain relief childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
cvs pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
cvs pain relief oral tablet 500 mg	T1	QL (240 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	T1	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
ed-apap oral liquid 160 mg/5ml	T1	
eq 8hr arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
eq acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
eq arthritis pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eq aspirin oral tablet 325 mg	T1	
eq ibuprofen childrens oral suspension 100 mg/5ml	T1	
eq pain & fever childrens oral suspension 160 mg/5ml	T1	
eq pain & fever childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
eq pain & fever infants oral suspension 160 mg/5ml	T1	
eq pain relief/rapid burst oral liquid 500 mg/15ml	T1	
eq pain reliever ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
eq pain reliever oral tablet 325 mg	T1	
eq pain reliever oral tablet 500 mg	T1	QL (240 EA per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql acetaminophen childrens oral suspension 160 mg/5ml	T1	
eql acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
eql aspirin ec oral tablet delayed release 325 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
eql childrens ibuprofen oral suspension 100 mg/5ml	T1	
ergotamine-caffeine oral tablet 1-100 mg	T1	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (***acetaminophen***)	T1	
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG (***acetaminophen***)	T1	
gnp 8 hour arthritis relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp 8 hour pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
gnp acetaminophen oral tablet 325 mg	T1	
gnp acetaminophen oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	
gnp aspirin oral tablet 325 mg	T1	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	T1	
gnp childrens ibuprofen oral suspension 100 mg/5ml	T1	
gnp children's pain & fever oral suspension 160 mg/5ml	T1	
gnp infants pain/fever oral suspension 160 mg/5ml	T1	
gnp pain & fever childrens oral suspension 160 mg/5ml	T1	
gnp pain & fever infants oral suspension 160 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
gnp pain relief oral tablet 325 mg	T1	
goodsense arthritis pain oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
goodsense aspirin adults oral tablet 325 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet 325 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	T1	
goodsense pain & fever child oral suspension 160 mg/5ml	T1	
goodsense pain & fever infants oral suspension 160 mg/5ml	T1	
goodsense pain relief extra st oral tablet 500 mg	T1	QL (240 EA per 30 days)
goodsense pain relief oral tablet 325 mg	T1	
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG (***acetaminophen***)	T1	QL (240 EA per 30 days)
hm adult aspirin oral tablet 325 mg	T1	
hm aspirin oral tablet delayed release 325 mg	T1	
hm ibuprofen childrens oral suspension 100 mg/5ml	T1	
hm pain & fever childrens oral suspension 160 mg/5ml	T1	
hm pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
ibuprofen childrens oral suspension 100 mg/5ml	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
infants pain & fever oral suspension 160 mg/5ml	T1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketoprofen er oral capsule extended release 24 hour 200 mg	T1	
ketoprofen oral capsule 50 mg	T1	PA
kls acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
liquid acetaminophen oral liquid 160 mg/5ml	T1	
liquid pain relief oral liquid 160 mg/5ml	T1	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG (***acetaminophen***)	T1	QL (750 EA per 30 days)
mapap oral capsule 500 mg	T1	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
MEDIQUE ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG (***acetaminophen***)	T1	QL (240 EA per 30 days)
mm aspirin oral tablet delayed release 81 mg	T1	
m-pap oral liquid 160 mg/5ml	T1	
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
non-aspirin extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
non-aspirin oral tablet 325 mg	T1	
non-aspirin oral tablet 500 mg	T1	QL (240 EA per 30 days)
non-aspirin pain relief oral tablet 325 mg	T1	
pain & fever childrens oral suspension 160 mg/5ml	T1	
pain & fever infants oral suspension 160 mg/5ml	T1	
pain & fever kids oral suspension 160 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pain relief childrens oral elixir 160 mg/5ml	T1	
pain relief childrens oral suspension 160 mg/5ml	T1	
pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
pain relief oral liquid 500 mg/15ml	T1	
pain relief regular strength oral tablet 325 mg	T1	
pain reliever extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
pain reliever oral tablet 325 mg	T1	
pain reliever/fever reducer rectal suppository 120 mg	T1	
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML (***acetaminophen***)	T1	
PHARBETOL ORAL TABLET 325 MG (***acetaminophen***)	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
qc acetaminophen 8 hours oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
qc acetaminophen infants oral suspension 160 mg/5ml	T1	
qc arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
qc aspirin oral tablet 325 mg	T1	
qc aspirin oral tablet delayed release 325 mg	T1	
qc childrens ibuprofen oral suspension 100 mg/5ml	T1	
qc enteric aspirin oral tablet delayed release 325 mg	T1	
qc non-aspirin childrens oral suspension 160 mg/5ml	T1	
qc non-aspirin extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
qc pain relief childrens oral suspension 160 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc pain relief extra strength oral tablet 500 mg	T1	QL (240 EA per 30 days)
qc pain relief oral tablet 325 mg	T1	
ra 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
ra acetaminophen childrens oral tablet chewable 160 mg	T1	QL (750 EA per 30 days)
ra acetaminophen ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
ra acetaminophen oral tablet 325 mg	T1	
ra arthritis pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
ra aspirin adult low dose oral tablet chewable 81 mg	T1	
ra aspirin adult low strength oral tablet chewable 81 mg	T1	
ra aspirin ec adult low st oral tablet delayed release 81 mg	T1	
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	T1	
ra aspirin oral tablet 325 mg	T1	
ra childrens fever/pain oral suspension 160 mg/5ml	T1	
ra fever reducer/pain reliever oral suspension 160 mg/5ml	T1	
ra ibuprofen childrens oral suspension 100 mg/5ml	T1	
ra pain relief acetaminophen oral tablet 325 mg	T1	
ra pain relief acetaminophen oral tablet 500 mg	T1	QL (240 EA per 30 days)
sm 8 hour pain relief oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
sm arthritis pain reliever oral tablet extended release 650 mg	T1	QL (180 EA per 30 days)
sm aspirin adult low strength oral tablet delayed release 81 mg	T1	
sm aspirin ec oral tablet delayed release 325 mg	T1	
sm aspirin low dose oral tablet chewable 81 mg	T1	
sm aspirin low dose oral tablet delayed release 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm childrens aspirin oral tablet chewable 81 mg	T1	
sm childrens ibuprofen oral suspension 100 mg/5ml	T1	
sm pain & fever childrens oral suspension 160 mg/5ml	T1	
sm pain & fever infants oral suspension 160 mg/5ml	T1	
sm pain reliever childrens oral suspension 160 mg/5ml	T1	
sm pain reliever ex st oral tablet 500 mg	T1	QL (240 EA per 30 days)
sm pain reliever oral tablet 325 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T1	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
Antipsychotics, Miscellaneous		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
pimozide oral tablet 1 mg, 2 mg	T1	
Anxiolytics,Sedatives,And Hypnotics,Misc		
aler-cap oral capsule 25 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg	T1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T1	PA
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
meprobamate oral tablet 200 mg, 400 mg	T1	PA
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sleep-aid oral tablet 25 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
sm sleep aid oral tablet 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
total allergy oral tablet 25 mg	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
wal-som oral tablet 25 mg	T1	
zaleplon oral capsule 10 mg	T1	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
aripiprazole oral solution 1 mg/ml	T1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	T1	PA
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
clozapine oral tablet dispersible 100 mg, 25 mg	T1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet dispersible 0.25 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	T1	
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir 20 mg/5ml	T1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	T1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	T1	
phenobarbital oral elixir 20 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	T1	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Tablet 16.2 Mg)	T1	
Benzodiazepines (Anticonvulsants)		
clobazam oral tablet 10 mg, 20 mg	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	T1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	PA
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
clobazam oral tablet 10 mg, 20 mg	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral concentrate 5 mg/ml	T1	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
estazolam oral tablet 1 mg, 2 mg	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	T1	PA
temazepam oral capsule 15 mg, 30 mg	T1	
temazepam oral capsule 22.5 mg, 7.5 mg	T1	PA
triazolam oral tablet 0.125 mg, 0.25 mg	T1	
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	T1	
haloperidol lactate oral concentrate 2 mg/ml	T1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T1	
Calcitonin Gene-Related Peptide Antag.		
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***galcanezumab-gnlm***)	T1	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T1	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	T1	PA
NURTEC ORAL TABLET DISPERSIBLE 75 MG (***rimegepant sulfate***)	T1	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T1	PA
Catechol-O-Methyltransferase(Comt)Inhib.		
entacapone oral tablet 200 mg	T1	
tolcapone oral tablet 100 mg	T1	
Central Nervous System Agents, Misc.		
acamprosate calcium oral tablet delayed release 333 mg	T1	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg	T1	
atomoxetine hcl oral capsule 100 mg, 80 mg	T1	AL (Max 18 Years)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	T1	
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	T1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T1	PA
riluzole oral tablet 50 mg	T1	
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral capsule 100 mg, 200 mg	T1	
celecoxib oral capsule 400 mg, 50 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dopamine Precursors		
carbidopa oral tablet 25 mg	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	T1	
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral capsule 5 mg	T1	
bromocriptine mesylate oral tablet 2.5 mg	T1	
cabergoline oral tablet 0.5 mg	T1	
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T1	ST
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T1	QL (60 EA per 30 days)
Hydantoins		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	T1	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (***phenytoin sodium extended***)	T1	
DILANTIN ORAL SUSPENSION 125 MG/5ML (***phenytoin***)	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
Monoamine Oxidase B Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
Monoamine Oxidase Inhibitors		
phenelzine sulfate oral tablet 15 mg	T1	PA
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
tranylcypromine sulfate oral tablet 10 mg	T1	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	T1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	
Opiate Agonists		
acetaminophen-codeine oral solution 120-12 mg/5ml	T1	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	QL (400 EA per 30 days)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	T1	PA
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	PA
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	T1	
hydromorphone hcl oral liquid 1 mg/ml	T1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	T1	
hydromorphone hcl rectal suppository 3 mg	T1	
levorphanol tartrate oral tablet 2 mg	T1	PA
meperidine hcl oral solution 50 mg/5ml	T1	PA
meperidine hcl oral tablet 50 mg	T1	PA
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	T1	
methadone hcl oral concentrate 10 mg/ml	T1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	T1	
methadone hcl oral tablet 10 mg, 5 mg	T1	
methadone hcl oral tablet soluble 40 mg	T1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 60 mg, 90 mg	T1	PA
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	T1	PA
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	T1	
morphine sulfate oral solution 10 mg/5ml	T1	
morphine sulfate oral tablet 15 mg, 30 mg	T1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	T1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	T1	PA
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	T1	PA
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	T1	PA
oxycodone hcl oral concentrate 100 mg/5ml	T1	PA
oxycodone hcl oral solution 5 mg/5ml	T1	PA
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	T1	PA
oxycodone hcl oral tablet 5 mg	T1	QL (10 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	PA
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (***oxycodone hcl***)	T1	PA
tramadol hcl oral tablet 50 mg	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T1	QL (240 EA per 30 days)
Opiate Antagonists		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	T1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	T1	QL (4 EA per 180 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	QL (2 ML per 180 days)
naloxone hcl nasal liquid 4 mg/0.1ml	T1	QL (4 EA per 180 days)
naltrexone hcl oral tablet 50 mg	T1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	T1	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T1	PA
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T1	QL (1 ML per 180 days)
Opiate Partial Agonists		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	T1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	T1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	T1	PA
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T1	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	T1	PA
Other Nonsteroidal Anti-Inflam. Agents		
childrens ibuprofen 100 oral suspension 100 mg/5ml	T1	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
cvs childrens ibuprofen oral suspension 100 mg/5ml	T1	
cvs ibuprofen childrens oral suspension 100 mg/5ml	T1	
diclofenac epolamine external patch 1.3 %	T1	PA
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	T1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	T1	
diflunisal oral tablet 500 mg	T1	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	T1	
eq ibuprofen childrens oral suspension 100 mg/5ml	T1	
eql childrens ibuprofen oral suspension 100 mg/5ml	T1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
fenoprofen calcium oral capsule 200 mg	T1	PA
fenoprofen calcium oral tablet 600 mg	T1	
flurbiprofen oral tablet 100 mg	T1	PA
gnp childrens ibuprofen oral suspension 100 mg/5ml	T1	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	T1	
hm ibuprofen childrens oral suspension 100 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	T1	
ibuprofen childrens oral suspension 100 mg/5ml	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er oral capsule extended release 75 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral suspension 25 mg/5ml	T1	
ketoprofen er oral capsule extended release 24 hour 200 mg	T1	
ketoprofen oral capsule 50 mg	T1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine oral tablet 10 mg	T1	PA
meclofenamate sodium oral capsule 100 mg, 50 mg	T1	PA
meloxicam oral tablet 15 mg, 7.5 mg	T1	
nabumetone oral tablet 500 mg, 750 mg	T1	
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet 600 mg	T1	QL (90 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	T1	
qc childrens ibuprofen oral suspension 100 mg/5ml	T1	
ra ibuprofen childrens oral suspension 100 mg/5ml	T1	
sm childrens ibuprofen oral suspension 100 mg/5ml	T1	
sulindac oral tablet 150 mg, 200 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phenothiazines		
chlorpromazine hcl oral concentrate 100 mg/ml	T1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T1	
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
fluphenazine hcl oral concentrate 5 mg/ml	T1	
fluphenazine hcl oral elixir 2.5 mg/5ml	T1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T1	
Respiratory And Cns Stimulants		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)	T1	QL (360 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (360 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 20 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
ergotamine-caffeine oral tablet 1-100 mg	T1	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	T1	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	T1	QL (60 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (450 ML per 30 days); AL (Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (900 ML per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T1	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Max 18 Years)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T1	
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Salicylates		
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	T1	PA
aspirin 81 oral tablet chewable 81 mg	T1	
aspirin 81 oral tablet delayed release 81 mg	T1	
aspirin adult low dose oral tablet delayed release 81 mg	T1	
aspirin adult low strength oral tablet delayed release 81 mg	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
aspirin childrens oral tablet chewable 81 mg	T1	
aspirin ec low dose oral tablet delayed release 81 mg	T1	
aspirin ec low strength oral tablet delayed release 81 mg	T1	
aspirin low dose oral tablet chewable 81 mg	T1	
aspirin low dose oral tablet delayed release 81 mg	T1	
aspirin low strength oral tablet chewable 81 mg	T1	
aspirin oral tablet 325 mg	T1	
aspirin oral tablet chewable 81 mg	T1	
aspirin oral tablet delayed release 325 mg, 81 mg	T1	
aspirin rectal suppository 300 mg	T1	
aspirin regimen oral tablet delayed release 81 mg	T1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER ADVANCED ASPIRIN EX ST ORAL TABLET 500 MG (***aspirin***)	T1	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	T1	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	T1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
childrens aspirin oral tablet chewable 81 mg	T1	
cvs aspirin adult low dose oral tablet chewable 81 mg	T1	
cvs aspirin ec oral tablet delayed release 81 mg	T1	
cvs aspirin low dose oral tablet delayed release 81 mg	T1	
cvs aspirin low strength oral tablet delayed release 81 mg	T1	
cvs aspirin oral tablet 325 mg	T1	
cvs genuine aspirin oral tablet 325 mg	T1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	T1	
eq aspirin adult low dose oral tablet delayed release 81 mg	T1	
eq aspirin low dose oral tablet chewable 81 mg	T1	
eq aspirin oral tablet 325 mg	T1	
eql aspirin ec oral tablet delayed release 325 mg	T1	
eql aspirin low dose oral tablet chewable 81 mg	T1	
eql aspirin low dose oral tablet delayed release 81 mg	T1	
gnp adult aspirin low strength oral tablet chewable 81 mg	T1	
gnp aspirin low dose oral tablet delayed release 81 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp aspirin oral tablet 325 mg	T1	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	T1	
goodsense aspirin adults oral tablet 325 mg	T1	
goodsense aspirin low dose oral tablet delayed release 81 mg	T1	
goodsense aspirin oral tablet 325 mg	T1	
goodsense aspirin oral tablet chewable 81 mg	T1	
hm adult aspirin oral tablet 325 mg	T1	
hm aspirin oral tablet delayed release 325 mg	T1	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
MEDIQUE ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T1	
mm aspirin oral tablet delayed release 81 mg	T1	
norgesic forte oral tablet 50-770-60 mg	T1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	T1	
qc aspirin low dose oral tablet chewable 81 mg	T1	
qc aspirin low dose oral tablet delayed release 81 mg	T1	
qc aspirin oral tablet 325 mg	T1	
qc aspirin oral tablet delayed release 325 mg	T1	
qc enteric aspirin oral tablet delayed release 325 mg	T1	
ra aspirin adult low dose oral tablet chewable 81 mg	T1	
ra aspirin adult low strength oral tablet chewable 81 mg	T1	
ra aspirin ec adult low st oral tablet delayed release 81 mg	T1	
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	T1	
ra aspirin oral tablet 325 mg	T1	
salsalate oral tablet 500 mg, 750 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm aspirin adult low strength oral tablet delayed release 81 mg	T1	
sm aspirin ec oral tablet delayed release 325 mg	T1	
sm aspirin low dose oral tablet chewable 81 mg	T1	
sm aspirin low dose oral tablet delayed release 81 mg	T1	
sm childrens aspirin oral tablet chewable 81 mg	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T1	QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
Selective Serotonin Agonists		
naratriptan hcl oral tablet 1 mg, 2.5 mg	T1	ST; QL (12 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	T1	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	T1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 50 mg	T1	QL (18 EA per 30 days)
sumatriptan succinate oral tablet 25 mg	T1	QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	T1	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	PA
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution 10 mg/5ml	T1	QL (900 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	T1	QL (90 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1	QL (45 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
escitalopram oxalate oral solution 5 mg/5ml	T1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine hcl oral capsule delayed release 90 mg	T1	PA
fluoxetine hcl oral solution 20 mg/5ml	T1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	T1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	T1	PA
paroxetine hcl oral suspension 10 mg/5ml	T1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T1	
sertraline hcl oral concentrate 20 mg/ml	T1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	T1	
Serotonin Modulators		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	T1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T1	
Succinimides		
ethosuximide oral capsule 250 mg	T1	
ethosuximide oral solution 250 mg/5ml	T1	
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	T1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate 10 mg/ml	T1	
doxepin hcl oral tablet 3 mg, 6 mg	T1	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	T1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T1	
nortriptyline hcl oral solution 10 mg/5ml	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
protriptyline hcl oral tablet 10 mg, 5 mg	T1	PA
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	T1	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	T1	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	T1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (***deutetrabenazine***)	T1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	T1	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	T1	PA
Wakefulness-Promoting Agents		
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral tablet 100 mg, 200 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Devices		
Devices		
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T1	
ACE AEROSOL CLOUD ENHANCER (***respiratory therapy supplies***)	T1	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T1	QL (2 EA per 365 days)
AQUALANCE LANCETS 30G (***lancets***)	T1	
BD DISP NEEDLE 23G X 1" (***needle (disp)***)	T1	
BD DISP NEEDLES 18G X 1-1/2" , 25G X 5/8" (***needle (disp)***)	T1	
BD INSULIN SYRINGE 29G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (***syringe/needle (disp)***)	T1	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 3 ML, 22G X 1" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML (***syringe/needle (disp)***)	T1	
BD PEN NEEDLE MINI U/F 31G X 5 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (***insulin pen needle***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE NANO U/F 32G X 4 MM (***insulin pen needle***)	T1	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (***insulin pen needle***)	T1	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (***insulin pen needle***)	T1	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML (***syringe/needle (disp)***)	T1	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML (***syringe/needle (disp)***)	T1	
BD TB SYRINGE 27G X 1/2" 1 ML (***tuberculin-allergy syringes***)	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	T1	
COMFORT EZ PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
DROPLET MICRON 34G X 3.5 MM (***insulin pen needle***)	T1	
DROPLET PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (***insulin pen needle***)	T1	
EASIVENT (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
easy comfort lancets	T1	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T1	
EASY TOUCH PEN NEEDLES 31G X 5 MM , 31G X 8 MM (***insulin pen needle***)	T1	
EMBRACE LANCETS ULTRA THIN 30G (***lancets***)	T1	
eq space chamber anti-static device	T1	QL (2 EA per 365 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LANCETS (***lancets***)	T1	
FREESTYLE LIBRE 14 DAY READER DEVICE (***continuous blood gluc receiver***)	T1	PA
FREESTYLE LIBRE 14 DAY SENSOR (***continuous blood gluc sensor***)	T1	PA
FREESTYLE LIBRE 2 READER DEVICE (***continuous blood gluc receiver***)	T1	PA
FREESTYLE LIBRE 2 SENSOR (***continuous blood gluc sensor***)	T1	PA
FREESTYLE LIBRE 3 SENSOR (***continuous blood gluc sensor***)	T1	PA
insulin syringe 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, 31g x 5/16" 0.3 ml, 31g x 5/16" 1 ml	T1	
lancets micro thin 33g	T1	
lancets super thin 28g	T1	
lancets ultra thin 30g	T1	
lancing device	T1	
MICROCHAMBER (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
MICROLET LANCETS (***lancets***)	T1	
NOVOFINE PEN NEEDLE 32G X 6 MM (***insulin pen needle***)	T1	
ONETOUCH DELICA PLUS LANCET30G (***lancets***)	T1	
ONETOUCH DELICA PLUS LANCET33G (***lancets***)	T1	
OPTICHAMBER DIAMOND (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-SM MASK (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (***peak flow meter***)	T1	QL (2 EA per 365 days)
POCKET CHAMBER DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (***peak flow meter***)	T1	QL (2 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (100 EA per 90 days)
sure comfort insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	T1	
sure comfort lancets 30g	T1	
sure comfort pen needles 31g x 8 mm	T1	
techlite insulin syringe 30g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml	T1	
TECHLITE PEN NEEDLES 31G X 8 MM (***insulin pen needle***)	T1	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (***blood glucose monitoring suppl***)	T1	QL (1 EA per 365 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
TRUEPLUS LANCETS 28G (***lancets***)	T1	
TRUEPLUS LANCETS 30G (***lancets***)	T1	
TRUEPLUS LANCETS 33G (***lancets***)	T1	
TRUEPLUS SAFETY LANCETS 28G (***lancets***)	T1	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T1	
UNIFINE PENTIPS PLUS 31G X 8 MM (***insulin pen needle***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX VALVED HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	T1	QL (2 EA per 365 days)
WALGREENS ULTRA THIN LANCETS (***lancets***)	T1	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
Cardiac Function		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
Diabetes Mellitus		
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
TRUETRACK TEST IN VITRO STRIP (***glucose blood***)	T1	QL (100 EA per 90 days)
Diagnostic Agents		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
CARESTART COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
ellume covid-19 home test in vitro kit	T1	QL (8 EA per 30 days)
fastep covid-19 antigen test in vitro kit	T1	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T1	QL (8 EA per 30 days)
Myasthenia Gravis		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
Pheochromocytoma		
metyrosine oral capsule 250 mg	T1	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***pot & sod ac phosphates***)	T1	
Alkalinizing Agents		
cytra-2 oral solution 500-334 mg/5ml	T1	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (***pot & sod cit-cit ac***)	T1	
cytra-k oral solution 1100-334 mg/5ml	T1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (***sod citrate-citric acid***)	T1	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	T1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	T1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	T1	
sod citrate-citric acid oral solution 500-334 mg/5ml	T1	
tricitrates oral solution 550-500-334 mg/5ml	T1	
Ammonia Detoxicants		

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
constulose oral solution 10 gm/15ml	T1	
enulose oral solution 10 gm/15ml	T1	
generlac oral solution 10 gm/15ml	T1	
lactulose encephalopathy oral solution 10 gm/15ml	T1	
lactulose oral solution 10 gm/15ml	T1	
sodium phenylbutyrate oral powder 3 gm/tsp	T1	
sodium phenylbutyrate oral tablet 500 mg	T1	
Caloric Agents		
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	T1	
bupivacaine spinal intrathecal solution 0.75-8.25 %	T1	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	T1	
I-VALEX-1 ORAL POWDER (***nutritional supplements***)	T1	
levocarnitine (dietary) oral tablet 330 mg	T1	
NUTREN 2.0 ORAL LIQUID (***nutritional supplements***)	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
RENASTART ORAL POWDER (***nutritional supplements***)	T1	
TYR COOLER ORAL LIQUID (***nutritional supplements***)	T1	
XTRACAL PLUS ORAL LIQUID (***nutritional supplements***)	T1	
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Irrigating Solutions		
acetic acid glacial solution 99 %	T1	
acetic acid irrigation solution 0.25 %	T1	
acetic acid solution 5 %	T1	
sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	T1	
glycine irrigation solution 1.5 %	T1	
glycine urologic irrigation solution 1.5 %	T1	
lactated ringers irrigation solution	T1	
irrigation solns physiological (Physiolyte Irrigation Solution)	T1	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	T1	
ringers irrigation irrigation solution	T1	
sodium chloride irrigation solution 0.9 %	T1	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	T1	
sterile water for irrigation irrigation solution	T1	
water for irrigation, sterile irrigation solution	T1	
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
ethacrynic acid oral tablet 25 mg	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule 667 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate (phos binder) oral tablet 667 mg	T1	
calcium acetate oral tablet 667 mg	T1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
Potassium-Removing Agents		
LOKELMA ORAL PACKET 10 GM, 5 GM (***sodium zirconium cyclosilicate***)	T1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (***patiromer sorbitex calcium***)	T1	ST; QL (30 EA per 30 days)
Potassium-Sparing Diuretics		
amiloride hcl oral tablet 5 mg	T1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
eplerenone oral tablet 25 mg, 50 mg	T1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
triamterene oral capsule 100 mg, 50 mg	T1	PA
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
Replacement Preparations		
600+d3 oral tablet 600-20 mg-mcg	T1	
actical oral capsule	T1	
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (***oral electrolytes***)	T1	
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	T1	
cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg	T1	
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	T1	
calcium 1000 + d oral tablet 1000-20 mg-mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	T1	
calcium 500 + d3 oral tablet 500-15 mg-mcg	T1	
calcium 500/d oral tablet 500-5 mg-mcg	T1	
calcium 500+d high potency oral tablet 500-10 mg-mcg	T1	
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
calcium 600 + d oral tablet 600-5 mg-mcg	T1	
calcium 600 +d high potency oral tablet 600-10 mg-mcg	T1	
calcium 600 high potency oral tablet 600 mg	T1	
calcium 600 oral tablet 1500 (600 ca) mg	T1	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	T1	
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	T1	
calcium 600+d high potency oral tablet 600-10 mg-mcg	T1	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	T1	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	T1	
calcium acetate (phos binder) oral capsule 667 mg	T1	
calcium acetate (phos binder) oral tablet 667 mg	T1	
calcium acetate oral tablet 667 mg	T1	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	T1	
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	T1	
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg, 600 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate oral tablet chewable 1250 (500 ca) mg	T1	
calcium carbonate-vitamin d oral capsule 600-5 mg-mcg	T1	
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	T1	
calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg	T1	
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg	T1	
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	T1	
calcium citrate plus/magnesium oral tablet	T1	
calcium citrate+d3 oral tablet 315-6.25 mg-mcg	T1	
calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	T1	
calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	T1	
calcium for women oral tablet chewable 500-100-40	T1	
calcium high potency oral tablet 1500 (600 ca) mg	T1	
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	T1	
calcium oral tablet chewable 500-2.5 mg-mcg	T1	
calcium plus vitamin d oral tablet 500-5 mg-mcg	T1	
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	T1	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	T1	
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	T1	
calcium-magnesium-zinc oral tablet 333-133-5 mg	T1	
calcium-magnesium-zinc-d3 oral tablet	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium-vitamin d3 oral capsule 600-10 mg-mcg	T1	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	T1	
cal-mag-zinc-d oral tablet	T1	
centravites 50 plus oral tablet	T1	
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG (***calcium citrate-vitamin d***)	T1	
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
coral calcium oral capsule 185-50-100 mg-mg-unit	T1	
cvs calcium + d3 oral tablet 600-20 mg-mcg	T1	
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	T1	
cvs calcium 600+d oral tablet 600-20 mg-mcg	T1	
cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	T1	
cvs calcium oral tablet 600 mg	T1	
cvs one daily essential oral tablet	T1	
cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg	T1	
cvs ped electrolyte freeze pop oral solution	T1	
cvs pediatric electrolyte oral solution	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	T1	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	T1	
eq calcium 500+d oral tablet 500-5 mg-mcg	T1	
eq calcium 600+d oral tablet 600-20 mg-mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq calcium citrate+d oral tablet 315-6.25 mg-mcg	T1	
eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg	T1	
eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg	T1	
eql calcium/vitamin d oral tablet 600-10 mg-mcg	T1	
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	T1	
essential one daily multivit oral tablet	T1	
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet 106-1 Mg)	T1	
FOLBEE PLUS CZ ORAL TABLET 5 MG (***b-complex-c-biotin-minerals-fa***)	T1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (***zinc acetate (oral)***)	T1	PA
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	T1	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	T1	
gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg	T1	
gnp calcium oral tablet 1500 (600 ca) mg	T1	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
h-e-b oral electrolyte oral solution	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg	T1	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINDERLYTE ORAL SOLUTION (***oral electrolytes***)	T1	
KINDERLYTE PREMAX ORAL SOLUTION (***oral electrolytes***)	T1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	T1	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	T1	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	T1	
kp calcium citrate+d oral tablet 315-6.25 mg-mcg	T1	
K-PHOS ORAL TABLET 500 MG (***potassium phosphate monobasic***)	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (***potassium chloride***)	T1	
liquid calcium/vitamin d oral capsule 600-5 mg-mcg	T1	
LYSIPLEX PLUS ORAL LIQUID (***multiple vitamins-minerals***)	T1	
magnesium chloride injection solution 200 mg/ml	T1	
magnesium oral tablet 400 mg	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (***magnesium oxide***)	T1	
mgo oral tablet 400 (240 mg) mg	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (***calcium carb-cholecalciferol***)	T1	
oyster shell calcium + d oral tablet 500-5 mg-mcg	T1	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	T1	
oyster shell calcium oral tablet 500 mg	T1	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oyster shell calcium w/d oral tablet 500-5 mg-mcg	T1	
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	T1	
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	T1	
ped electrolyte freeze pops oral solution	T1	
ped electrolyte freezer pops oral solution	T1	
pediatric electrolyte oral solution	T1	
pediatric electrolyte-zinc oral solution	T1	
k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	T1	
phosphorous oral tablet 155-852-130 mg	T1	
potassium phosphate monobasic (Phospho-Trin K500 Oral Tablet 500 Mg)	T1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	T1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	T1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	T1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal/iron oral tablet	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pure calcium carbonate oral tablet 1500 (600 ca) mg	T1	
ra calcium 600 oral tablet 1500 (600 ca) mg	T1	
ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit	T1	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	T1	
ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg	T1	
ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg	T1	
ra calcium-boron oral tablet 500-1.5 mg	T1	
RA HI CAL ORAL TABLET 500-5 MG-MCG (***calcium carb-cholecalciferol***)	T1	
ra pediatric electrolyte oral solution	T1	
saline bacteriostatic injection solution 0.9 %	T1	
sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg	T1	
sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg	T1	
sm calcium soft chews oral tablet chewable 500-100-40	T1	
sm calcium/vitamin d oral tablet 500-5 mg-mcg	T1	
sm calcium-magnesium-zinc oral tablet 333-133-5 mg	T1	
sm pediatric electrolyte oral solution	T1	
sodium chloride (pf) injection solution 0.9 %	T1	
sodium chloride bacteriostatic injection solution 0.9 %	T1	
sodium chloride injection solution 2.5 meq/ml	T1	
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	T1	
super calcium 600 + d3 oral tablet 600-10 mg-mcg	T1	
super calcium oral tablet 1500 (600 ca) mg	T1	
support oral liquid	T1	
SUPPORT-500 ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
v-c forte oral capsule	T1	
multiple vitamins-minerals (Vic-Forte Oral Capsule)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
wes-phos 250 neutral oral tablet 155-852-130 mg	T1	
Salt And Sugar Substitutes		
aspartame (for compounding) powder	T1	
Thiazide Diuretics		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg	T1	PA
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T1	PA
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T1	PA
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	T1	PA
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Thiazide-Like Diuretics		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	T1	
Uricosuric Agents		
colchicine-probenecid oral tablet 0.5-500 mg	T1	
probenecid oral tablet 500 mg	T1	
Enzymes		
Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase bovine***)	T1	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (***pancrelipase (lip-prot-amyl)***)	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (***sacrosidase***)	T1	
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, 60000-189600 UNIT (***pancrelipase (lip-prot-amyl)***)	T1	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
brimonidine tartrate ophthalmic solution 0.15 %	T1	PA
brimonidine tartrate ophthalmic solution 0.2 %	T1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	T1	PA
Antiallergic Agents		
allergy eye ophthalmic solution 0.025-0.3 %	T1	
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	T1	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (***lodoxamide tromethamine***)	T1	PA
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	QL (6 ML per 30 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cvs allergy eye drops ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
cvs eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
cvs olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
epinastine hcl ophthalmic solution 0.05 %	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
eye allergy itch relief ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
eye allergy itch/redness rel ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	T1	
eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
gnp olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
gnp olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 25 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
qc olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
ra eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
ra eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
sm olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 25 days)
Antibacterials (Eent)		
ARESTIN DENTAL 1 MG (***minocycline hcl***)	T1	
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (***ciprofloxacin hcl***)	T1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	T1	
ciprofloxacin hcl ophthalmic solution 0.3 %	T1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	T1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin ophthalmic ointment 5 mg/gm	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	T1	PA
moxifloxacin hcl ophthalmic solution 0.5 %	T1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	T1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	T1	
ofloxacin ophthalmic solution 0.3 %	T1	
ofloxacin otic solution 0.3 %	T1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
sulfacetamide sodium ophthalmic ointment 10 %	T1	
sulfacetamide sodium ophthalmic solution 10 %	T1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T1	
tobramycin ophthalmic solution 0.3 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	T1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	T1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	T1	
Antifungals (Eent)		
NATACYN OPHTHALMIC SUSPENSION 5 % (***natamycin***)	T1	
Antivirals (Eent)		
trifluridine ophthalmic solution 1 %	T1	
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic solution 0.5 %	T1	PA
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (***timolol hemihydrate***)	T1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (***betaxolol hcl***)	T1	PA
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	T1	PA
carteolol hcl ophthalmic solution 1 %	T1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	T1	
timolol maleate (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	T1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	T1	
Carbonic Anhydrase Inhibitors (Eent)		

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
brinzolamide ophthalmic suspension 1 %	T1	PA
dorzolamide hcl ophthalmic solution 2 %	T1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
Corticosteroids (Eent)		
allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
allergy spray 24 hour nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
ALREX OPHTHALMIC SUSPENSION 0.2 % (***loteprednol etabonate***)	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	T1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	T1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	T1	
cvs budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
cvs fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
cvs nasal allergy spray nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	T1	
difluprednate ophthalmic emulsion 0.05 %	T1	ST; QL (5 ML per 30 days)
eq allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
eq nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 % (***fluorometholone acetate***)	T1	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T1	QL (18.6 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluorometholone ophthalmic suspension 0.1 %	T1	
fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 GM per 30 days)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (***fluorometholone***)	T1	
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
gnp budesonide nasal spray nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
gnp fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
goodsense nasal allergy spray nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
hm 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
hm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
hydrocortisone-acetic acid otic solution 1-2 %	T1	
loteprednol etabonate ophthalmic suspension 0.5 %	T1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (***dexamethasone***)	T1	
nasal allergy 24 hour nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	T1	
prednisolone acetate ophthalmic suspension 1 %	T1	
prednisolone sodium phosphate ophthalmic solution 1 %	T1	
qc allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
ra budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
ra nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
sm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	T1	
triamcinolone acetonide nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	T1	
Eent Anti-Infectives, Miscellaneous		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (***povidone-iodine***)	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
silver nitrate external solution 0.5 %	T1	
Eent Anti-Inflammatory Agents, Misc.		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T1	PA
cyclosporine ophthalmic emulsion 0.05 %	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	T1	PA
Eent Drugs, Miscellaneous		
acetic acid otic solution 2 %	T1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (***sodium hyaluronate***)	T1	
apraclonidine hcl ophthalmic solution 0.5 %	T1	
carboxymethylcellulose sodium ophthalmic gel 1 %	T1	QL (30 ML per 30 days)
carboxymethylcellulose sodium ophthalmic solution 0.5 %	T1	QL (30 ML per 30 days)
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %	T1	QL (7 GM per 30 days)
cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %	T1	QL (30 ML per 30 days)
cvs lubricating eye/overnight ophthalmic ointment	T1	QL (7 GM per 30 days)
cvs nighttime dry-eye relief ophthalmic ointment	T1	QL (7 GM per 30 days)
cvs sod chloride hypertonicity ophthalmic ointment 5 %	T1	
cvs sodium chloride ophthalmic solution 5 %	T1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (***sulfuric acid-sulf phenolics***)	T1	
eq lubricant eye drops ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
EQ RESTORE PM OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T1	QL (7 GM per 30 days)
eye lubricant ophthalmic ointment	T1	QL (7 GM per 30 days)
GONIOTAIRE OPHTHALMIC SOLUTION 2.5 % (***hypromellose***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
hydrocortisone-acetic acid otic solution 1-2 %	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (***apraclonidine hcl***)	T1	
LACRISERT OPHTHALMIC INSERT 5 MG (***artificial tear insert***)	T1	
lubricant eye drops ophthalmic solution 0.4-0.3 %	T1	QL (30 EA per 30 days)
lubricant eye drops ophthalmic solution 0.5 %	T1	QL (30 ML per 30 days)
lubricant eye nighttime ophthalmic ointment	T1	QL (7 GM per 30 days)
lubricant eye ophthalmic ointment	T1	QL (7 GM per 30 days)
lubricant pm ophthalmic ointment	T1	QL (7 GM per 30 days)
lubricating eye drops ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
MURO 128 OPHTHALMIC SOLUTION 2 % (***sodium chloride (hypertonic)***)	T1	
polyvinyl alcohol ophthalmic solution 1.4 %	T1	QL (30 ML per 30 days)
ra lubricant eye drops ophthalmic solution 0.5 %	T1	QL (30 ML per 30 days)
ra lubricant eye ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
sm lubricant eye drops ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
sm lubricating tears ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
sodium chloride (hypertonic) ophthalmic ointment 5 %	T1	
sodium chloride (hypertonic) ophthalmic solution 5 %	T1	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (***varenicline tartrate***)	T1	PA
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (***carboxymethylcellulose sodium***)	T1	QL (30 ML per 30 days)
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	T1	QL (30 ML per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents		
diclofenac sodium ophthalmic solution 0.1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurbiprofen sodium ophthalmic solution 0.03 %	T1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	T1	
Local Anesthetics (Eent)		
lidocaine viscous hcl mouth/throat solution 2 %	T1	
proparacaine hcl ophthalmic solution 0.5 %	T1	
tetracaine hcl ophthalmic solution 0.5 %	T1	
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
Mydriatics		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate ophthalmic ointment 1 %	T1	
atropine sulfate ophthalmic solution 1 %	T1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (***cyclopentolate-phenylephrine***)	T1	
cyclopentolate hcl ophthalmic solution 1 %	T1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (***homatropine hbr***)	T1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
tropicamide ophthalmic solution 0.5 %, 1 %	T1	
Prostaglandin Analogs		
bimatoprost ophthalmic solution 0.03 %	T1	PA
latanoprost ophthalmic solution 0.005 %	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (***bimatoprost***)	T1	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	T1	PA
travoprost (bak free) ophthalmic solution 0.004 %	T1	PA
Rho Kinase Inhibitors		

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	T1	PA
Vasoconstrictors		
allergy eye ophthalmic solution 0.025-0.3 %	T1	
cvs eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (***cyclopentolate-phenylephrine***)	T1	
eq eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	T1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
ra eye allergy relief ophthalmic solution 0.027-0.315 %	T1	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	T1	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	T1	PA
granisetron hcl oral tablet 1 mg	T1	ST; QL (12 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	T1	
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron oral tablet dispersible 4 mg, 8 mg	T1	
Antacids And Adsorbents		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (***alum hydroxide-mag carbonate***)	T1	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (***alum hydroxide-mag carbonate***)	T1	
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (***alum & mag hydroxide-simeth***)	T1	
aluminum hydroxide gel oral suspension 320 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml	T1	
antacid advanced oral suspension 400-400-40 mg/5ml	T1	
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	T1	
antacid calcium oral tablet chewable 500 mg	T1	
antacid calcium rich oral tablet chewable 500 mg	T1	
antacid extra strength oral tablet chewable 160-105 mg, 750 mg	T1	
antacid fast relief oral suspension 200-200-20 mg/5ml	T1	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG (***calcium carbonate antacid***)	T1	
antacid liquid oral suspension 200-200-20 mg/5ml	T1	
antacid m oral suspension 200-200-20 mg/5ml	T1	
antacid maximum oral tablet chewable 1000 mg	T1	
antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml	T1	
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	T1	
antacid oral tablet chewable 500 mg, 750 mg	T1	
antacid regular strength oral suspension 200-200-20 mg/5ml	T1	
antacid ultra strength oral tablet chewable 1000 mg	T1	
antacid/antigas oral suspension 400-400-40 mg/10ml	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
bismuth oral tablet chewable 262 mg	T1	
bismuth subsalicylate oral tablet chewable 262 mg	T1	
calcium antacid extra strength oral tablet chewable 750 mg	T1	
calcium antacid oral tablet chewable 500 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate antacid oral suspension 1250 mg/5ml	T1	
calcium carbonate antacid oral tablet 648 mg	T1	
calcium carbonate antacid oral tablet chewable 500 mg	T1	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (***calcium carbonate antacid***)	T1	
childrens pepto oral tablet chewable 400 mg	T1	
comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml	T1	
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	T1	
cvs antacid & anti-gas oral tablet chewable 1000-60 mg	T1	
cvs antacid extra strength oral tablet chewable 750 mg	T1	
cvs antacid kids oral tablet chewable 750 mg	T1	
cvs antacid plus antigas oral suspension 400-400-40 mg/5ml	T1	
cvs antacid supreme oral suspension 400-135 mg/5ml	T1	
cvs antacid ultra strength oral tablet chewable 1000 mg	T1	
cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	
cvs anti-diarrheal oral suspension 262 mg/15ml	T1	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG (***calcium carbonate antacid***)	T1	
cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml	T1	
cvs heartburn relief oral tablet chewable 160-105 mg	T1	
cvs smooth antacid extra st oral tablet chewable 750 mg	T1	
cvs stomach relief max st oral suspension 525 mg/15ml	T1	
cvs stomach relief oral suspension 525 mg/30ml	T1	
cvs stomach relief oral tablet 262 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs stomach relief oral tablet chewable 262 mg	T1	
diarrhea oral suspension 262 mg/15ml	T1	
eq antacid extra strength oral tablet chewable 750 mg	T1	
eq antacid maximum strength oral suspension 400-400-40 mg/5ml	T1	
eq antacid ultra strength oral tablet chewable 1000 mg	T1	
eq pink-bismuth oral tablet chewable 262 mg	T1	
eq stomach relief oral suspension 262 mg/15ml	T1	
eql stomach relief max st oral suspension 525 mg/15ml	T1	
eql stomach relief oral suspension 262 mg/15ml	T1	
eql stomach relief oral tablet chewable 262 mg	T1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (***alum & mag hydroxide-simeth***)	T1	
geri-lanta maximum strength oral suspension 400-400-40 mg/5ml	T1	
geri-lanta oral suspension 200-200-20 mg/5ml	T1	
geri-lanta supreme oral suspension 400-135 mg/5ml	T1	
geri-mox oral suspension 200-200-20 mg/5ml	T1	
gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	
gnp antacid & anti-gas oral tablet chewable 1000-60 mg	T1	
gnp antacid extra strength oral tablet chewable 160-105 mg, 750 mg	T1	
gnp antacid oral tablet chewable 500 mg	T1	
gnp antacid regular strength oral suspension 200-200-20 mg/5ml	T1	
gnp antacid ultra strength oral tablet chewable 1000 mg	T1	
gnp pink bismuth oral tablet 262 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
gnp stomach relief oral suspension 525 mg/30ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	T1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	T1	
goodsense antacid oral tablet chewable 750 mg	T1	
goodsense stomach relief oral suspension 525 mg/30ml	T1	
heartburn antacid ex st oral tablet chewable 160-105 mg	T1	
heartburn relief ex st oral suspension 254-237.5 mg/5ml	T1	
hm antacid extra strength oral tablet chewable 750 mg	T1	
hm stomach relief oral suspension 525 mg/30ml	T1	
hm stomach relief ultra oral suspension 525 mg/15ml	T1	
mag-al plus oral liquid 200-200-20 mg/5ml	T1	
mag-al plus xs oral liquid 400-400-40 mg/5ml	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
magnesium oxide oral tablet 400 mg	T1	
meijer antacid oral suspension 400-400-40 mg/5ml	T1	
mintox maximum strength oral suspension 400-400-40 mg/5ml	T1	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (***alum & mag hydroxide-simeth***)	T1	
pink bismuth oral suspension 262 mg/15ml	T1	
qc antacid extra strength oral tablet chewable 750 mg	T1	
qc antacid oral suspension 200-200-20 mg/5ml	T1	
qc antacid oral tablet chewable 500 mg	T1	
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	
qc diarrhea relief oral suspension 262 mg/15ml	T1	
qc heartburn antacid oral tablet chewable 160-105 mg	T1	
qc stomach relief oral tablet chewable 262 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml	T1	
ra antacid/anti-gas oral suspension 200-200-20 mg/5ml	T1	
ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml	T1	
ra stomach relief oral suspension 262 mg/15ml	T1	
sm antacid advanced max st oral suspension 400-400-40 mg/5ml	T1	
sm antacid advanced oral suspension 200-200-20 mg/5ml	T1	
sm antacid maximum strength oral suspension 400-400-40 mg/5ml	T1	
sm antacid oral suspension 400-400-40 mg/10ml	T1	
sm antacid oral tablet chewable 500 mg	T1	
sm calcium antacid ex st oral tablet chewable 750 mg	T1	
sm stomach relief oral tablet chewable 262 mg	T1	
smooth antacid extra strength oral tablet chewable 750 mg	T1	
stomach relief extra strength oral suspension 525 mg/15ml	T1	
stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	T1	
stomach relief oral tablet 262 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	
stomach relief ultra oral suspension 525 mg/15ml	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
Antidiarrhea Agents		
anti-diarrheal oral capsule 2 mg	T1	
anti-diarrheal oral tablet 2 mg	T1	
bismuth oral tablet chewable 262 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bismuth subsalicylate oral tablet chewable 262 mg	T1	
cvs anti-diarrheal oral capsule 2 mg	T1	
cvs anti-diarrheal oral suspension 262 mg/15ml	T1	
cvs anti-diarrheal oral tablet 2 mg	T1	
cvs stomach relief max st oral suspension 525 mg/15ml	T1	
cvs stomach relief oral suspension 525 mg/30ml	T1	
cvs stomach relief oral tablet 262 mg	T1	
cvs stomach relief oral tablet chewable 262 mg	T1	
diamode oral tablet 2 mg	T1	
diarrhea oral suspension 262 mg/15ml	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
eq anti-diarrheal oral capsule 2 mg	T1	
eq anti-diarrheal oral tablet 2 mg	T1	
eq pink-bismuth oral tablet chewable 262 mg	T1	
eq stomach relief oral suspension 262 mg/15ml	T1	
eql anti-diarrheal oral tablet 2 mg	T1	
eql stomach relief max st oral suspension 525 mg/15ml	T1	
eql stomach relief oral suspension 262 mg/15ml	T1	
eql stomach relief oral tablet chewable 262 mg	T1	
gnp anti-diarrheal oral capsule 2 mg	T1	
gnp anti-diarrheal oral tablet 2 mg	T1	
gnp pink bismuth oral tablet 262 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
gnp stomach relief oral suspension 525 mg/30ml	T1	
goodsense stomach relief oral suspension 525 mg/30ml	T1	
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	T1	
hm stomach relief oral suspension 525 mg/30ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hm stomach relief ultra oral suspension 525 mg/15ml	T1	
loperamide hcl oral capsule 2 mg	T1	
loperamide hcl oral tablet 2 mg	T1	
meijer anti-diarrheal oral tablet 2 mg	T1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	T1	
pink bismuth oral suspension 262 mg/15ml	T1	
qc anti-diarrheal oral capsule 2 mg	T1	
qc anti-diarrheal oral tablet 2 mg	T1	
qc diarrhea relief oral suspension 262 mg/15ml	T1	
qc stomach relief oral tablet chewable 262 mg	T1	
ra anti-diarrheal oral tablet 2 mg	T1	
ra stomach relief oral suspension 262 mg/15ml	T1	
sm anti-diarrheal oral capsule 2 mg	T1	
sm anti-diarrheal oral tablet 2 mg	T1	
sm stomach relief oral tablet chewable 262 mg	T1	
stomach relief extra strength oral suspension 525 mg/15ml	T1	
stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	T1	
stomach relief oral tablet 262 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	
stomach relief ultra oral suspension 525 mg/15ml	T1	
Antiemetics, Miscellaneous		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
Antiflatulents		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (***alum & mag hydroxide-simeth***)	T1	
aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml	T1	
antacid advanced oral suspension 400-400-40 mg/5ml	T1	
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	T1	
antacid fast relief oral suspension 200-200-20 mg/5ml	T1	
antacid liquid oral suspension 200-200-20 mg/5ml	T1	
antacid m oral suspension 200-200-20 mg/5ml	T1	
antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml	T1	
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	T1	
antacid regular strength oral suspension 200-200-20 mg/5ml	T1	
antacid/antigas oral suspension 400-400-40 mg/10ml	T1	
comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml	T1	
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	T1	
cvs antacid & anti-gas oral tablet chewable 1000-60 mg	T1	
cvs antacid plus antigas oral suspension 400-400-40 mg/5ml	T1	
cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs gas relief extra strength oral tablet chewable 125 mg	T1	
cvs gas relief oral tablet chewable 80 mg	T1	
drxchoice gas relief oral tablet chewable 80 mg	T1	
eq antacid maximum strength oral suspension 400-400-40 mg/5ml	T1	
eq gas relief extra strength oral tablet chewable 125 mg	T1	
eq gas relief oral capsule 125 mg	T1	
eql gas relief oral capsule 125 mg	T1	
gas relief extra strength oral capsule 125 mg	T1	
gas relief extra strength oral tablet chewable 125 mg	T1	
gas relief oral tablet chewable 80 mg	T1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (***alum & mag hydroxide-simeth***)	T1	
geri-lanta maximum strength oral suspension 400-400-40 mg/5ml	T1	
geri-lanta oral suspension 200-200-20 mg/5ml	T1	
geri-mox oral suspension 200-200-20 mg/5ml	T1	
gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	
gnp antacid & anti-gas oral tablet chewable 1000-60 mg	T1	
gnp antacid regular strength oral suspension 200-200-20 mg/5ml	T1	
gnp gas relief extra strength oral capsule 125 mg	T1	
gnp gas relief extra strength oral tablet chewable 125 mg	T1	
gnp gas relief oral tablet chewable 80 mg	T1	
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	T1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mag-al plus oral liquid 200-200-20 mg/5ml	T1	
mag-al plus xs oral liquid 400-400-40 mg/5ml	T1	
meijer antacid oral suspension 400-400-40 mg/5ml	T1	
mintox maximum strength oral suspension 400-400-40 mg/5ml	T1	
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG (***alum & mag hydroxide-simeth***)	T1	
qc antacid oral suspension 200-200-20 mg/5ml	T1	
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	T1	
qc gas relief extra strength oral capsule 125 mg	T1	
ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml	T1	
ra antacid/anti-gas oral suspension 200-200-20 mg/5ml	T1	
ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml	T1	
ra gas relief extra strength oral tablet chewable 125 mg	T1	
ra gas relief oral capsule 125 mg	T1	
simethicone oral capsule 125 mg	T1	
simethicone oral tablet chewable 125 mg, 80 mg	T1	
sm antacid advanced max st oral suspension 400-400-40 mg/5ml	T1	
sm antacid advanced oral suspension 200-200-20 mg/5ml	T1	
sm antacid maximum strength oral suspension 400-400-40 mg/5ml	T1	
sm antacid oral suspension 400-400-40 mg/10ml	T1	
sm gas relief oral tablet chewable 125 mg, 80 mg	T1	
Antihistamines (Gi Drugs)		
ANTIVERT ORAL TABLET 50 MG (***meclizine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
cvs motion sickness relief oral tablet chewable 25 mg	T1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (***meclizine hcl***)	T1	
DRAMAMINE ORAL TABLET 25 MG (***meclizine hcl***)	T1	
eql motion sickness relief oral tablet 25 mg	T1	
gnp motion sickness relief oral tablet 25 mg	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
meclizine hcl oral tablet chewable 25 mg	T1	
motion sickness relief oral tablet 25 mg	T1	
motion sickness relief oral tablet chewable 25 mg	T1	
motion-time oral tablet chewable 25 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
ra motion sickness relief oral tablet chewable 25 mg	T1	
sm motion sickness oral tablet 25 mg	T1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	T1	
travel-ease oral tablet 25 mg	T1	
trimethobenzamide hcl oral capsule 300 mg	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl oral tablet 0.5 mg, 1 mg	T1	PA
balsalazide disodium oral capsule 750 mg	T1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	T1	
mesalamine oral capsule delayed release 400 mg	T1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	T1	
mesalamine rectal enema 4 gm	T1	
mesalamine rectal suppository 1000 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SFROWASA RECTAL ENEMA 4 GM/60ML (***mesalamine***)	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Antiulcer Agents And Acid Suppress.,Misc		
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	T1	
Antiulcer Agents And Acid Suppressants		
aluminum hydroxide gel oral suspension 320 mg/5ml	T1	
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
antacid calcium oral tablet chewable 500 mg	T1	
antacid calcium rich oral tablet chewable 500 mg	T1	
antacid extra strength oral tablet chewable 750 mg	T1	
ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE 750 MG (***calcium carbonate antacid***)	T1	
antacid maximum oral tablet chewable 1000 mg	T1	
antacid oral tablet chewable 500 mg, 750 mg	T1	
antacid ultra strength oral tablet chewable 1000 mg	T1	
bismuth oral tablet chewable 262 mg	T1	
bismuth subsalicylate oral tablet chewable 262 mg	T1	
calcium antacid extra strength oral tablet chewable 750 mg	T1	
calcium antacid oral tablet chewable 500 mg	T1	
calcium carbonate antacid oral suspension 1250 mg/5ml	T1	
calcium carbonate antacid oral tablet 648 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate antacid oral tablet chewable 500 mg	T1	
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (***calcium carbonate antacid***)	T1	
childrens pepto oral tablet chewable 400 mg	T1	
clarithromycin er oral tablet extended release 24 hour 500 mg	T1	PA
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
cvs antacid extra strength oral tablet chewable 750 mg	T1	
cvs antacid kids oral tablet chewable 750 mg	T1	
cvs antacid ultra strength oral tablet chewable 1000 mg	T1	
cvs anti-diarrheal oral suspension 262 mg/15ml	T1	
CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE 750 MG (***calcium carbonate antacid***)	T1	
cvs smooth antacid extra st oral tablet chewable 750 mg	T1	
cvs stomach relief max st oral suspension 525 mg/15ml	T1	
cvs stomach relief oral suspension 525 mg/30ml	T1	
cvs stomach relief oral tablet 262 mg	T1	
cvs stomach relief oral tablet chewable 262 mg	T1	
diarrhea oral suspension 262 mg/15ml	T1	
eq antacid extra strength oral tablet chewable 750 mg	T1	
eq antacid ultra strength oral tablet chewable 1000 mg	T1	
eq pink-bismuth oral tablet chewable 262 mg	T1	
eq stomach relief oral suspension 262 mg/15ml	T1	
eql stomach relief max st oral suspension 525 mg/15ml	T1	
eql stomach relief oral suspension 262 mg/15ml	T1	
eql stomach relief oral tablet chewable 262 mg	T1	
gnp antacid extra strength oral tablet chewable 750 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp antacid oral tablet chewable 500 mg	T1	
gnp antacid ultra strength oral tablet chewable 1000 mg	T1	
gnp pink bismuth oral tablet 262 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
gnp stomach relief oral suspension 525 mg/30ml	T1	
goodsense antacid oral tablet chewable 750 mg	T1	
goodsense stomach relief oral suspension 525 mg/30ml	T1	
hm antacid extra strength oral tablet chewable 750 mg	T1	
hm stomach relief oral suspension 525 mg/30ml	T1	
hm stomach relief ultra oral suspension 525 mg/15ml	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
magnesium oxide oral tablet 400 mg	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
pink bismuth oral suspension 262 mg/15ml	T1	
qc antacid extra strength oral tablet chewable 750 mg	T1	
qc antacid oral tablet chewable 500 mg	T1	
qc diarrhea relief oral suspension 262 mg/15ml	T1	
qc stomach relief oral tablet chewable 262 mg	T1	
ra stomach relief oral suspension 262 mg/15ml	T1	
sm antacid oral tablet chewable 500 mg	T1	
sm calcium antacid ex st oral tablet chewable 750 mg	T1	
sm stomach relief oral tablet chewable 262 mg	T1	
smooth antacid extra strength oral tablet chewable 750 mg	T1	
stomach relief extra strength oral suspension 525 mg/15ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	T1	
stomach relief oral tablet 262 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	
stomach relief ultra oral suspension 525 mg/15ml	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	
Cathartics And Laxatives		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (***alum hydroxide-mag carbonate***)	T1	
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (***alum hydroxide-mag carbonate***)	T1	
antacid extra strength oral tablet chewable 160-105 mg	T1	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	T1	
bisacodyl ec oral tablet delayed release 5 mg	T1	
bisacodyl laxative rectal suppository 10 mg	T1	
bisacodyl oral tablet delayed release 5 mg	T1	
bisacodyl rectal suppository 10 mg	T1	
cvs epsom salt oral granules	T1	
cvs gentle laxative oral tablet delayed release 5 mg	T1	
cvs gentle laxative rectal suppository 10 mg	T1	
cvs gentle laxative womens oral tablet delayed release 5 mg	T1	
cvs heartburn relief ex st oral suspension 254-237.5 mg/5ml	T1	
cvs heartburn relief oral tablet chewable 160-105 mg	T1	
cvs magnesium citrate oral solution 1.745 gm/30ml	T1	
CVS PURELAX ORAL PACKET 17 GM (***polyethylene glycol 3350***)	T1	
cvs senna oral tablet 8.6 mg	T1	
cvs senna plus oral tablet 8.6-50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs stool softener oral capsule 100 mg, 250 mg, 50 mg	T1	
cvs stool softener/laxative oral tablet 8.6-50 mg	T1	
docusate mini rectal enema 283 mg/5ml	T1	
docusate sodium oral capsule 100 mg, 250 mg	T1	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	T1	
docuzen oral tablet 8.6-50 mg	T1	
dss oral capsule 100 mg, 250 mg	T1	
easy-lax oral capsule 100 mg	T1	
easy-lax plus oral tablet 8.6-50 mg	T1	
epsom salt oral granules	T1	
eq gentle laxative oral tablet delayed release 5 mg	T1	
eq magnesium citrate oral solution 1.745 gm/30ml	T1	
eq senna-s oral tablet 8.6-50 mg	T1	
eq stool softener oral capsule 100 mg	T1	
eq stool softener/laxative oral tablet 8.6-50 mg	T1	
eq vegetable laxative oral tablet 8.6 mg	T1	
eql epsom salt granules	T1	
eql gentle laxative oral tablet delayed release 5 mg	T1	
eql laxative maximum strength oral tablet 25 mg	T1	
eql senna laxative oral tablet 8.6 mg	T1	
eql senna-s oral tablet 8.6-50 mg	T1	
eql stool softener oral capsule 100 mg	T1	
gavilax oral packet 17 gm	T1	
gavilax oral powder 17 gm/scoop	T1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (***peg 3350-kcl-nabcb-nacl-nasulf***)	T1	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	T1	
gentle laxative oral tablet delayed release 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentle laxative rectal suppository 10 mg	T1	
gentlelax oral powder 17 gm/scoop	T1	
geri-kot oral tablet 8.6 mg	T1	
gnp antacid extra strength oral tablet chewable 160-105 mg	T1	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
gnp epsom salt oral granules	T1	
gnp gentle laxative oral tablet delayed release 5 mg	T1	
gnp gentle laxative rectal suppository 10 mg	T1	
gnp magnesium citrate oral solution 1.745 gm/30ml	T1	
gnp senna lax oral tablet 8.6 mg	T1	
gnp senna plus oral tablet 8.6-50 mg	T1	
gnp stool softener ex st oral capsule 250 mg	T1	
gnp stool softener oral capsule 100 mg, 250 mg	T1	
gnp stool softener/laxative oral tablet 8.6-50 mg	T1	
gnp womens gentle laxative oral tablet delayed release 5 mg	T1	
goodsense bisacodyl laxative oral tablet delayed release 5 mg	T1	
goodsense magnesium citrate oral solution 1.745 gm/30ml	T1	
goodsense senna laxative oral tablet 8.6 mg	T1	
goodsense stool softener oral capsule 100 mg	T1	
heartburn antacid ex st oral tablet chewable 160-105 mg	T1	
heartburn relief ex st oral suspension 254-237.5 mg/5ml	T1	
HM CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
hm stool softener oral capsule 100 mg	T1	
hm stool softener/laxative oral tablet 8.6-50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
kp bisacodyl oral tablet delayed release 5 mg	T1	
kp senna oral tablet 8.6 mg	T1	
laxacin oral tablet 8.6-50 mg	T1	
laxative rectal suppository 10 mg	T1	
magnesium citrate oral solution 1.745 gm/30ml	T1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	T1	
natural senna laxative oral tablet 8.6 mg	T1	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (***magnesium citrate***)	T1	
ONELAX RECTAL SUPPOSITORY 10 MG (***bisacodyl***)	T1	
PEDIA-LAX ORAL LIQUID 50 MG/15ML (***docusate sodium***)	T1	
peg 3350 oral packet 17 gm	T1	
peg 3350 oral powder 17 gm/scoop	T1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	T1	
peg-3350/electrolytes oral solution reconstituted 236 gm	T1	
PLURONIC F127 POWDER (***poloxamer***)	T1	
polyethylene glycol 3350 oral packet 17 gm, 4 gm, 4.25 gm	T1	
polyethylene glycol 3350 oral powder 17 gm/scoop	T1	
qc gentle laxative rectal suppository 10 mg	T1	
qc heartburn antacid oral tablet chewable 160-105 mg	T1	
qc magnesium citrate oral solution 1.745 gm/30ml	T1	
qc natura-lax oral powder 17 gm/scoop	T1	
qc stool softener oral capsule 100 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc stool softener pls laxative oral tablet 8.6-50 mg	T1	
qc vegetable laxative oral tablet 8.6 mg	T1	
ra col-rite oral capsule 100 mg, 250 mg	T1	
ra epsom salt granules	T1	
ra epsom salt oral granules	T1	
ra fast relief laxative rectal suppository 10 mg	T1	
ra laxative oral powder 17 gm/scoop	T1	
ra laxative oral tablet delayed release 5 mg	T1	
ra magnesium citrate oral solution 1.745 gm/30ml	T1	
ra p col-rite oral tablet 8.6-50 mg	T1	
ra stool softener oral capsule 100 mg	T1	
ra womens laxative oral tablet delayed release 5 mg	T1	
senexon-s oral tablet 8.6-50 mg	T1	
senna laxative oral tablet 8.6 mg	T1	
senna oral tablet 8.6 mg	T1	
senna plus oral tablet 8.6-50 mg	T1	
senna s oral tablet 8.6-50 mg	T1	
senna-docusate sodium oral tablet 8.6-50 mg	T1	
senna-lax oral tablet 8.6 mg	T1	
senna-plus oral tablet 8.6-50 mg	T1	
senna-s oral tablet 8.6-50 mg	T1	
senna-tabs oral tablet 8.6 mg	T1	
senna-time oral tablet 8.6 mg	T1	
senna-time s oral tablet 8.6-50 mg	T1	
sennosides oral tablet 8.6 mg	T1	
sennosides-docusate sodium oral tablet 8.6-50 mg	T1	
silace oral liquid 150 mg/15ml	T1	
sm epsom salt oral granules	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm gentle laxative oral tablet delayed release 5 mg	T1	
sm magnesium citrate oral solution 1.745 gm/30ml	T1	
sm senna laxative oral tablet 8.6 mg	T1	
sm senna-s oral tablet 8.6-50 mg	T1	
sm stool softener oral capsule 100 mg	T1	
sm stool softener oral tablet 100 mg	T1	
sm stool softener/laxative oral tablet 8.6-50 mg	T1	
SMOOTH LAX ORAL PACKET 17 GM (***polyethylene glycol 3350***)	T1	
sorbitol oral solution 70 %	T1	
sorbitol rectal solution 70 %	T1	
sorbitol solution 70 %	T1	
stimulant laxative oral tablet 8.6-50 mg	T1	
stool softener laxative oral capsule 100 mg	T1	
stool softener oral capsule 100 mg, 250 mg	T1	
stool softener oral liquid 50 mg/5ml	T1	
stool softener oral tablet 100 mg	T1	
stool softener plus laxative oral tablet 8.6-50 mg	T1	
stool softener/laxative oral tablet 50-8.6 mg	T1	
tri-buffered aspirin oral tablet 325 mg	T1	
vegetable lax+stool softener oral tablet 8.6-50 mg	T1	
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	T1	
ursodiol oral tablet 250 mg, 500 mg	T1	
Digestants		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (***pancrelipase (lip-prot-amyl)***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	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, 60000-189600 UNIT (***pancrelipase (lip-prot-amyl)***)	T1	
Gi Drugs, Miscellaneous		
adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
ALLI ORAL CAPSULE 60 MG (***orlistat***)	T1	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T1	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	T1	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T1	PA
lubiprostone oral capsule 24 mcg, 8 mcg	T1	PA
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T1	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T1	
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T1	PA
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T1	PA
Histamine H2-Antagonists		
acid controller max st oral tablet 20 mg	T1	
acid controller oral tablet 10 mg	T1	
acid reducer maximum strength oral tablet 20 mg	T1	
acid reducer oral tablet 10 mg	T1	
cimetidine 200 oral tablet 200 mg	T1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	
cvs acid controller max st oral tablet 20 mg	T1	
cvs acid controller oral tablet 10 mg	T1	
cvs heartburn relief oral tablet 200 mg	T1	
eq acid reducer oral tablet 10 mg, 200 mg	T1	
eq famotidine max st oral tablet 20 mg	T1	
eql heartburn prevention oral tablet 10 mg, 20 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
famotidine maximum strength oral tablet 20 mg	T1	
famotidine oral suspension reconstituted 40 mg/5ml	T1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	T1	
famotidine orig st oral tablet 10 mg	T1	
gnp acid reducer max st oral tablet 20 mg	T1	
gnp acid reducer oral tablet 10 mg	T1	
heartburn relief max st oral tablet 20 mg	T1	
heartburn relief oral tablet 10 mg	T1	
kls acid controller max st oral tablet 20 mg	T1	
qc acid controller max st oral tablet 20 mg	T1	
qc acid controller oral tablet 10 mg	T1	
ra acid reducer max st oral tablet 20 mg	T1	
ra acid reducer oral tablet 10 mg	T1	
sm acid reducer max st oral tablet 20 mg	T1	
sm acid reducer oral tablet 10 mg, 200 mg	T1	
ZANTAC 360 MAX ST ORAL TABLET 20 MG (***famotidine***)	T1	
ZANTAC 360 ORAL TABLET 10 MG (***famotidine***)	T1	
Immunomodulatory Agent		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T1	PA
Lipotropic Agents		
b complex formula 1 (lipotrop) oral tablet	T1	
balance b-100 oral tablet	T1	
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	T1	PA
aprepitant oral 80 & 125 mg	T1	QL (30 EA per 30 days)
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	T1	QL (30 EA per 30 days)
aprepitant oral capsule 40 mg	T1	QL (1 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prokinetic Agents		
metoclopramide hcl injection solution 5 mg/ml	T1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet 10 mg, 5 mg	T1	
Prostaglandins		
misoprostol oral tablet 100 mcg, 200 mcg	T1	
Protectants		
sucralfate oral suspension 1 gm/10ml	T1	
sucralfate oral tablet 1 gm	T1	
Proton-Pump Inhibitors		
acid reducer oral capsule delayed release 20.6 (20 base) mg	T1	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	T1	PA
cvs esomeprazole magnesium oral capsule delayed release 20 mg	T1	
cvs lansoprazole oral tablet delayed release dispersible 15 mg	T1	QL (30 EA per 30 days); AL (Max 9 Years)
cvs omeprazole magnesium oral capsule delayed release 20 mg, 20.6 mg	T1	
eq lansoprazole oral capsule delayed release 15 mg	T1	
eq omeprazole magnesium oral capsule delayed release 20 mg	T1	
eql lansoprazole oral capsule delayed release 15 mg	T1	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	T1	
gnp esomeprazole magnesium oral capsule delayed release 20 mg	T1	
gnp lansoprazole oral capsule delayed release 15 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp omeprazole oral capsule delayed release 20.6 (20 base) mg	T1	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG (***esomeprazole magnesium***)	T1	
goodsense lansoprazole oral capsule delayed release 15 mg	T1	
hm esomeprazole magnesium dr oral capsule delayed release 20 mg	T1	
kls esomeprazole magnesium oral capsule delayed release 20 mg	T1	
kls lansoprazole oral capsule delayed release 15 mg	T1	
kp omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	T1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	T1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	T1	QL (30 EA per 30 days); AL (Max 9 Years)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	T1	
omeprazole oral capsule delayed release 10 mg, 20 mg	T1	
omeprazole oral capsule delayed release 40 mg	T1	QL (60 EA per 30 days)
pantoprazole sodium intravenous solution reconstituted 40 mg	T1	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	T1	
qc esomeprazole magnesium oral capsule delayed release 20 mg	T1	
qc lansoprazole oral capsule delayed release 15 mg	T1	
qc omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	T1	
ra esomeprazole magnesium oral capsule delayed release 20 mg	T1	
rabeprazole sodium oral tablet delayed release 20 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm esomeprazole magnesium oral capsule delayed release 20 mg	T1	
sm lansoprazole oral capsule delayed release 15 mg	T1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	T1	PA
deferiprone oral tablet 1000 mg, 500 mg	T1	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	T1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (***deferiprone***)	T1	PA
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
pentetate calcium trisodium combination solution 200 mg/ml	T1	
pentetate zinc trisodium combination solution 200 mg/ml	T1	
trientine hcl oral capsule 250 mg	T1	PA
Hormones And Synthetic Substitutes		
Adrenals		
allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
allergy spray 24 hour nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	T1	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***mometasone furoate***)	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T1	PA
budesonide er oral tablet extended release 24 hour 9 mg	T1	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
budesonide oral capsule delayed release particles 3 mg	T1	QL (90 EA per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (20.4 GM per 30 days)
cvs fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (***dexamethasone***)	T1	
dexamethasone oral elixir 0.5 mg/5ml	T1	
dexamethasone oral solution 0.5 mg/5ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral tablet therapy pack 1.5 mg (51)	T1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T1	
eq allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T1	QL (18.6 ML per 30 days)
fludrocortisone acetate oral tablet 0.1 mg	T1	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 GM per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	
gnp fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
hm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablet therapy pack 4 mg	T1	
prednisolone oral solution 15 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral tablet 5 mg	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T1	
prednisone oral solution 5 mg/5ml	T1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	T1	
qc allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T1	
sm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T1	PA
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	T1	ST
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (***testosterone***)	T1	PA
est estrogens-methyltest (Covaryx Hs Oral Tablet 0.625-1.25 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
est estrogens-methyltest (Covaryx Oral Tablet 1.25-2.5 Mg)	T1	
danazol oral capsule 100 mg, 200 mg, 50 mg	T1	PA
est estrogens-methyltest (Eemt Hs Oral Tablet 0.625-1.25 Mg)	T1	
est estrogens-methyltest (Eemt Oral Tablet 1.25-2.5 Mg)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	
methyltestosterone oral capsule 10 mg	T1	PA
testosterone cypionate injection solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution 200 mg/ml	T1	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA
Antiestrogens		
anastrozole oral tablet 1 mg	T1	QL (30 EA per 30 days)
exemestane oral tablet 25 mg	T1	
letrozole oral tablet 2.5 mg	T1	QL (30 EA per 30 days)
Antigonadtropins		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	T1	QL (1 EA per 30 days)
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T1	PA
Antiparathyroid Agents		
calcitonin (salmon) nasal solution 200 unit/act	T1	
Antithyroid Agents		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IOSAT ORAL TABLET 65 MG (***potassium iodide (antidote)***)	T1	
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil oral tablet 50 mg	T1	
Biguanides		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
glyburide-metformin oral tablet 1.25-250 mg	T1	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	T1	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	T1	ST
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	T1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	T1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (***dapagliflozin prop-metformin***)	T1	QL (30 EA per 30 days)
Contraceptives		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
briellyn oral tablet 0.4-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T1	PA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T1	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T1	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	T1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	T1	ST
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	T1	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	T1	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	T1	ST
Estrogen Agonist-Antagonists		
raloxifene hcl oral tablet 60 mg	T1	
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
toremifene citrate oral tablet 60 mg	T1	
Estrogens		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (***estradiol-levonorgestrel***)	T1	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	T1	ST
est estrogens-methyltest (Covaryx Hs Oral Tablet 0.625-1.25 Mg)	T1	
est estrogens-methyltest (Covaryx Oral Tablet 1.25-2.5 Mg)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	T1	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
est estrogens-methyltest (Eemt Hs Oral Tablet 0.625-1.25 Mg)	T1	
est estrogens-methyltest (Eemt Oral Tablet 1.25-2.5 Mg)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	
estradiol vaginal cream 0.1 mg/gm	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	PA
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (***estradiol***)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (***estradiol acetate***)	T1	PA
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	PA
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	PA
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
marlissa oral tablet 0.15-30 mg-mcg	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***esterified estrogens***)	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	T1	PA
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	PA
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	T1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T1	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Glycogenolytic Agents		

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl rdna (diagnostic)***)	T1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl (rdna)***)	T1	
glucagon emergency injection kit 1 mg	T1	
glucagon emergency injection solution reconstituted 1 mg/ml	T1	
Gonadotropins		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T1	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	T1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T1	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	T1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	T1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T1	QL (1 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T1	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
Incretin Mimetics		
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (***exenatide***)	T1	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (***exenatide***)	T1	PA
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (***tirzepatide***)	T1	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (***semaglutide***)	T1	ST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T1	ST; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	T1	ST; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide***)	T1	ST; QL (9 ML per 28 days)
Intermediate-Acting Insulins		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (120 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (120 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (120 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	T1	QL (120 ML per 30 days)
Long-Acting Insulins		
insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin glargine subcutaneous solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	T1	QL (30 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	T1	QL (30 ML per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin detemir***)	T1	QL (30 ML per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	T1	QL (30 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine-aglr***)	T1	QL (30 ML per 30 days)
Meglitinides		
nateglinide oral tablet 120 mg, 60 mg	T1	PA
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	T1	PA
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T1	PA
desmopressin ace spray refrig nasal solution 0.01 %	T1	PA
desmopressin acetate injection solution 4 mcg/ml	T1	PA
desmopressin acetate nasal solution 1.5 mg/ml	T1	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate pf injection solution 4 mcg/ml	T1	PA
desmopressin acetate spray nasal solution 0.01 %	T1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (***somatropin***)	T1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (***somatropin***)	T1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (***somatropin***)	T1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (***somatropin***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (***somatropin***)	T1	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (***somatropin (non-refrigerated)***)	T1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (***somatropin (non-refrigerated)***)	T1	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (***somatropin***)	T1	PA
Progestins		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (***estradiol-levonorgestrel***)	T1	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	T1	ST
CRINONE VAGINAL GEL 4 %, 8 % (***progesterone***)	T1	PA
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T1	PA
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T1	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	PA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	PA
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	T1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	T1	PA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T1	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T1	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T1	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T1	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acetate oral tablet 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	PA
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	T1	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T1	
progesterone oral capsule 100 mg, 200 mg	T1	QL (30 EA per 30 days)
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T1	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Rapid-Acting Insulins		
APIDRA INJECTION SOLUTION 100 UNIT/ML (***insulin glulisine***)	T1	QL (30 ML per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glulisine***)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	T1	QL (30 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin lispro***)	T1	QL (30 ML per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart injection solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	T1	PA
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro injection solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	T1	QL (30 ML per 30 days)
Short-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T1	QL (120 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular human***)	T1	PA
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T1	QL (120 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	T1	QL (120 ML per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T1	QL (120 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	T1	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	T1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T1	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	T1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	T1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (***dapagliflozin prop-metformin***)	T1	QL (30 EA per 30 days)
Somatostatin Agonists		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T1	
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (***somatropin***)	T1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (***somatropin***)	T1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (***somatropin***)	T1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (***somatropin***)	T1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (***somatropin***)	T1	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (***somatropin (non-refrigerated)***)	T1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (***somatropin (non-refrigerated)***)	T1	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (***somatropin***)	T1	PA
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (***pegvisomant***)	T1	
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
glipizide oral tablet 10 mg, 5 mg	T1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	T1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T1	
glyburide-metformin oral tablet 1.25-250 mg	T1	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
Thiazolidinediones		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Agents		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid***)	T1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid***)	T1	
levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	T1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	T1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid***)	T1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	T1	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	T1	
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	T1	
Local Anesthetics (Parenteral)		
Local Anesthetics (Parenteral)		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml	T1	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	T1	
bupivacaine hcl injection solution 0.25 %, 0.5 %	T1	
bupivacaine hcl-nacl epidural solution 0.125-0.9 %	T1	
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	T1	
bupivacaine spinal intrathecal solution 0.75-8.25 %	T1	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	T1	
chloroprocaine hcl (pf) injection solution 2 %	T1	
fentanyl cit-ropivacaine-nacl epidural solution 0.2-0.2-0.9 mg/100ml-%, 0.5-0.2-0.9 mg/250ml-%	T1	
fentanyl-bupivacaine-nacl epidural solution 0.2-0.1-0.9 mg/100ml-%, 0.2-0.125-0.9 mg/100ml-%, 0.5-0.1-0.9 mg/250ml-%, 0.5-0.125-0.9 mg/250ml-%	T1	
lidocaine hcl (pf) injection solution 0.5 %	T1	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	T1	
lidocaine hcl injection solution prefilled syringe 200 mg/10ml	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000	T1	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (***mepivacaine hcl***)	T1	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (***mepivacaine hcl***)	T1	
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	T1	
bupivacaine hcl (Sensorcaine-Mpf Injection Solution 0.75 %)	T1	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)	T1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000 (***lidocaine-epinephrine***)	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
finasteride oral tablet 5 mg	T1	
Alcohol Deterrents		
disulfiram oral tablet 250 mg, 500 mg	T1	
naltrexone hcl oral tablet 50 mg	T1	
Antidotes		
acetylcysteine inhalation solution 10 %, 20 %	T1	
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	PA
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl rdna (diagnostic)***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl (rdna)***)	T1	
glucagon emergency injection kit 1 mg	T1	
glucagon emergency injection solution reconstituted 1 mg/ml	T1	
IOSAT ORAL TABLET 65 MG (***potassium iodide (antidote)***)	T1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
leucovorin calcium oral tablet 5 mg	T1	
magnesium sulfate injection solution 50 %	T1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	QL (2 ML per 180 days)
naltrexone hcl oral tablet 50 mg	T1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	T1	
phytonadione oral tablet 5 mg	T1	
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	T1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T1	QL (1 ML per 180 days)
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral capsule 0.6 mg	T1	PA
colchicine oral tablet 0.6 mg	T1	QL (30 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	T1	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	T1	
indomethacin er oral capsule extended release 75 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral suspension 25 mg/5ml	T1	
naproxen oral suspension 125 mg/5ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen oral tablet delayed release 375 mg, 500 mg	T1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
probenecid oral tablet 500 mg	T1	
Bone Resorption Inhibitors		
alendronate sodium oral solution 70 mg/75ml	T1	QL (75 ML per 30 days)
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	T1	
calcitonin (salmon) nasal solution 200 unit/act	T1	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	
estradiol vaginal cream 0.1 mg/gm	T1	
estradiol vaginal tablet 10 mcg	T1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (***estradiol***)	T1	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (***estradiol acetate***)	T1	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT (***alendronate-cholecalciferol***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibandronate sodium oral tablet 150 mg	T1	QL (1 EA per 28 days)
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	T1	QL (8 EA per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***esterified estrogens***)	T1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T1	
raloxifene hcl oral tablet 60 mg	T1	
risedronate sodium oral tablet 5 mg	T1	QL (30 EA per 30 days)
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
zoledronic acid intravenous concentrate 4 mg/5ml	T1	QL (0.51 ML per 30 days)
Cariostatic Agents		
sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 % (***stannous fluoride***)	T1	
PREVIDENT DENTAL GEL 1.1 % (***sodium fluoride***)	T1	
sf 5000 plus dental cream 1.1 %	T1	
sf dental gel 1.1 %	T1	
sodium fluoride 5000 plus dental cream 1.1 %	T1	
sodium fluoride 5000 ppm dental cream 1.1 %	T1	
sodium fluoride dental cream 1.1 %	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
vitamins acd-fluoride oral solution 0.25 mg/ml	T1	
Complement Inhibitors		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (***c1 esterase inhibitor (human)***)	T1	PA
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	T1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	T1	PA
adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
azathioprine oral tablet 50 mg	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T1	PA
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T1	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T1	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T1	PA
penicillamine oral capsule 250 mg	T1	PA
penicillamine oral tablet 250 mg	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	T1	PA
Immunomodulatory Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	T1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	T1	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (***interferon gamma-1b***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml	T1	QL (4 EA per 28 days)
adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T1	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	T1	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
azathioprine oral tablet 50 mg	T1	
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
fingolimod hcl oral capsule 0.5 mg	T1	PA
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	T1	
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	T1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T1	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T1	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T1	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T1	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T1	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T1	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (***lenalidomide***)	T1	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	T1	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	T1	PA
Immunosuppressive Agents		
azathioprine oral tablet 50 mg	T1	
cyclophosphamide oral tablet 25 mg, 50 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
leflunomide oral tablet 10 mg, 20 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
mycophenolate mofetil oral capsule 250 mg	T1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	T1	
mycophenolate mofetil oral tablet 500 mg	T1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	T1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	T1	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	T1	
pimecrolimus external cream 1 %	T1	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	T1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	T1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sirolimus oral solution 1 mg/ml	T1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
Kallikrein-Kinin System Inhibitors		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (***c1 esterase inhibitor (human)***)	T1	PA
Other Miscellaneous Therapeutic Agents		
betaine oral powder	T1	
bp vit 3 oral capsule 1 mg	T1	
calcium d-glucarate oral capsule 500 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs fish oil oral capsule 1000 mg	T1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	T1	
dalfampridine er oral tablet extended release 12 hour 10 mg	T1	PA
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (***sodium hyaluronate (viscosup)***)	T1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	T1	PA
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	T1	
eql fish oil oral capsule 1000 mg	T1	
fish oil concentrate oral capsule 1000 mg, 300 mg	T1	
fish oil omega-3 oral capsule 1000 mg	T1	
fish oil oral capsule 1000 mg	T1	
fish oil oral capsule delayed release 1000 mg	T1	
gnp fish oil oral capsule 1000 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp fish oil oral capsule delayed release 1000 mg	T1	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	T1	
levocarnitine oral tablet 330 mg	T1	
levocarnitine sf oral solution 1 gm/10ml	T1	
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T1	PA
metyrosine oral capsule 250 mg	T1	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	T1	
odorless coated fish oil oral capsule delayed release 1000 mg	T1	
omega 3 oral capsule 1000 mg	T1	
omega-3 fatty acids oral capsule 1000 mg	T1	
omega-3 fish oil oral capsule 1000 mg	T1	
omega-3 oral capsule 1000 mg	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
sm fish oil oral capsule 1000 mg	T1	
sm fish oil oral capsule delayed release 1000 mg	T1	
urin ds oral tablet 81.6 mg	T1	
urneva oral capsule 120 mg	T1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T1	PA
Protective Agents		
MESNEX ORAL TABLET 400 MG (***mesna***)	T1	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aimsco lubricated	T1	
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	T1	
DUREX REALFEEL DEVICE (***condoms non-latex lubricated***)	T1	
FANTASY LUBRICATED (***condoms latex lubricated***)	T1	
FANTASY LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T1	
FC2 FEMALE CONDOM (***condoms - female***)	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	T1	
kimono	T1	
kimono micro thin	T1	
kimono micro thin plus	T1	
kimono sensation	T1	
kimono sensation plus	T1	
maxx	T1	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (***nonoxynol-9***)	T1	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	T1	
TODAY SPONGE VAGINAL 1000 MG (***nonoxynol-9***)	T1	
TRUSTEX LUB/RIBBED/STUDDED (***condoms latex lubricated***)	T1	
TRUSTEX LUB/SPERMICIDE EX ST (***condoms latex lubricated***)	T1	
TRUSTEX LUB/SPERMICIDE XL (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED EX LARGE (***condoms latex lubricated***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUBRICATED EXTRA ST (***condoms latex lubricated***)	T1	
TRUSTEX LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T1	
TRUSTEX NON-LUBRICATED (***condoms latex non-lubricated***)	T1	
TRUSTEX RIA LUB/SPERMICIDE (***condoms latex lubricated***)	T1	
TRUSTEX RIA LUBRICATED (***condoms latex lubricated***)	T1	
TRUSTEX RIA NON-LUBRICATED (***condoms latex non-lubricated***)	T1	
TRUSTEX-NONOXYNOL-9/RIB/STUD (***condoms latex lubricated***)	T1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (***nonoxynol-9***)	T1	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (***nonoxynol-9***)	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T1	
Oxytocics		
Oxytocics		
methylergonovine maleate injection solution 0.2 mg/ml	T1	
methylergonovine maleate oral tablet 0.2 mg	T1	QL (28 EA per 7 days)
mifepristone oral tablet 200 mg	T1	
oxytocin injection solution 10 unit/ml	T1	
Pharmaceutical Aids		
Pharmaceutical Aids		
bacteriostatic water(benz alc) injection solution	T1	
sterile water for injection injection solution	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
12 hour decongestant oral tablet extended release 12 hour 120 mg	T1	
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
cvs nasal decongestant oral tablet 30 mg	T1	
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	T1	
epinephrine injection solution 1 mg/ml	T1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	QL (4 EA per 180 days)
epinephrine injection solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf injection solution 1 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql nasal decongestant oral tablet 30 mg	T1	
gnp nasal decongestant oral tablet 30 mg	T1	
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	T1	
kp pseudoephedrine hcl oral tablet 30 mg, 60 mg	T1	
meijer nasal decongestant oral tablet 30 mg	T1	
nasal decongestant d oral tablet 30 mg	T1	
nasal decongestant oral tablet 30 mg	T1	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	T1	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	T1	
qc nasal decongestant pe oral tablet 30 mg	T1	
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	T1	
ra sinus/congestion relief oral tablet extended release 12 hour 120 mg	T1	
ra suphedrine oral tablet 30 mg	T1	
ra suphedrine oral tablet extended release 12 hour 120 mg	T1	
sinus 12 hour oral tablet extended release 12 hour 120 mg	T1	
sm nasal decongestant max st oral tablet 30 mg	T1	
sm nasal decongestant oral tablet extended release 12 hour 120 mg	T1	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	T1	
suphedrine 12hour oral tablet extended release 12 hour 120 mg	T1	
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (***pseudoephedrine hcl***)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-PHED D ORAL TABLET 30 MG (***pseudoephedrine hcl***)	T1	
Anticholinergic Agents (Respir.Tract)		
atropine sulfate injection solution 8 mg/20ml	T1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	T1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T1	
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide monohydrate***)	T1	QL (4 GM per 30 days)
tiotropium bromide monohydrate inhalation capsule 18 mcg	T1	
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***mepolizumab***)	T1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	T1	PA
Antitussives		
actidom dmx oral liquid 10-30-200 mg/5ml	T1	
aler-cap oral capsule 25 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg	T1	
benzonatate oral capsule 100 mg, 200 mg	T1	
biodesp dm oral syrup 5-15-100 mg/5ml	T1	
bio-dtuss dmx oral liquid 30-1-20 mg/5ml	T1	
bio-rytuss oral liquid 5-2-10 mg/5ml	T1	
chest congestion relief dm oral syrup 10-100 mg/5ml	T1	
childrens cough oral liquid 5-100 mg/5ml	T1	
childrens mucus relief cough oral liquid 5-100 mg/5ml	T1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	T1	
coditussin ac oral liquid 200-10 mg/5ml	T1	
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cough & chest congestion dm oral liquid 5-100 mg/5ml	T1	
cough & congestion kids oral liquid 5-100 mg/5ml	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs chest congest/cough child oral liquid 5-100 mg/5ml	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs cold & cough childrens oral solution 2.5-5 mg/5ml	T1	
cvs cough & chest congestion oral liquid 20-400 mg/20ml	T1	
cvs dm maximum adult oral liquid 5-100 mg/5ml	T1	
cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs mucus dm extended release oral tablet extended release 12 hour 60-1200 mg	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
cvs tussin dm max st oral liquid 20-400 mg/20ml	T1	
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
despec dm oral syrup 5-10-100 mg/5ml	T1	
despec dm-g oral syrup 5-10-100 mg/5ml	T1	
despec eda oral liquid 2.5-5-50 mg/ml	T1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	T1	
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg	T1	
dometuss-dmx oral liquid 10-30-200 mg/5ml	T1	
ed-a-hist dm oral liquid 10-4-15 mg/5ml	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	
eq allergy relief oral tablet 25 mg	T1	
eq cough childrens oral liquid 5-100 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq mucus relief dm oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	T1	
g tussin ac oral solution 100-10 mg/5ml	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
GILTUSS ALLERGY COUGH & CONGES ORAL LIQUID 5-2-10 MG/5ML (***phenylephrine-chlorphen-dm***)	T1	
glenmax peb dm oral liquid 5-2-10 mg/5ml	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	T1	
gnp tussin dm cough oral liquid 100-10 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp tussin dm max oral liquid 20-400 mg/20ml	T1	
goodsense tussin cf oral liquid 5-10-100 mg/5ml	T1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	T1	
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	T1	
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML (***phenylephrine-dm-gg***)	T1	
guaiatussin ac oral syrup 100-10 mg/5ml	T1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	T1	
guaifenesin-dm oral syrup 100-10 mg/5ml	T1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	T1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	T1	
hydromet oral solution 5-1.5 mg/5ml	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
lohist-dm oral syrup 5-2-10 mg/5ml	T1	
maxi-tuss ac oral solution 100-10 mg/5ml	T1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	T1	
maxi-tuss jr oral liquid 2.5-5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
mucus relief cough childrens oral liquid 5-100 mg/5ml	T1	
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml	T1	
mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	T1	
mucus relief dm oral liquid 20-400 mg/20ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mucus relief dm oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)
mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg	T1	
neotuss oral liquid 30-200 mg/5ml	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
nohist-dm oral liquid 10-4-15 mg/5ml	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
pres gen pediatric oral liquid 2.5-5-75 mg/5ml	T1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days); AL (Min 19 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
qc tussin cf oral liquid 5-10-100 mg/5ml	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	T1	
ra tussin dm oral liquid 100-10 mg/5ml	T1	
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	T1	
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (***phenylephrine-dm-gg***)	T1	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5ML (***chlorpheniramine-dm***)	T1	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
sm tussin cf oral liquid 5-10-100 mg/5ml	T1	
sm tussin dm max oral liquid 20-400 mg/20ml	T1	
sm tussin dm oral syrup 100-10 mg/5ml	T1	
sorbutuss nr oral liquid 10-100 mg/5ml	T1	
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	T1	
total allergy oral tablet 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSNEL ORAL TABLET 60-30-400 MG (***pseudoephedrine-dm-gg***)	T1	
tussin cf oral liquid 5-10-100 mg/5ml	T1	
tussin dm max oral liquid 20-400 mg/20ml	T1	
tussin dm oral syrup 100-10 mg/5ml	T1	
virtussin a/c oral solution 100-10 mg/5ml	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
Endothelin Receptor Antagonists		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
Expectorants		
actidom dmx oral liquid 10-30-200 mg/5ml	T1	
biodesp dm oral syrup 5-15-100 mg/5ml	T1	
chest congestion relief dm oral syrup 10-100 mg/5ml	T1	
chest congestion relief oral liquid 100 mg/5ml	T1	
chest congestion relief oral tablet 400 mg	T1	
childrens cough oral liquid 5-100 mg/5ml	T1	
childrens mucus relief cough oral liquid 5-100 mg/5ml	T1	
coditussin ac oral liquid 200-10 mg/5ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cough & chest congestion dm oral liquid 5-100 mg/5ml	T1	
cough & congestion kids oral liquid 5-100 mg/5ml	T1	
cvs chest congest/cough child oral liquid 5-100 mg/5ml	T1	
cvs chest congestion relief oral tablet 400 mg	T1	
cvs cough & chest congestion oral liquid 20-400 mg/20ml	T1	
cvs dm maximum adult oral liquid 5-100 mg/5ml	T1	
cvs mucus d extended release oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
cvs mucus d max st er oral tablet extended release 12 hour 1200-120 mg	T1	QL (60 EA per 30 days)
cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)
cvs mucus dm extended release oral tablet extended release 12 hour 60-1200 mg	T1	
cvs mucus extended release oral tablet extended release 12 hour 1200 mg	T1	QL (60 EA per 30 days)
cvs tussin adult chest congest oral liquid 100 mg/5ml	T1	
cvs tussin dm max st oral liquid 20-400 mg/20ml	T1	
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
despec dm oral syrup 5-10-100 mg/5ml	T1	
despec dm-g oral syrup 5-10-100 mg/5ml	T1	
despec eda oral liquid 2.5-5-50 mg/ml	T1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	T1	
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg	T1	
dometuss-dmx oral liquid 10-30-200 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ed bron gp oral liquid 5-100 mg/5ml	T1	
eq cough childrens oral liquid 5-100 mg/5ml	T1	
eq mucus relief dm oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)
eq tussin dm cough/chest oral syrup 10-100 mg/5ml	T1	
eql tussin dm cough/chest cong oral syrup 100-10 mg/5ml	T1	
eql tussin mucus/chest congest oral liquid 100 mg/5ml	T1	
g tussin ac oral solution 100-10 mg/5ml	T1	
geri-tussin oral liquid 100 mg/5ml	T1	
gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg	T1	
gnp mucus er oral tablet extended release 12 hour 1200 mg	T1	QL (60 EA per 30 days)
gnp mucus relief oral tablet 400 mg	T1	
gnp tab tussin oral tablet 400 mg	T1	
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	T1	
gnp tussin dm cough oral liquid 100-10 mg/5ml	T1	
gnp tussin dm max oral liquid 20-400 mg/20ml	T1	
gnp tussin mucus & chest cong oral liquid 100 mg/5ml	T1	
goodsense tussin cf oral liquid 5-10-100 mg/5ml	T1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	T1	
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	T1	
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML (***phenylephrine-dm-gg***)	T1	
guaiatussin ac oral syrup 100-10 mg/5ml	T1	
guaifenesin oral liquid 100 mg/5ml	T1	
guaifenesin oral tablet 200 mg, 400 mg	T1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
guaifenesin-dm oral syrup 100-10 mg/5ml	T1	
iodine strong oral solution 5 %	T1	
maxi-tuss ac oral solution 100-10 mg/5ml	T1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	T1	
maxi-tuss pe max oral liquid 5-100 mg/5ml	T1	
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (***guaifenesin***)	T1	
mucosa oral tablet 400 mg	T1	
mucus relief chest congestion oral tablet 400 mg	T1	
mucus relief cough childrens oral liquid 5-100 mg/5ml	T1	
mucus relief d oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)
mucus relief d oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml	T1	
mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	T1	
mucus relief dm oral liquid 20-400 mg/20ml	T1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	T1	QL (120 EA per 30 days)
mucus relief max st oral tablet extended release 12 hour 1200 mg	T1	QL (60 EA per 30 days)
mucus relief oral tablet 400 mg	T1	
mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg	T1	
neotuss oral liquid 30-200 mg/5ml	T1	
potassium iodide oral solution 1 gm/ml	T1	
pres gen pediatric oral liquid 2.5-5-75 mg/5ml	T1	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	T1	QL (120 EA per 30 days)
qc medifin 400 oral tablet 400 mg	T1	
qc mucus relief er oral tablet extended release 12 hour 1200 mg	T1	QL (60 EA per 30 days)
qc tussin cf oral liquid 5-10-100 mg/5ml	T1	
qc tussin expectorant adult oral liquid 100 mg/5ml	T1	
qc tussin mucus/congestion oral liquid 100 mg/5ml	T1	
ra mucus relief d max strength oral tablet extended release 12 hour 120-1200 mg	T1	QL (60 EA per 30 days)
ra mucus relief d oral tablet extended release 12 hour 600-60 mg	T1	QL (120 EA per 30 days)
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	T1	
ra tussin chest congestion oral liquid 100 mg/5ml	T1	
ra tussin dm oral liquid 100-10 mg/5ml	T1	
ra tussin oral liquid 100 mg/5ml	T1	
refenesen 400 oral tablet 400 mg	T1	
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	T1	
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML (***phenylephrine-dm-gg***)	T1	
scot-tussin expectorant oral liquid 100 mg/5ml	T1	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
siltussin sa oral liquid 100 mg/5ml	T1	
sm chest congestion relief oral tablet 400 mg	T1	
sm mucus relief max strength oral tablet extended release 12 hour 1200 mg	T1	QL (60 EA per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm tussin cf oral liquid 5-10-100 mg/5ml	T1	
sm tussin dm max oral liquid 20-400 mg/20ml	T1	
sm tussin dm oral syrup 100-10 mg/5ml	T1	
sm tussin mucus+chest congest oral liquid 100 mg/5ml	T1	
sorbutuss nr oral liquid 10-100 mg/5ml	T1	
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	T1	
TUSNEL ORAL TABLET 60-30-400 MG (***pseudoephedrine-dm-gg***)	T1	
TUSNEL-EX ORAL LIQUID 100 MG/5ML (***guaifenesin***)	T1	
tussin cf oral liquid 5-10-100 mg/5ml	T1	
tussin dm max oral liquid 20-400 mg/20ml	T1	
tussin dm oral syrup 100-10 mg/5ml	T1	
tussin mucus & chest congest oral liquid 100 mg/5ml	T1	
tussin mucus+chest congestion oral liquid 100 mg/5ml	T1	
virtussin a/c oral solution 100-10 mg/5ml	T1	
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (***guaifenesin***)	T1	
WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP 100-10 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
First Generation Antihist.(Respir Tract)		
aler-cap oral capsule 25 mg	T1	
aller-chlor oral tablet 4 mg	T1	
allergy childrens oral liquid 12.5 mg/5ml	T1	
allergy oral tablet 4 mg	T1	
allergy relief childrens oral liquid 12.5 mg/5ml	T1	
allergy relief oral capsule 25 mg	T1	
allergy relief oral tablet 25 mg, 4 mg	T1	
carbinoxamine maleate oral solution 4 mg/5ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorhist oral tablet 4 mg	T1	
chlorpheniramine maleate er oral tablet extended release 12 mg	T1	
chlorpheniramine maleate oral tablet 4 mg	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
complete allergy relief oral tablet 25 mg	T1	
cvs allergy relief adult oral liquid 50 mg/20ml	T1	
cvs allergy relief childrens oral liquid 12.5 mg/5ml	T1	
cvs allergy relief childrens oral tablet chewable 12.5 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs allergy relief oral tablet 25 mg	T1	
cvs childrens allergy oral liquid 12.5 mg/5ml	T1	
cvs sleep aid nighttime oral tablet 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
diphen oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	T1	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T1	
diphenhydramine hcl oral tablet 25 mg	T1	
diphenhydramine hcl oral tablet chewable 12.5 mg	T1	
ed chlorped jr oral syrup 2 mg/5ml	T1	
eq allergy relief childrens oral liquid 12.5 mg/5ml	T1	
eq allergy relief oral capsule 25 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq allergy relief oral tablet 25 mg	T1	
eq nighttime sleep aid max st oral capsule 50 mg	T1	
eql allergy oral tablet 25 mg	T1	
eql allergy relief oral tablet 25 mg	T1	
eql childrens allergy oral liquid 12.5 mg/5ml	T1	
eql nighttime sleep aid oral tablet 25 mg	T1	
eql sleep aid oral capsule 50 mg	T1	
geri-dryl oral liquid 12.5 mg/5ml	T1	
geri-dryl oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy oral tablet 25 mg	T1	
gnp allergy relief max st oral liquid 12.5 mg/5ml	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp allergy relief oral tablet 25 mg, 4 mg	T1	
gnp allergy relief oral tablet chewable 12.5 mg	T1	
gnp childrens allergy oral liquid 12.5 mg/5ml	T1	
gnp sleep aid nighttime oral tablet 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
liquid allergy relief oral liquid 12.5 mg/5ml	T1	
m-dryl oral liquid 12.5 mg/5ml	T1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (***triprolidine hcl***)	T1	
night time sleep aid oral tablet 25 mg	T1	
nighttime sleep aid oral tablet 25 mg	T1	
pharbechlor oral tablet 4 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T1	
qc allergy childrens oral liquid 12.5 mg/5ml	T1	
qc chlor-pheniramine oral tablet 4 mg	T1	
qc complete allergy medicine oral tablet 25 mg	T1	
qc sleep aid max st oral capsule 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy medication oral liquid 12.5 mg/5ml	T1	
ra allergy medication oral tablet 25 mg	T1	
ra allergy oral tablet 25 mg	T1	
ra allergy relief childrens oral liquid 12.5 mg/5ml	T1	
ra allergy relief oral capsule 25 mg	T1	
ra allergy relief oral tablet 4 mg	T1	
ra chlorpheniramine maleate oral tablet 4 mg	T1	
ra complete allergy oral tablet 25 mg	T1	
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
ra nighttime sleep aid oral tablet 25 mg	T1	
ra sleep aid (diphenhydramine) oral tablet 25 mg	T1	
ra sleep aid oral capsule 50 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
siladryl allergy oral liquid 12.5 mg/5ml	T1	
sleep aid (diphenhydramine) oral tablet 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sleep aid oral tablet 25 mg	T1	
sleep tabs oral tablet 25 mg	T1	
sleep-aid oral capsule 50 mg	T1	
sleep-aid oral tablet 25 mg	T1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	T1	
sm allergy relief oral tablet 25 mg	T1	
sm nighttime sleep aid oral tablet 25 mg	T1	
sm sleep aid oral tablet 25 mg	T1	
total allergy oral tablet 25 mg	T1	
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (***diphenhydramine hcl***)	T1	
WAL-FINATE ORAL TABLET 4 MG (***chlorpheniramine maleate***)	T1	
wal-som maximum strength oral capsule 50 mg	T1	
wal-som oral tablet 25 mg	T1	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T1	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (***benralizumab***)	T1	PA
Leukotriene Modifiers		
montelukast sodium oral packet 4 mg	T1	PA
montelukast sodium oral tablet 10 mg	T1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zafirlukast oral tablet 10 mg, 20 mg	T1	PA
Mast-Cell Stabilizers		
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	T1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
Mucolytic Agents		
acetylcysteine inhalation solution 10 %, 20 %	T1	
sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T1	PA
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %	T1	
Nasal Preparations (Steroids)		
allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
allergy spray 24 hour nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
cvs budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
cvs fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
cvs nasal allergy spray nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
eq allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
eq nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T1	QL (18.6 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	T1	PA
fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 GM per 30 days)

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
gnp budesonide nasal spray nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
gnp fluticasone propionate nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
goodsense nasal allergy spray nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
hm 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
hm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
nasal allergy 24 hour nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
qc allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
ra budesonide nasal suspension 32 mcg/act	T1	QL (8.43 ML per 30 days)
ra nasal allergy nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
sm allergy relief nasal suspension 50 mcg/act	T1	QL (18.2 ML per 30 days)
triamcinolone acetonide nasal aerosol 55 mcg/act	T1	QL (16.9 ML per 30 days)
Orally Inhaled Preparations (Steroids)		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	T1	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	QL (60 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T1	
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
VENTAVIS INHALATION SOLUTION 20 MCG/ML (***iloprost***)	T1	PA
Pulmonary Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (***poractant alfa***)	T1	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	T1	
Respiratory Tract Agents, Miscellaneous		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T1	PA

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	T1	PA
Second Generation Antihist(Respir Tract)		
12hr allergy relief oral tablet 60 mg	T1	ST
24hr allergy relief oral tablet 180 mg	T1	ST
all day allergy childrens oral solution 5 mg/5ml	T1	
all day allergy oral tablet 10 mg	T1	
all-day allergy childrens oral solution 5 mg/5ml	T1	
allergy (cetirizine) oral tablet 10 mg	T1	
allergy 24hour indoor/outdoor oral tablet 10 mg	T1	
allergy 24-hr oral tablet 180 mg	T1	ST
allergy childrens oral solution 5 mg/5ml	T1	
allergy childrens oral suspension 30 mg/5ml	T1	ST
allergy rel child (loratadine) oral solution 5 mg/5ml	T1	
allergy relief (cetirizine) oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 5 mg	T1	PA
allergy relief childrens oral solution 1 mg/ml	T1	
allergy relief oral tablet 180 mg, 60 mg	T1	ST
allergy relief/indoor/outdoor oral tablet 10 mg	T1	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	QL (6 ML per 30 days)
cetirizine hcl allergy child oral solution 5 mg/5ml	T1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	T1	
cetirizine hcl childrens oral solution 5 mg/5ml	T1	
cetirizine hcl oral solution 1 mg/ml	T1	
cetirizine hcl oral tablet 10 mg, 5 mg	T1	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
childrens 24 hour allergy oral solution 1 mg/ml	T1	
childrens loratadine oral solution 5 mg/5ml	T1	
cvs allergy childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral suspension 30 mg/5ml	T1	ST
cvs allergy relief oral tablet 180 mg, 60 mg	T1	ST
cvs allergy relief oral tablet dispersible 10 mg	T1	
cvs allergy relief(cetirizine) oral tablet 10 mg	T1	
cvs indoor/outdoor allergy rlf oral tablet 10 mg	T1	
desloratadine oral tablet 5 mg	T1	PA
desloratadine oral tablet dispersible 5 mg	T1	PA
eq allerg relief child (cetir) oral solution 5 mg/5ml	T1	
eq allerg relief child (lorat) oral solution 5 mg/5ml	T1	
eq allergy childrens oral solution 5 mg/5ml	T1	
eq allergy relief (cetirizine) oral solution 1 mg/ml	T1	
eq allergy relief (cetirizine) oral tablet 10 mg	T1	
eq allergy relief oral tablet 180 mg	T1	ST
eql all day allergy childrens oral solution 5 mg/5ml	T1	
eql all day allergy oral tablet 10 mg	T1	
eql allergy relief oral tablet 180 mg	T1	ST
fexofenadine hcl oral tablet 180 mg, 60 mg	T1	ST
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	T1	
gnp all day allergy oral tablet 10 mg	T1	
gnp allergy relief oral tablet 180 mg	T1	ST
gnp loratadine childrens oral solution 5 mg/5ml	T1	
gnp loratadine oral solution 5 mg/5ml	T1	
gnp loratadine oral tablet dispersible 10 mg	T1	
goodsense all day allergy oral solution 5 mg/5ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
goodsense all day allergy oral tablet 10 mg	T1	
goodsense aller-ease oral tablet 180 mg	T1	ST
hm all day allergy childrens oral solution 5 mg/5ml	T1	
hm fexofenadine hcl oral tablet 180 mg	T1	ST
hm loratadine childrens oral solution 5 mg/5ml	T1	
KLS ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	T1	ST
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
loratadine childrens oral solution 5 mg/5ml	T1	
loratadine oral solution 5 mg/5ml	T1	
loratadine oral tablet dispersible 10 mg	T1	
mm fexofenadine hcl oral tablet 180 mg	T1	ST
qc all day allergy oral tablet 10 mg	T1	
qc childrens allergy oral solution 5 mg/5ml	T1	
ra allergy relief (cetirizine) oral tablet 10 mg	T1	
ra allergy relief childrens oral solution 5 mg/5ml	T1	
ra allergy relief oral tablet 180 mg	T1	ST
sm all day allergy childrens oral solution 5 mg/5ml	T1	
sm allergy childrens oral solution 5 mg/5ml	T1	
sm allergy relief oral tablet 60 mg	T1	ST
sm fexofenadine hcl oral tablet 180 mg	T1	ST
sm loratadine oral solution 5 mg/5ml	T1	
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ITIN ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG (***cetirizine hcl***)	T1	
WAL-ZYR ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
Select.Beta-2-Adrenergic Agonist(Respir)		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml	T1	
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	PA
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T1	PA
ambrisentan oral tablet 10 mg, 5 mg	T1	PA
bosentan oral tablet 125 mg, 62.5 mg	T1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T1	PA
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah) oral tablet 20 mg	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T1	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T1	PA
VENTAVIS INHALATION SOLUTION 20 MCG/ML (***iloprost***)	T1	PA
Vasodilating Agents, Misc		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T1	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T1	PA
Xanthine Derivatives		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skin And Mucous Membrane Agents		
Allylamines (Skin And Mucous Membrane)		
athletes foot (terbinafine) external cream 1 %	T1	
cvs athletes foot external cream 1 %	T1	
cvs jock itch external cream 1 %	T1	
eq athletes foot (terbinafine) external cream 1 %	T1	
gnp terbinafine hydrochloride external cream 1 %	T1	
LAMISIL AT EXTERNAL CREAM 1 % (***terbinafine hcl***)	T1	
naftifine hcl external cream 1 %	T1	
ra antifungal foot care external cream 1 %	T1	
sm athletes foot external cream 1 %	T1	
terbinafine hcl external cream 1 %	T1	
Antibacterials (Skin, Mucous Membrane)		
sulfacetamide sodium-sulfur (Avar-E Emollient External Cream 10-5 %)	T1	
sulfacetamide sodium-sulfur (Avar-E Green External Cream 10-5 %)	T1	
bacitracin external ointment 500 unit/gm	T1	
bacitracin zinc external ointment 500 unit/gm	T1	
bacitracin zinc-aloe external ointment 500 unit/gm	T1	
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM (***bacitracin***)	T1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	T1	ST
clindamycin phosphate (Clindacin Etz External Swab 1 %)	T1	
clindamycin phosphate (Clindacin-P External Swab 1 %)	T1	
clindamycin phosphate external gel 1 %	T1	
clindamycin phosphate external lotion 1 %	T1	
clindamycin phosphate external solution 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate external swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
cvs bacitracin zinc external ointment 500 unit/gm	T1	
cvs poly bacitracin external ointment 500-10000 unit/gm	T1	
double antibiotic external ointment 500-10000 unit/gm	T1	
eq bacitracin zinc external ointment 500 unit/gm	T1	
eql bacitracin zinc external ointment 500 unit/gm	T1	
ery external pad 2 %	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gnp bacitracin zinc external ointment 500 unit/gm	T1	
metronidazole external cream 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	T1	QL (45 GM per 30 days)
metronidazole external gel 1 %	T1	QL (60 GM per 30 days)
metronidazole vaginal gel 0.75 %	T1	
mupirocin external ointment 2 %	T1	
OVACE PLUS EXTERNAL CREAM 10 % (***sulfacetamide sodium***)	T1	
poly bacitracin external ointment 500-10000 unit/gm	T1	
qc bacitracin external ointment 500 unit/gm	T1	
ra bacitracin zinc first aid external ointment 500 unit/gm	T1	
ra double antibiotic external ointment 500-10000 unit/gm	T1	
sm antibiotic external ointment 500 unit/gm	T1	
sm double antibiotic external ointment 500-10000 unit/gm	T1	
sodium sulfacetamide external shampoo 10 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sss 10-5 external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
sulfacetamide sodium-sulfur external suspension 10-5 %	T1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	T1	
wal-sporin external ointment 500-100000 unit/gm	T1	
Antifulgals (Skin, Mucous Membrane),Misc		
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	T1	
gentian violet external solution 1 %, 2 %	T1	
gnp gentian violet external solution 1 %	T1	
Antipruritics And Local Anesthetics		
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (***lidocaine***)	T1	QL (60 GM per 30 days)
calahist external lotion 1-8 %	T1	
calamine plus external lotion 1-8 %	T1	
CETACAINE EXTERNAL AEROSOL 2-2-14 % (***butamben-tetracaine-benzocaine***)	T1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CRYODOSE TA EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
cvs calamine plus external lotion 1-8 %	T1	
cvs itch relief external gel 2 %	T1	
cvs lidocaine maximum strength external cream 4 %	T1	QL (60 GM per 30 days)
cvs pain relief external cream 4 %	T1	QL (60 GM per 30 days)
doxepin hcl external cream 5 %	T1	
eql calamine medicated external lotion 1-8 %	T1	
ethyl chloride external aerosol	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEBAUERS PAIN EASE EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	T1	
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	T1	
gnp caldyphen external lotion 1-8 %	T1	
gnp lidocaine pain relieving external cream 4 %	T1	QL (60 GM per 30 days)
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	
lidocaine external cream 4 %	T1	QL (60 GM per 30 days)
lidocaine external ointment 5 %	T1	QL (60 GM per 30 days)
lidocaine external patch 5 %	T1	PA
lidocaine hcl external cream 3 %	T1	QL (85 GM per 30 days)
lidocaine hcl external cream 4 %	T1	QL (60 GM per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	T1	
lidocaine pain relief max st external cream 4 %	T1	QL (60 GM per 30 days)
lidocaine plus external cream 4 %	T1	QL (60 GM per 30 days)
lidocaine-hydrocort (perianal) external cream 3-0.5 %	T1	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %	T1	
lidocaine-prilocaine external cream 2.5-2.5 %	T1	QL (60 GM per 30 days)
lidocaine-hydrocortisone ace (Lidocort External Cream 3-0.5 %)	T1	
lidopin external cream 3 %	T1	QL (85 GM per 30 days)
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
PRAMOSONE EXTERNAL CREAM 1-1 % (***pramoxine-hc***)	T1	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
sm caldyphen clear external lotion 1-0.1 %	T1	
sm caldyphen external lotion 1-8 %	T1	
zionodil external lotion 3 %	T1	
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream 5 %	T1	PA
acyclovir external ointment 5 %	T1	PA
docosanol external cream 10 %	T1	QL (2 GM per 30 days)
gnp docosanol external cream 10 %	T1	QL (2 GM per 30 days)
Astringents		
calahist external lotion 1-8 %	T1	
calamine external lotion 8-8 %	T1	
calamine plus external lotion 1-8 %	T1	
calamine-zinc oxide external lotion 8-8 %	T1	
calamine-zinc oxide external suspension 8-8 %	T1	
cvs calamine plus external lotion 1-8 %	T1	
DRYSOL EXTERNAL SOLUTION 20 % (***aluminum chloride***)	T1	
eql calamine medicated external lotion 1-8 %	T1	
gnp calamine external lotion 8-8 %	T1	
gnp caldyphen external lotion 1-8 %	T1	
goodsense calamine external suspension 8-8 %	T1	
qc calamine external lotion	T1	
sm calamine external lotion	T1	
sm caldyphen external lotion 1-8 %	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XERAC AC EXTERNAL SOLUTION 6.25 % (***aluminum chloride in alcohol***)	T1	
Azoles (Skin And Mucous Membrane)		
3 day vaginal vaginal cream 2 %	T1	
antifungal (clotrimazole) external cream 1 %	T1	
antifungal clotrimazole external cream 1 %	T1	
anti-fungal external cream 1 %	T1	
antifungal external cream 2 %	T1	
antifungal external powder 2 %	T1	
athletes foot (clotrimazole) external cream 1 %	T1	
athletes foot external powder 2 %	T1	
athletes foot powder spray external aerosol powder 2 %	T1	
baza antifungal external cream 2 %	T1	
clotrimazole 3 vaginal cream 2 %	T1	
clotrimazole af external cream 1 %	T1	
clotrimazole anti-fungal external cream 1 %	T1	
clotrimazole external cream 1 %	T1	
clotrimazole external solution 1 %	T1	
clotrimazole mouth/throat troche 10 mg	T1	
clotrimazole vaginal cream 1 %	T1	
clotrimazole-7 vaginal cream 1 %	T1	
clotrimazole-betamethasone external cream 1-0.05 %	T1	
clotrimazole-betamethasone external lotion 1-0.05 %	T1	
cvs athletes foot external aerosol powder 2 %	T1	
cvs clotrimazole 3 vaginal cream 2 %	T1	
cvs clotrimazole external cream 1 %	T1	
cvs clotrimazole external solution 1 %	T1	
cvs itch relief external cream 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %	T1	QL (30 EA per 30 days)
cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	T1	
cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	T1	QL (1 EA per 2 days)
cvs miconazole 7 vaginal cream 2 %	T1	
cvs ringworm external cream 1 %	T1	
cvs tioconazole 1 vaginal ointment 6.5 %	T1	
econazole nitrate external cream 1 %	T1	
eq antifungal external cream 1 %	T1	
eq athletes foot external cream 1 %	T1	
eq jock itch external cream 1 %	T1	
eq miconazole 1 vaginal kit 1200 & 2 mg & %	T1	QL (30 EA per 30 days)
eql miconazole 7 vaginal cream 2 %	T1	
gnp athletes foot external cream 1 %	T1	
gnp clotrimazole 3 vaginal cream 2 %	T1	
gnp miconazole 1 vaginal kit 1200 & 2 mg & %	T1	QL (30 EA per 30 days)
gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	T1	QL (1 EA per 2 days)
gnp miconazole 7 vaginal cream 2 %	T1	
gnp miconazorb af external powder 2 %	T1	
goodsense athletes foot external cream 1 %	T1	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate (1 dose)***)	T1	
jock itch external cream 1 %	T1	
jock itch relief external cream 1 %	T1	
ketoconazole external cream 2 %	T1	
ketoconazole external shampoo 2 %	T1	
MICATIN EXTERNAL CREAM 2 % (***miconazole nitrate***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
miconazole 1 vaginal kit 1200 & 2 mg & %	T1	QL (30 EA per 30 days)
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	T1	QL (1 EA per 2 days)
miconazole 3 vaginal suppository 200 mg	T1	
miconazole 7 vaginal cream 2 %	T1	
miconazole 7 vaginal suppository 100 mg	T1	
miconazole antifungal external cream 2 %	T1	
miconazole nitrate external cream 2 %	T1	
miconazole nitrate vaginal cream 2 %	T1	
MICOTRIN AC EXTERNAL CREAM 1 % (***clotrimazole***)	T1	
MICOTRIN AP EXTERNAL POWDER 2 % (***miconazole nitrate***)	T1	
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (***miconazole nitrate***)	T1	
qc 3 day vaginal cream 4 %	T1	
qc clotrimazole vaginal cream 1 %	T1	
qc miconazole 7 vaginal cream 2 %	T1	
ra atheletes foot external aerosol powder 2 %	T1	
ra athletes foot external cream 1 %	T1	
ra clotrimazole 7 vaginal cream 1 %	T1	
ra clotrimazole external cream 1 %	T1	
ra jock itch external cream 1 %	T1	
ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	T1	
ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	T1	QL (1 EA per 2 days)
ra miconazole 7 vaginal cream 2 %	T1	
ra tioconazole 1 vaginal ointment 6.5 %	T1	
sm 3-day vaginal vaginal cream 2 %	T1	
sm antifungal clotrimazole external cream 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm antifungal miconazole external cream 2 %	T1	
sm clotrimazole vaginal vaginal cream 1 %	T1	
sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	T1	
sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	T1	QL (1 EA per 2 days)
sm miconazole 7 vaginal cream 2 %	T1	
sm miconazole 7 vaginal suppository 100 mg	T1	
sm tioconazole-1 vaginal ointment 6.5 %	T1	
terconazole vaginal cream 0.4 %, 0.8 %	T1	
terconazole vaginal suppository 80 mg	T1	PA
tioconazole-1 vaginal ointment 6.5 %	T1	
tm-clotrimazole external cream 1 %	T1	
Basic Lotions And Liniments		
cvs moisturizing external lotion	T1	
Basic Ointments And Protectants		
calamine external lotion 8-8 %	T1	
calamine-zinc oxide external lotion 8-8 %	T1	
calamine-zinc oxide external suspension 8-8 %	T1	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL LIQUID 1 % (***hydrocortisone***)	T1	
gnp calamine external lotion 8-8 %	T1	
gnp hydrocortisone/aloe external cream 1 %	T1	
goodsense calamine external suspension 8-8 %	T1	
hydrocortisone external cream 0.5 %, 1 %	T1	
hydrocortisone/aloe max str external cream 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc anti-itch aloe external cream 1 %	T1	
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
sm calamine external lotion	T1	
sm hydrocortisone plus external cream 1 %	T1	
Benzylamines (Skin And Mucous Membrane)		
butenafine hcl external cream 1 %	T1	
cvs butenafine hcl external cream 1 %	T1	
Cell Stimulants And Proliferants		
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	T1	QL (50 GM per 30 days); AL (Max 29 Years)
Corticosteroids (Skin, Mucous Membrane)		
ala-cort external cream 1 %	T1	
alclometasone dipropionate external cream 0.05 %	T1	PA
alclometasone dipropionate external ointment 0.05 %	T1	PA
anti-itch maximum strength external cream 1 %	T1	
anucort-hc rectal suppository 25 mg	T1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	T1	
APEXICON E EXTERNAL CREAM 0.05 % (***diflorasone diacet emoll base***)	T1	PA
AQUANIL HC EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
beta hc external lotion 1 %	T1	
betamethasone dipropionate aug external cream 0.05 %	T1	
betamethasone dipropionate aug external gel 0.05 %	T1	
betamethasone dipropionate aug external lotion 0.05 %	T1	PA
betamethasone dipropionate aug external ointment 0.05 %	T1	PA
betamethasone dipropionate external cream 0.05 %	T1	
betamethasone dipropionate external lotion 0.05 %	T1	
betamethasone dipropionate external ointment 0.05 %	T1	
betamethasone valerate external cream 0.1 %	T1	
betamethasone valerate external foam 0.12 %	T1	PA
betamethasone valerate external lotion 0.1 %	T1	
betamethasone valerate external ointment 0.1 %	T1	
budesonide rectal foam 2 mg	T1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	T1	PA
CAPEX EXTERNAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	T1	PA
clobetasol prop emollient base external cream 0.05 %	T1	
clobetasol propionate e external cream 0.05 %	T1	
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external foam 0.05 %	T1	
clobetasol propionate external gel 0.05 %	T1	
clobetasol propionate external lotion 0.05 %	T1	
clobetasol propionate external ointment 0.05 %	T1	
clobetasol propionate external shampoo 0.05 %	T1	PA
clobetasol propionate external solution 0.05 %	T1	
clocortolone pivalate external cream 0.1 %	T1	PA
clobetasol propionate (Clodan External Shampoo 0.05 %)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole-betamethasone external cream 1-0.05 %	T1	
clotrimazole-betamethasone external lotion 1-0.05 %	T1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T1	PA
CORTIZONE-10 EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 INTENSVE MOISTURE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 SENSITIVE SKIN EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 SOOTHING ALOE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL LIQUID 1 % (***hydrocortisone***)	T1	
cvs cortisone maximum strength external cream 1 %	T1	
cvs cortisone maximum strength external gel 1 %	T1	
cvs cortisone maximum strength external ointment 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMAREST ECZEMA EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
desonide external cream 0.05 %	T1	
desonide external lotion 0.05 %	T1	PA
desonide external ointment 0.05 %	T1	
desoximetasone external cream 0.05 %, 0.25 %	T1	PA
desoximetasone external gel 0.05 %	T1	PA
desoximetasone external ointment 0.25 %	T1	PA
diflorasone diacetate external ointment 0.05 %	T1	PA
eq hydrocortisone external cream 1 %	T1	
eq hydrocortisone max st external cream 1 %	T1	
eql anti-itch intensive heal external cream 1 %	T1	
eql anti-itch maximum strength external cream 1 %	T1	
eql anti-itch maximum strength external ointment 1 %	T1	
fluocinolone acetonide body external oil 0.01 %	T1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	T1	
fluocinolone acetonide external ointment 0.025 %	T1	
fluocinolone acetonide external solution 0.01 %	T1	
fluocinolone acetonide scalp external oil 0.01 %	T1	
fluocinonide emulsified base external cream 0.05 %	T1	
fluocinonide external cream 0.05 %, 0.1 %	T1	
fluocinonide external gel 0.05 %	T1	
fluocinonide external ointment 0.05 %	T1	
fluocinonide external solution 0.05 %	T1	
flurandrenolide external cream 0.05 %	T1	PA
flurandrenolide external lotion 0.05 %	T1	PA
fluticasone propionate external cream 0.05 %	T1	
fluticasone propionate external ointment 0.005 %	T1	
gnp hydrocortisone external cream 0.5 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp hydrocortisone max st external ointment 1 %	T1	
gnp hydrocortisone plus external cream 1 %	T1	
gnp hydrocortisone/aloe external cream 1 %	T1	
halcinonide external cream 0.1 %	T1	PA
halobetasol propionate external cream 0.05 %	T1	
halobetasol propionate external ointment 0.05 %	T1	
HALOG EXTERNAL OINTMENT 0.1 % (***halcinonide***)	T1	PA
HALOG EXTERNAL SOLUTION 0.1 % (***halcinonide***)	T1	PA
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	T1	
hydrocortisone acetate external cream 1 %	T1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	T1	
hydrocortisone anti-itch external cream 1 %	T1	
hydrocortisone butyrate external cream 0.1 %	T1	PA
hydrocortisone butyrate external ointment 0.1 %	T1	PA
hydrocortisone butyrate external solution 0.1 %	T1	PA
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	T1	
hydrocortisone external lotion 1 %, 2.5 %	T1	
hydrocortisone external ointment 0.5 %, 1 %, 2.5 %	T1	
hydrocortisone max st external cream 1 %	T1	
hydrocortisone max st external ointment 1 %	T1	
hydrocortisone max st/12 moist external cream 1 %	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone valerate external cream 0.2 %	T1	PA
hydrocortisone valerate external ointment 0.2 %	T1	PA
hydrocortisone/aloe max str external cream 1 %	T1	
hydrocortisone-iodoquinol external cream 1-1 %	T1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine-hydrocort (perianal) external cream 3-0.5 %	T1	
lidocaine-hydrocortisone ace rectal kit 3-0.5 %	T1	
lidocaine-hydrocortisone ace (Lidocort External Cream 3-0.5 %)	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate external solution 0.1 %	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	T1	
PANDEL EXTERNAL CREAM 0.1 % (***hydrocortisone probutate***)	T1	PA
PRAMOSONE EXTERNAL CREAM 1-1 % (***pramoxine-hc***)	T1	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T1	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
qc anti-itch aloe external cream 1 %	T1	
ra anti-itch maximum strength external cream 1 %	T1	
ra anti-itch maximum strength external ointment 1 %	T1	
scalp relief maximum strength external solution 1 %	T1	
sm hydrocortisone external cream 1 %	T1	
sm hydrocortisone max st external ointment 1 %	T1	
sm hydrocortisone plus external cream 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	T1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	T1	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone acetonide mouth/throat paste 0.1 %	T1	
triamcinolone in absorbase external ointment 0.05 %	T1	PA
triamcinolone acetonide (Triderm External Cream 0.5 %)	T1	
VANICREAM HC MAXIMUM STRENGTH EXTERNAL CREAM 1.12 %(1% BASE) (***hydrocortisone acetate***)	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox (Ciclodan External Solution 8 %)	T1	
ciclopirox external gel 0.77 %	T1	
ciclopirox external shampoo 1 %	T1	
ciclopirox external solution 8 %	T1	
ciclopirox olamine external cream 0.77 %	T1	
ciclopirox olamine external suspension 0.77 %	T1	
Immunomodulatory Agent(S)		
pimecrolimus external cream 1 %	T1	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T1	PA
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
Keratolytic Agents		
sulfacetamide sodium-sulfur (Avar-E Emollient External Cream 10-5 %)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur (Avar-E Green External Cream 10-5 %)	T1	
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	T1	
gormel external cream 20 %	T1	
salicylic acid external shampoo 6 %	T1	
salimez external cream 6 %	T1	
selenium sulfide external shampoo 2.25 %	T1	
sss 10-5 external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external cream 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
sulfacetamide sodium-sulfur external suspension 10-5 %	T1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	T1	
urea 20 intensive hydrating external cream 20 %	T1	
ureacin-20 external cream 20 %	T1	
Keratoplastic Agents		
coal tar external solution 20 %	T1	
coal tar extract solution 20 %	T1	
coal tar solution , 20 %	T1	
TARSUM PROFESSIONAL EXTERNAL SHAMPOO 2 % (***coal tar extract***)	T1	
X-SEB T PLUS EXTERNAL SHAMPOO 10 % (***coal tar extract***)	T1	
Local Anti-Infectives, Miscellaneous		
acne foaming wash external liquid 10 %	T1	
acne medication 10 external gel 10 %	T1	
acne medication 10 external lotion 10 %	T1	
acne medication 2.5 external gel 2.5 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acne medication 5 external gel 5 %	T1	
acne medication 5 external lotion 5 %	T1	
acne treatment external bar 10 %	T1	
acne treatment external gel 10 %	T1	
acne-clear external gel 10 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)
benzalkonium chloride external concentrate 50 %	T1	
benzalkonium chloride external solution , 50 %	T1	
benzoyl perox-hydrocortisone external lotion 5-0.5 %	T1	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	T1	
benzoyl peroxide external liquid 10 %	T1	
benzoyl peroxide wash external liquid 10 %, 5 %	T1	
bp wash external liquid 10 %, 2.5 %, 5 %	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	T1	
cvs acne cleansing external bar 10 %	T1	
cvs acne control cleanser external cream 10 %	T1	
cvs acne treatment external cream 10 %	T1	
cvs acne treatment external gel 10 %	T1	
cvs advanced 3-in-1 cleanser external liquid 5 %	T1	
cvs creamy acne face wash external liquid 4 %	T1	PA
cvs foaming acne face wash external liquid 10 %	T1	
cvs targeted acne spot external cream 2.5 %	T1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (***sulfuric acid-sulf phenolics***)	T1	
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid-oxyquinoline***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-iodoquinol external cream 1-1 %	T1	
hydrogen peroxide solution 30 %	T1	
IODOFLEX EXTERNAL PAD 0.9 % (***cadexomer iodine***)	T1	
iodosorb external gel 0.9 %	T1	
mafenide acetate external packet 5 %	T1	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % (***benzoyl peroxide***)	T1	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % (***benzoyl peroxide***)	T1	
PANOXYL CREAMY WASH EXTERNAL LIQUID 4 % (***benzoyl peroxide***)	T1	PA
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (***benzoyl peroxide***)	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
ra daylogic acne foaming wash external foam 10 %	T1	
selenium sulfide external lotion 2.5 %	T1	
selenium sulfide external shampoo 2.25 %	T1	
silver sulfadiazine external cream 1 %	T1	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
arthritis pain reliever external gel 1 %	T1	QL (300 GM per 30 days)
cvs diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
eq arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
gnp arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
goodsense arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
kls diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
qc diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
sm arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pigmenting Agents		
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (***methoxsalen (photopheresis)***)	T1	
Polyenes (Skin And Mucous Membrane)		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	T1	
nystatin external cream 100000 unit/gm	T1	
nystatin external ointment 100000 unit/gm	T1	
nystatin external powder 100000 unit/gm	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
nystatin (Nystop External Powder 100000 Unit/Gm)	T1	
Scabicides And Pediculicides		
bedding spray lice treatment aerosol 0.5 %	T1	
cvs lice killing external shampoo 0.33-4 %	T1	
cvs lice treatment external liquid 1 %	T1	
cvs lice-bedbug-mite aerosol 0.5 %	T1	
eql lice killing max st external shampoo 0.33-4 %	T1	
gnp lice treatment external liquid 1 %	T1	
gnp lice treatment external shampoo 0.33-4 %	T1	
goodsense lice killing external liquid 1 %	T1	
lice killing external shampoo 4-0.33 %	T1	
lice killing maximum strength external shampoo 0.33-4 %	T1	
lice treatment external liquid 1 %	T1	
lice treatment external lotion 1 %	T1	
permethrin external cream 5 %	T1	
ra lice maximum strength external shampoo 0.33-4 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm bedding lice treatment aerosol 0.5 %	T1	
sm lice killing max strength external shampoo 0.33-4 %	T1	
sm lice treatment external lotion 1 %	T1	
spinosad external suspension 0.9 %	T1	PA
stop lice aerosol 0.5 %	T1	
Skin And Mucous Membrane Agents, Misc.		
isotretinoin (Accutane Oral Capsule 40 Mg)	T1	PA
acitretin oral capsule 10 mg, 25 mg	T1	
adapalene external gel 0.1 %	T1	QL (15 GM per 30 days); AL (Max 40 Years)
adapalene external pad 0.1 %	T1	
adapalene external solution 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	QL (45 GM per 30 days); AL (Max 30 Years)
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	T1	PA
arthritis pain reliever external gel 1 %	T1	QL (300 GM per 30 days)
arthritis pain relieving external cream 0.075 %	T1	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T1	PA
calcipotriene external cream 0.005 %	T1	PA
calcipotriene external ointment 0.005 %	T1	PA
calcipotriene external solution 0.005 %	T1	PA
calcipotriene-betameth diprop external suspension 0.005-0.064 %	T1	PA
calcitriol external ointment 3 mcg/gm	T1	PA
capsaicin external cream 0.025 %, 0.075 %, 0.1 %	T1	
capsaicin hp external cream 0.1 %	T1	
capsaicin pain relief external cream 0.1 %	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	T1	QL (7 GM per 365 days)
cvs adapalene external gel 0.1 %	T1	QL (15 GM per 30 days); AL (Max 40 Years)
cvs capsaicin hp external cream 0.1 %	T1	
cvs diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	T1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T1	PA
eq arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid-oxyquinoline***)	T1	
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
gnp arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
goodsense arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
imiquimod external cream 5 %	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T1	PA
infliximab intravenous solution reconstituted 100 mg	T1	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	PA
kls diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (***oral wound care products***)	T1	
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pimecrolimus external cream 1 %	T1	PA
podofilox external solution 0.5 %	T1	
qc diclofenac sodium external gel 1 %	T1	QL (300 GM per 30 days)
RADIAPLEXRX EXTERNAL GEL (***wound dressings***)	T1	
REGENECARE EXTERNAL GEL 2 % (***lidocaine-collagen-aloe vera***)	T1	
REGRANEX EXTERNAL GEL 0.01 % (***becaplermin***)	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T1	PA
sm arthritis pain external gel 1 %	T1	QL (300 GM per 30 days)
tacrolimus external ointment 0.03 %, 0.1 %	T1	QL (30 GM per 30 days)
tazarotene external cream 0.1 %	T1	
tazarotene external gel 0.05 %, 0.1 %	T1	
TAZORAC EXTERNAL CREAM 0.05 % (***tazarotene***)	T1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
ZOSTRIX HP EXTERNAL CREAM 0.1 % (***capsaicin***)	T1	
Thiocarbamates(Skin And Mucous Membrane)		
antifungal (tolnaftate) external cream 1 %	T1	
athletes foot powder spray external aerosol powder 1 %	T1	
cvs athletes foot (tolnaftate) external aerosol powder 1 %	T1	
cvs athletes foot (tolnaftate) external cream 1 %	T1	
cvs foot & sneaker external aerosol powder 1 %	T1	
eq athletes foot (tolnaftate) external cream 1 %	T1	
gnp tolnaftate external cream 1 %	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jock itch spray powder external aerosol powder 1 %	T1	
MICOTRIN AL EXTERNAL SOLUTION 1 % (***tolnaftate***)	T1	
odor control foot & sneaker external aerosol powder 1 %	T1	
qc antifungal (tolnaftate) external cream 1 %	T1	
qc tolnaftate external cream 1 %	T1	
ra foot care (tolnaftate) external cream 1 %	T1	
ra jock itch max st external aerosol powder 1 %	T1	
sm antifungal tolnaftate external cream 1 %	T1	
tm-tolnaftate external solution 1 %	T1	
tolnaftate antifungal external cream 1 %	T1	
tolnaftate external aerosol powder 1 %	T1	
tolnaftate external cream 1 %	T1	
tolnaftate external powder 1 %	T1	
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	T1	PA
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	T1	PA
flavoxate hcl oral tablet 100 mg	T1	PA
GELNIQUE TRANSDERMAL GEL 10 % (***oxybutynin chloride***)	T1	PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	T1	
oxybutynin chloride oral solution 5 mg/5ml	T1	
oxybutynin chloride oral tablet 5 mg	T1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (***oxybutynin***)	T1	PA
solifenacin succinate oral tablet 10 mg, 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	T1	ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	T1	ST
trospium chloride er oral capsule extended release 24 hour 60 mg	T1	PA
trospium chloride oral tablet 20 mg	T1	PA
VESICARE LS ORAL SUSPENSION 5 MG/5ML (***solifenacin succinate***)	T1	PA
Respiratory Smooth Muscle Relaxants		
sildenafil citrate oral tablet 20 mg	T1	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Selective Beta-3-Adrenergic Agonists		
GEMTESA ORAL TABLET 75 MG (***vibegron***)	T1	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (***mirabegron***)	T1	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (***mirabegron***)	T1	PA
Vitamins		
Multivitamin Preparations		
actical oral capsule	T1	
b complex formula 1 (lipotrop) oral tablet	T1	
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
balance b-100 oral tablet	T1	
balance b-50 oral tablet	T1	
b-complex (folic acid) oral tablet	T1	
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
calcium for women oral tablet chewable 500-100-40	T1	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	T1	
centravites 50 plus oral tablet	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs b complex plus c oral tablet	T1	
cvs one daily essential oral tablet	T1	
cvs super b complex/c oral tablet	T1	
daily value multivitamin oral tablet	T1	
daily vite oral tablet	T1	
daily vites oral tablet	T1	
daily-vite multivitamin oral tablet	T1	
daily-vite oral tablet	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
essential one daily multivit oral tablet	T1	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 10 MG (***pediatric multivitamins-iron***)	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
FOLBEE PLUS CZ ORAL TABLET 5 MG (***b-complex-c-biotin-minerals-fa***)	T1	
folbee plus oral tablet	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
GERITOL TONIC ORAL LIQUID (***iron-vitamins***)	T1	
gnp essential one daily oral tablet	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
high potency multivitamin oral tablet	T1	
hylavite oral tablet	T1	
kobee oral tablet	T1	
LYSIPLEX PLUS ORAL LIQUID (***multiple vitamins-minerals***)	T1	
m-natal plus oral tablet 27-1 mg	T1	
multiple vitamins oral tablet	T1	
multiple vitamins-iron oral tablet chewable 15 mg	T1	
multivitamin adult oral tablet	T1	
multivitamin childrens (w/ fa) oral tablet chewable	T1	
multivitamin childrens oral tablet chewable	T1	
multivitamin oral tablet	T1	
multi-vitamin oral tablet	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
nephro vitamins oral tablet 0.8 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
ONE-A-DAY ESSENTIAL ORAL TABLET (***multiple vitamin***)	T1	
one-daily multi-vitamin oral tablet	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
quintabs oral tablet	T1	
ra balanced b-100 oral tablet	T1	
ra prenatal oral tablet 28-0.8 mg	T1	
b complex-c-folic acid (Renal Oral Capsule 1 Mg)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	
sm b super vitamin complex oral tablet	T1	
sm calcium soft chews oral tablet chewable 500-100-40	T1	
sm vitamin b complex/vitamin c oral tablet	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stress formula oral tablet	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
support oral liquid	T1	
SUPPORT-500 ORAL CAPSULE (***multiple vitamins-minerals***)	T1	
THERA ORAL TABLET (***multiple vitamin***)	T1	
thrivite rx oral tablet 29-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
v-c forte oral capsule	T1	
multiple vitamins-minerals (Vic-Forte Oral Capsule)	T1	
virt-caps oral capsule 1 mg	T1	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
vitamin b + c complex oral tablet	T1	
vitamins acd-fluoride oral solution 0.25 mg/ml	T1	
wescaps oral capsule 1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Vitamin A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (***vitamin a***)	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamins acd-fluoride oral solution 0.25 mg/ml	T1	
Vitamin B Complex		
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	
b1 oral tablet 100 mg	T1	
b-1 oral tablet 100 mg	T1	
B-12 DOTS ORAL TABLET DISPERSIBLE 500 MCG (***cyanocobalamin***)	T1	
b-12 oral tablet 100 mcg, 1000 mcg, 50 mcg, 500 mcg	T1	
b-12 oral tablet extended release 1000 mcg	T1	
b-12 tr oral tablet extended release 1000 mcg, 2000 mcg	T1	
b-2 oral tablet 100 mg	T1	
b6 natural oral tablet 100 mg	T1	
b-6 oral tablet 100 mg, 250 mg, 50 mg	T1	
balance b-50 oral tablet	T1	
b-complex (folic acid) oral tablet	T1	
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
bp vit 3 oral capsule 1 mg	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
classic prenatal oral tablet 28-0.8 mg	T1	
complete natal dha oral 29-1-200 & 200 mg	T1	
cvs b complex plus c oral tablet	T1	
cvs b-1 oral tablet 100 mg	T1	
cvs b-12 oral tablet 500 mcg	T1	
cvs b6 oral tablet 100 mg	T1	
cvs super b complex/c oral tablet	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs vitamin b12 oral tablet 1000 mcg	T1	
cvs vitamin b-12 oral tablet 1000 mcg	T1	
cvs vitamin b12 oral tablet extended release 1000 mcg	T1	
cvs vitamin b-12 oral tablet extended release 2000 mcg	T1	
cvs vitamin b-2 oral tablet 100 mg	T1	
cyanocobalamin injection solution 1000 mcg/ml	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
cyanocobalamin (Dodex Injection Solution 1000 Mcg/Ml)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
ELITE-OB ORAL TABLET 50-1.25 MG (***prenatal vit-iron carbonyl-fa***)	T1	
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (***niacin***)	T1	
eql b-6 oral tablet 100 mg	T1	
eql prenatal formula oral tablet 28-0.8 mg	T1	
eql vitamin b-12 oral tablet 500 mcg	T1	
fe c tab plus oral tablet 100-250-0.025-1 mg	T1	
ferocon oral capsule	T1	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet 106-1 Mg)	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
folbee oral tablet 2.5-25-1 mg	T1	
FOLBEE PLUS CZ ORAL TABLET 5 MG (***b-complex-c-biotin-minerals-fa***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
folbee plus oral tablet	T1	
FOLBIC ORAL TABLET 2.5-25-2 MG (***fa-pyridoxine-cyanocobalamin***)	T1	
folic acid injection solution 5 mg/ml	T1	
folic acid oral tablet 1 mg, 400 mcg	T1	
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (***ferrous sulfate-c-folic acid***)	T1	
folplex 2.2 oral tablet 2.2-25-0.5 mg	T1	
FOLTRATE ORAL TABLET 500-1 MCG-MG (***cobalamin combinations***)	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	
gnp vitamin b-1 oral tablet 100 mg	T1	
gnp vitamin b-12 oral tablet 500 mcg	T1	
gnp vitamin b-12 oral tablet extended release 1000 mcg	T1	
gnp vitamin b-6 oral tablet 100 mg	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
hematinic/folic acid oral tablet 324-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	T1	
hylavite oral tablet	T1	
iron polysacch cmplx-b12-fa (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	T1	
iron 100 plus oral tablet 100-250-0.025-1 mg	T1	
kobee oral tablet	T1	
kp folic acid oral tablet 1 mg	T1	
kp niacin oral tablet 500 mg	T1	
kp vitamin b-12 oral tablet 1000 mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kp vitamin b-6 oral tablet 100 mg	T1	
leucovorin calcium oral tablet 5 mg	T1	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	T1	PA
l-methyl-mc oral tablet 6-1-50-5 mg	T1	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (***l-methylfolate-b12-b6-b2***)	T1	
m-natal plus oral tablet 27-1 mg	T1	
MTX SUPPORT ORAL TABLET (***cobalamin combinations***)	T1	
multivitamin childrens (w/ fa) oral tablet chewable	T1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	
nephro vitamins oral tablet 0.8 mg	T1	
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
neurin-sl sublingual tablet sublingual 600-600 mcg	T1	
niacin (antihyperlipidemic) oral tablet 500 mg	T1	
niacin er oral capsule extended release 250 mg, 500 mg	T1	
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg	T1	
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	T1	
niacinamide oral tablet 500 mg	T1	PA
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (***niacin***)	T1	
NIVA-FOL ORAL TABLET 2.5-25-2 MG (***fa-pyridoxine-cyanocobalamin***)	T1	
NUTRIVIT ORAL LIQUID (***b complex-lysine-min-fe-fa***)	T1	
plain niacin oral tablet 250 mg, 500 mg	T1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	T1	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (***prenatal mv-min-fe fum-fa-dha***)	T1	
prenatal one daily oral tablet 27-0.8 mg	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	
prenatal vitamins oral tablet 28-0.8 mg	T1	
prenatal/iron oral tablet , 28-0.8 mg	T1	
PROFERRIN-FORTE ORAL TABLET 12-1 MG (***fe heme polypeptide-folic acid***)	T1	
pyridoxine hcl injection solution 100 mg/ml	T1	
pyridoxine hcl oral tablet 50 mg	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
ra balanced b-100 oral tablet	T1	
ra niacin oral tablet 100 mg, 500 mg	T1	
ra prenatal oral tablet 28-0.8 mg	T1	
ra vitamin b-1 oral tablet 100 mg	T1	
ra vitamin b-12 oral tablet 100 mcg	T1	
ra vitamin b12 oral tablet extended release 2000 mcg	T1	
ra vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
ra vitamin b-6 oral tablet 100 mg, 50 mg	T1	
b complex-c-folic acid (Renal Oral Capsule 1 Mg)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	
riboflavin oral tablet 400 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sm b super vitamin complex oral tablet	T1	
sm vitamin b complex/vitamin c oral tablet	T1	
sm vitamin b6 oral tablet 100 mg	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
sv vitamin b-12 er oral tablet extended release 1000 mcg	T1	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	T1	
thiamine hcl oral tablet 100 mg	T1	
thiamine mononitrate oral tablet 100 mg	T1	
thrivite rx oral tablet 29-1 mg	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
virt-caps oral capsule 1 mg	T1	
vitamin b + c complex oral tablet	T1	
vitamin b 12 oral tablet 500 mcg	T1	
vitamin b1 oral tablet 100 mg	T1	
vitamin b-1 oral tablet 100 mg	T1	
vitamin b-12 er oral tablet extended release 1000 mcg, 2000 mcg	T1	
vitamin b-12 oral tablet 1000 mcg	T1	
vitamin b12 tr oral tablet extended release 2000 mcg	T1	
vitamin b-2 oral tablet 100 mg	T1	
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	T1	
vitamin b6 oral tablet 100 mg, 250 mg, 50 mg	T1	
wescaps oral capsule 1 mg	T1	
westab max oral tablet 2.5-25-2 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
westab one oral tablet 2.5-25-1 mg	T1	
westab plus oral tablet 27-1 mg	T1	
Vitamin C		
ascorbic acid injection solution 500 mg/ml	T1	
b complex-c oral tablet	T1	
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
b complex-c-folic acid oral tablet	T1	
b-complex/vitamin c oral tablet	T1	
b-complex-c oral tablet	T1	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	T1	
childrens chew multivitamin oral tablet chewable	T1	
childrens chewable vitamins oral tablet chewable	T1	
cvs b complex plus c oral tablet	T1	
cvs super b complex/c oral tablet	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
DIALYVITE/ZINC ORAL TABLET (***b complex-c-zn-folic acid***)	T1	
fe c tab plus oral tablet 100-250-0.025-1 mg	T1	
ferocon oral capsule	T1	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet 106-1 Mg)	T1	
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (***pediatric multiple vitamins***)	T1	
FOLBEE PLUS CZ ORAL TABLET 5 MG (***b-complex-c-biotin-minerals-fa***)	T1	
folbee plus oral tablet	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG (***ferrous sulfate-c-folic acid***)	T1	
full spectrum b/vitamin c oral tablet 0.8 mg	T1	
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
hematinic plus vit/minerals oral tablet 106-1 mg	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***fe fum-vit c-vit b12-fa***)	T1	
hylavite oral tablet	T1	
iron 100 plus oral tablet 100-250-0.025-1 mg	T1	
multivitamin childrens (w/ fa) oral tablet chewable	T1	
nephro vitamins oral tablet 0.8 mg	T1	
NEPHRO-VITE ORAL TABLET 0.8 MG (***b complex-c-folic acid***)	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
b complex-c-folic acid (Renal Oral Capsule 1 Mg)	T1	
renal vitamin oral tablet 0.8 mg	T1	
rena-vite oral tablet	T1	
rena-vite rx oral tablet 1 mg	T1	
reno caps oral capsule 1 mg	T1	
sm b super vitamin complex oral tablet	T1	
sm vitamin b complex/vitamin c oral tablet	T1	
super b complex/fa/vit c oral tablet	T1	
super b/c oral capsule	T1	
super b-complex + vitamin c oral tablet	T1	
super b-complex/vit c/fa oral tablet	T1	
trigels-f forte oral capsule 460-60-0.01-1 mg	T1	
triphrocaps oral capsule 1 mg	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
virt-caps oral capsule 1 mg	T1	
VITALETS CHILDRENS ORAL TABLET CHEWABLE (***pediatric multivit-minerals***)	T1	
vitamin b + c complex oral tablet	T1	
vitamins acd-fluoride oral solution 0.25 mg/ml	T1	
wescaps oral capsule 1 mg	T1	
Vitamin D		
600+d3 oral tablet 600-20 mg-mcg	T1	
aqueous vitamin d oral liquid 10 mcg/ml	T1	QL (100 ML per 30 days)
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML (***cholecalciferol***)	T1	QL (100 ML per 30 days)
CALCIDOL ORAL SOLUTION 200 MCG/ML (***ergocalciferol***)	T1	
cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg	T1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
calcitriol oral solution 1 mcg/ml	T1	
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	T1	
calcium 1000 + d oral tablet 1000-20 mg-mcg	T1	
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	T1	
calcium 500 + d3 oral tablet 500-15 mg-mcg	T1	
calcium 500/d oral tablet 500-5 mg-mcg	T1	
calcium 500+d high potency oral tablet 500-10 mg-mcg	T1	
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
calcium 600 + d oral tablet 600-5 mg-mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium 600 +d high potency oral tablet 600-10 mg-mcg	T1	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	T1	
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	T1	
calcium 600+d high potency oral tablet 600-10 mg-mcg	T1	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	T1	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	T1	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	T1	
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	T1	
calcium carbonate-vitamin d oral capsule 600-5 mg-mcg	T1	
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	T1	
calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg	T1	
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate malate-vit d oral tablet 250-2.5 mg-mcg	T1	
calcium citrate+d3 oral tablet 315-6.25 mg-mcg	T1	
calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	T1	
calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg	T1	
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	T1	
calcium for women oral tablet chewable 500-100-40	T1	
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	T1	
calcium oral tablet chewable 500-2.5 mg-mcg	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium plus vitamin d oral tablet 500-5 mg-mcg	T1	
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	T1	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	T1	
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	T1	
calcium-vitamin d3 oral capsule 600-10 mg-mcg	T1	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	T1	
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG (***calcium citrate-vitamin d***)	T1	
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	T1	
coral calcium oral capsule 185-50-100 mg-mg-unit	T1	
cvs calcium + d3 oral tablet 600-20 mg-mcg	T1	
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	T1	
cvs calcium 600+d oral tablet 600-20 mg-mcg	T1	
cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	T1	
cvs d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)	T1	
d 1000 oral capsule 25 mcg (1000 ut)	T1	
d 1000 oral tablet chewable 25 mcg (1000 ut)	T1	
d 10000 oral capsule 250 mcg (10000 ut)	T1	
d-1000 extra strength oral tablet 25 mcg (1000 ut)	T1	
d2000 ultra strength oral capsule 50 mcg (2000 ut)	T1	
d3 2000 oral capsule 50 mcg (2000 ut)	T1	
d3 adult oral tablet chewable 25 mcg (1000 ut)	T1	
d3 high potency oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
d3 high potency oral tablet 10 mcg (400 unit)	T1	
d3 oral tablet 50 mcg (2000 ut)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
d3 oral tablet chewable 10 mcg (400 unit)	T1	
d3 super strength oral capsule 50 mcg (2000 ut)	T1	
d3-1000 oral capsule 25 mcg (1000 ut)	T1	
d3-1000 oral tablet 25 mcg (1000 ut)	T1	
d-400 oral tablet 10 mcg (400 unit)	T1	
d-5000 oral tablet 125 mcg (5000 ut)	T1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (***cholecalciferol***)	T1	
delta d3 oral tablet 10 mcg (400 unit)	T1	
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T1	
d-vite pediatric oral liquid 10 mcg/ml	T1	QL (100 ML per 30 days)
eq calcium 500+d oral tablet 500-5 mg-mcg	T1	
eq calcium 600+d oral tablet 600-20 mg-mcg	T1	
eq calcium citrate+d oral tablet 315-6.25 mg-mcg	T1	
eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg	T1	
eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg	T1	
eql calcium/vitamin d oral tablet 600-10 mg-mcg	T1	
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	T1	
eql vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	T1	
ergocalciferol oral solution 200 mcg/ml	T1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT (***alendronate-cholecalciferol***)	T1	PA
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	T1	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	T1	
gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg	T1	
gnp d 1000 oral capsule 25 mcg (1000 ut)	T1	

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp d 2000 oral tablet chewable 25 mcg (1000 ut)	T1	
gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)	T1	
gnp vitamin d oral tablet 25 mcg (1000 ut)	T1	
gnp vitamin d oral tablet chewable 10 mcg (400 unit)	T1	
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	T1	
gnp vitamin d3 oral tablet 10 mcg (400 unit)	T1	
HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE 10 MCG (400 UNIT) (***cholecalciferol***)	T1	
hm calcium citrate+d3 petite oral tablet 200-6.25 mg-mcg	T1	
kp calcium citrate+d oral tablet 315-6.25 mg-mcg	T1	
kp vitamin d oral capsule 25 mcg (1000 ut)	T1	
kp vitamin d3 oral capsule 25 mcg (1000 ut)	T1	
liquid calcium/vitamin d oral capsule 600-5 mg-mcg	T1	
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT) (***cholecalciferol***)	T1	
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (***calcium carb-cholecalciferol***)	T1	
oyster shell calcium + d oral tablet 500-5 mg-mcg	T1	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	T1	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	T1	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	T1	
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	T1	
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	T1	
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	T1	
pharmacist choice d-vitamin oral liquid 400 unit/ml	T1	QL (100 ML per 30 days)
ra calcium 600/vit d/minerals oral tablet 600-200 mg-unit	T1	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	T1	
ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg	T1	
ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg	T1	
RA HI CAL ORAL TABLET 500-5 MG-MCG (***calcium carb-cholecalciferol***)	T1	
ra vitamin d-3 oral capsule 50 mcg (2000 ut)	T1	
ra vitamin d-3 oral tablet 25 mcg (1000 ut)	T1	
sm calcium citrate+/vit d3 oral tablet 315-6.25 mg-mcg	T1	
sm calcium citrate+vit d3 max oral tablet 315-6.25 mg-mcg	T1	
sm calcium soft chews oral tablet chewable 500-100-40	T1	
sm calcium/vitamin d oral tablet 500-5 mg-mcg	T1	
sm vitamin d3 oral capsule 50 mcg, 50 mcg (2000 ut)	T1	
sm vitamin d3 oral tablet 25 mcg (1000 ut)	T1	
super calcium 600 + d 400 oral tablet 600-10 mg-mcg	T1	
super calcium 600 + d3 oral tablet 600-10 mg-mcg	T1	
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (***cholecalciferol***)	T1	
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT) (***cholecalciferol***)	T1	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	T1	
tri-vite/fluoride oral solution 0.25 mg/ml	T1	
VITAJOY DAILY D GUMMIES ORAL TABLET CHEWABLE 25 MCG (1000 UT) (***cholecalciferol***)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)	T1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	T1	
vitamin d high potency oral capsule 25 mcg (1000 ut)	T1	
vitamin d infant oral liquid 10 mcg/ml	T1	QL (100 ML per 30 days)
vitamin d oral capsule 50 mcg (2000 ut)	T1	
vitamin d oral liquid 10 mcg/ml	T1	QL (100 ML per 30 days)
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT) (***cholecalciferol***)	T1	
vitamin d2 oral tablet 10 mcg (400 unit)	T1	
vitamin d3 adult gummies oral tablet chewable 25 mcg (1000 ut)	T1	
vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)	T1	
vitamin d3 gummies adult oral tablet chewable 25 mcg (1000 ut)	T1	
vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	T1	
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
vitamin d-3 oral capsule 25 mcg (1000 ut)	T1	
vitamin d3 oral liquid 10 mcg/ml	T1	QL (100 ML per 30 days)
vitamin d3 oral liquid 125 mcg/ml	T1	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	T1	
vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Formulary Medication; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Formulary Medication

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamin d3 super strength oral capsule 50 mcg (2000 ut)	T1	
vitamin d3 super strength oral tablet 50 mcg (2000 ut)	T1	
vitamin d3 ultra potency oral tablet 1250 mcg	T1	
vitamins acd-fluoride oral solution 0.25 mg/ml	T1	
YUMVS VITAMIN D3 ORAL TABLET CHEWABLE 25 MCG (1000 UT) (***cholecalciferol***)	T1	
Vitamin E		
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	
DIALYVITE 3000 ORAL TABLET 3 MG (***b complex-c-biotin-e-min-fa***)	T1	
Vitamin K Activity		
calcium for women oral tablet chewable 500-100-40	T1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	T1	
phytonadione oral tablet 5 mg	T1	
sm calcium soft chews oral tablet chewable 500-100-40	T1	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	T1	

Index