



**Aetna Better Health of
Michigan
Formulary Guide
May 2025**

What is a Formulary?

A formulary is a list of drugs that are covered by the health plan. A formulary also tells you if there are any rules or restrictions on drugs, such as a limit on the amount you can get. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a plan network pharmacy.

Can the Plan's Drug List change?

The plan may add or remove drugs on the list. Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website.

How do I use the Plan's Formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** shows coverage rules for the drug

Drugs are also grouped by the type of condition they treat. Drugs used to treat an earache are listed under the section, "Ear-Nose-Throat Medications." If you know what your drug is used for, please look for that section name on the drug list. Then look under that section for your drug.

What are generic drugs?

The plan covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA).

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug. Call Member Services team at 1-844-528-5815 for more information.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition.

After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.

What if my drug is not on the plan's Formulary?

First, please call your doctor and ask if your drug is covered. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.

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Formulary Drug Name	Reference	Tiering	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		State Carve-Out	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	State Carve-Out	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	guanfacine hcl er	State Carve-Out	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 60 mg</i>	Strattera	State Carve-Out	
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 80 mg</i>		State Carve-Out	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	atomoxetine hcl	State Carve-Out	
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Adderall XR	State Carve-Out	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	State Carve-Out	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Mydayis	State Carve-Out	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	amphetamine-dextroamphetamine	State Carve-Out	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	amphetamine-dextroamphet er	State Carve-Out	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG	amphet-dextroamphet 3-bead er	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Amphetamines***			
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Evekeo	State Carve-Out	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	Dexedrine	State Carve-Out	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg, 5 mg</i>		State Carve-Out	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	ProCentra	State Carve-Out	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Zenzedi	State Carve-Out	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Vyvanse	State Carve-Out	
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Vyvanse	State Carve-Out	
<i>methamphetamine hcl oral tablet 5 mg</i>		State Carve-Out	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG		State Carve-Out	
DESOXYN ORAL TABLET 5 MG	methamphetamine hcl	State Carve-Out	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	dextroamphetamine sulfate er	State Carve-Out	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML		State Carve-Out	
EVEKEO ORAL TABLET 10 MG, 5 MG	amphetamine sulfate	State Carve-Out	
PROCENTRA ORAL SOLUTION 5 MG/5ML	dextroamphetamine sulfate	State Carve-Out	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	lisdexamfetamine dimesylate	State Carve-Out	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	lisdexamfetamine dimesylate	State Carve-Out	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	dextroamphetamine sulfate	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Analeptics***			
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		Common Formulary	AL (Max 1 Years)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML		State Carve-Out	
*Anorexiant Non-Amphetamine***			
<i>benzphetamine hcl oral tablet 50 mg</i>		Preferred	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>		Preferred	PA
<i>diethylpropion hcl oral tablet 25 mg</i>		Preferred	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>		Preferred	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>		Preferred	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>		Preferred	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	Adipex-P	Preferred	PA
ADIPEX-P ORAL TABLET 37.5 MG	phentermine hcl	Preferred	PA
LOMAIRA ORAL TABLET 8 MG		Preferred	PA
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***			
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		Preferred	PA; QLL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-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		Preferred	PA; QLL
*Anti-Obesity - Glp-1 Receptor Agonists***			
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		Preferred	PA; QLL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML		Preferred	PA; QLL
*Lipase Inhibitors***			
<i>orlistat oral capsule 120 mg</i>	Xenical	Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
XENICAL ORAL CAPSULE 120 MG	orlistat	Preferred	PA; QLL
*Stimulants - Misc.***			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	State Carve-Out	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	State Carve-Out	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	State Carve-Out	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	State Carve-Out	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Ritalin LA	State Carve-Out	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		State Carve-Out	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	Concerta	State Carve-Out	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Aptensio XR	State Carve-Out	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		State Carve-Out	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>		State Carve-Out	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	State Carve-Out	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	State Carve-Out	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		State Carve-Out	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Daytrana	State Carve-Out	
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	State Carve-Out	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	methylphenidate hcl er (xr)	State Carve-Out	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	methylphenidate hcl er (osm)	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	methylphenidate	State Carve-Out	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	dexmethylphenidate hcl	State Carve-Out	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	dexmethylphenidate hcl er	State Carve-Out	
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	methylphenidate hcl er (cd)	State Carve-Out	
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	methylphenidate hcl	State Carve-Out	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	armodafinil	State Carve-Out	
PROVIGIL ORAL TABLET 100 MG, 200 MG	modafinil	State Carve-Out	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG		State Carve-Out	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML		State Carve-Out	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	methylphenidate hcl er (osm)	State Carve-Out	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	methylphenidate hcl er (la)	State Carve-Out	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	methylphenidate hcl	State Carve-Out	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC			
*Allergenic Extracts***			
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG		Common Formulary	PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG		Common Formulary	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG		Common Formulary	PA
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG		Common Formulary	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG		Common Formulary	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG		Common Formulary	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG		Common Formulary	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG		Common Formulary	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG		Common Formulary	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG		Common Formulary	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG		Common Formulary	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG		Common Formulary	PA
ALTERNATIVE MEDICINES			
*Alternative Medicine - Me's***			
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	melatonin	CSHCS Coverage	OTC
*Alternative Medicine - St's***			
<i>movana oral tablet 300 mg</i>		State Carve-Out	OTC
<i>ra st johns wort oral tablet 300 mg</i>		State Carve-Out	OTC
<i>sm st johns wort oral tablet 300 mg</i>		State Carve-Out	OTC
<i>st johns wort oral capsule 150 mg, 300 mg</i>		State Carve-Out	OTC
<i>st johns wort oral tablet 300 mg</i>		State Carve-Out	OTC
<i>st johns wort positive mood oral capsule 300 mg</i>		State Carve-Out	OTC
AMINOGLYCOSIDES			
*Aminoglycosides***			
<i>neomycin sulfate oral tablet 500 mg</i>		Preferred	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Bethkis	Non-Preferred	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	Preferred	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Kitabis Pak (w/ nebulizer)	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	tobramycin	Preferred	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	tobramycin	Preferred	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	tobramycin	Non-Preferred	PA
TOBI PODHALER INHALATION CAPSULE 28 MG		Preferred	
ANALGESICS - ANTI-INFLAMMATORY			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG		Non-Preferred	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Non-Preferred	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		Non-Preferred	PA
XELJANZ ORAL SOLUTION 1 MG/ML		Non-Preferred	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		Non-Preferred	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		Non-Preferred	PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>		Non-Preferred	PA
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	Yuflyma (1 Pen)	Non-Preferred	PA
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Yuflyma (1 Pen)	Non-Preferred	PA
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Yuflyma (2 Syringe)	Non-Preferred	PA
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	Non-Preferred	PA
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Pen)	Non-Preferred	PA
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Syringe)	Non-Preferred	PA
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Pen)	Non-Preferred	PA
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	Cyltezo (2 Pen)	Non-Preferred	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	Non-Preferred	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	Non-Preferred	PA
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Simlandi (1 Pen)	Non-Preferred	PA
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Simlandi (2 Syringe)	Non-Preferred	PA
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML		Non-Preferred	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML		Non-Preferred	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML		Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		Non-Preferred	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		Non-Preferred	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML		Non-Preferred	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	adalimumab-adbm (2 pen)	Non-Preferred	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	adalimumab-adbm (2 syringe)	Non-Preferred	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	adalimumab-adbm (2 pen)	Non-Preferred	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	adalimumab-adbm (2 pen)	Non-Preferred	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		Non-Preferred	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		Non-Preferred	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	adalimumab-fkjp (2 pen)	Non-Preferred	PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	adalimumab-fkjp (2 syringe)	Non-Preferred	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		Preferred	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		Preferred	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML		Preferred	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		Preferred	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	adalimumab-adaz	Non-Preferred	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	adalimumab-adaz	Non-Preferred	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	adalimumab-adaz	Non-Preferred	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML		Non-Preferred	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML		Non-Preferred	PA
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML		Non-Preferred	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML		Non-Preferred	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	adalimumab-aacf (2 pen)	Non-Preferred	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	adalimumab-aacf (2 syringe)	Non-Preferred	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	adalimumab-aacf (2 pen)	Non-Preferred	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	adalimumab-aacf (2 pen)	Non-Preferred	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	adalimumab-ryvk (2 pen)	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		Non-Preferred	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		Non-Preferred	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	adalimumab-ryvk (2 pen)	Non-Preferred	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		Non-Preferred	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML		Non-Preferred	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML		Non-Preferred	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML		Non-Preferred	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	adalimumab-aaty (1 pen)	Non-Preferred	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	adalimumab-aaty (1 pen)	Non-Preferred	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	adalimumab-aaty (2 syringe)	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	adalimumab-aaty (1 pen)	Non-Preferred	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML		Non-Preferred	PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	Preferred	QLL
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	celecoxib	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Interleukin-1 Blockers***			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		State Carve-Out	
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		State Carve-Out	
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		Non-Preferred	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		Non-Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		Non-Preferred	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		Non-Preferred	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		Non-Preferred	PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	Non-Preferred	PA
<i>dual action pain relief oral tablet 125-250 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Duexis	Non-Preferred	PA
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>naproxen-esomeprazole mg oral tablet delayed release 500-20 mg</i>	Vimovo	Non-Preferred	PA
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	diclofenac-misoprostol	Non-Preferred	PA
DUEXIS ORAL TABLET 800-26.6 MG	ibuprofen-famotidine	Non-Preferred	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	naproxen-esomeprazole mg	Non-Preferred	PA
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***			
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	Preferred	OTC
<i>diclofenac potassium oral capsule 25 mg</i>	Zipsor	Non-Preferred	PA
<i>diclofenac potassium oral tablet 25 mg</i>	Lofena	Non-Preferred	PA
<i>diclofenac potassium oral tablet 50 mg</i>		Non-Preferred	PA
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		Non-Preferred	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		Preferred	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	Non-Preferred	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		Non-Preferred	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>		Non-Preferred	PA
<i>etodolac oral tablet 400 mg</i>	Lodine	Non-Preferred	PA
<i>etodolac oral tablet 500 mg</i>		Non-Preferred	PA
<i>fenopropfen calcium oral capsule 400 mg</i>		Non-Preferred	PA
<i>fenopropfen calcium oral tablet 600 mg</i>		Non-Preferred	PA
<i>flurbiprofen oral tablet 100 mg</i>	Lurbipr	Non-Preferred	PA
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	Preferred	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	Preferred	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	
<i>ibuprofen oral tablet 200 mg</i>	Addaprin	Preferred	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	Preferred	
<i>ibuprofen oral tablet chewable 100 mg</i>	Advil Junior Strength	Preferred	OTC
<i>indomethacin er oral capsule extended release 75 mg</i>		Non-Preferred	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>		Preferred	
<i>indomethacin oral suspension 25 mg/5ml</i>	Indocin	Non-Preferred	PA
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		Non-Preferred	PA
<i>ketoprofen oral capsule 25 mg</i>	Kiprofen	Non-Preferred	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>		Preferred	QLL
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>		Non-Preferred	PA
<i>mefenamic acid oral capsule 250 mg</i>		Non-Preferred	PA
<i>meloxicam oral capsule 10 mg, 5 mg</i>		Non-Preferred	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		Preferred	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		Preferred	
<i>naproxen dr oral tablet delayed release 500 mg</i>	EC-Naprosyn	Non-Preferred	PA
<i>naproxen oral suspension 125 mg/5ml</i>		Non-Preferred	PA
<i>naproxen oral tablet 250 mg, 375 mg</i>		Preferred	
<i>naproxen oral tablet 500 mg</i>	Naprosyn	Preferred	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	EC-Naprosyn	Non-Preferred	PA
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	Naprelan	Non-Preferred	PA
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	Preferred	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	Preferred	OTC
<i>naproxen sodium oral tablet 275 mg</i>		Non-Preferred	PA
<i>naproxen sodium oral tablet 550 mg</i>	Anaprox DS	Non-Preferred	PA
<i>oxaprozin oral tablet 600 mg</i>	Daypro	Non-Preferred	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>		Non-Preferred	PA
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	Preferred	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		Preferred	
<i>tolmetin sodium oral capsule 400 mg</i>		Non-Preferred	PA
DAYPRO ORAL TABLET 600 MG	oxaprozin	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
FENOPRON ORAL CAPSULE 300 MG		Non-Preferred	PA
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	ibuprofen	Preferred	
KIPROFEN ORAL CAPSULE 25 MG	ketoprofen	Non-Preferred	PA
LOFENA ORAL TABLET 25 MG	diclofenac potassium	Non-Preferred	PA
NALFON ORAL CAPSULE 400 MG	fenoprofen calcium	Non-Preferred	PA
NALFON ORAL TABLET 600 MG		Non-Preferred	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	naproxen sodium er	Non-Preferred	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML	naproxen	Non-Preferred	PA
RELAFEN DS ORAL TABLET 1000 MG		Non-Preferred	PA
TOLECTIN 600 ORAL TABLET 600 MG	tolmetin sodium	Non-Preferred	PA
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 20 MG, 30 MG		Non-Preferred	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		Non-Preferred	PA
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	Common Formulary	QLL
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		Non-Preferred	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		Non-Preferred	PA
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		Preferred	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		Preferred	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		Preferred	
ANALGESICS - NONNARCOTIC			
*Analgesics Other***			
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		Common Formulary	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	Common Formulary	OTC
<i>acetaminophen extra strength oral capsule 500 mg</i>		Common Formulary	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	Common Formulary	OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		Common Formulary	OTC
<i>acetaminophen oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	Common Formulary	OTC
<i>acetaminophen oral tablet 325 mg</i>	Aphen	Common Formulary	OTC
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	Common Formulary	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	Common Formulary	OTC
<i>acetaminophen rectal suppository 650 mg</i>		Common Formulary	OTC
<i>mapap oral capsule 500 mg</i>		Common Formulary	OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		Common Formulary	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	acetaminophen	Common Formulary	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		Common Formulary	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	acetaminophen	Common Formulary	OTC
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		Common Formulary	QLL; AL (Max 64 Years)
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
BAC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
ESGIC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
*Salicylate Combinations***			
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
*Salicylates***			
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Common Formulary	QLL; OTC
<i>aspirin low strength oral tablet chewable 81 mg</i>	Bayer Low Dose	Common Formulary	QLL; OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
<i>aspirin rectal suppository 300 mg</i>		Common Formulary	OTC
<i>diflunisal oral tablet 500 mg</i>		Non-Preferred	PA
DOLOBID ORAL TABLET 250 MG		Non-Preferred	PA
ANALGESICS - OPIOID			
*Codeine Combinations***			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>		Preferred	AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		Preferred	AL (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Fioricet/Codeine	Non-Preferred	PA; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		Non-Preferred	PA; AL (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	Non-Preferred	PA; AL (Min 12 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	butalbital-asa-caff-codeine	Non-Preferred	PA; AL (Min 12 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	butalbital-apap-caff-cod	Non-Preferred	PA; AL (Min 12 Years)
*Dihydrocodeine Combinations***			
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Treizix	Non-Preferred	PA
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		Preferred	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>		Preferred	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		Non-Preferred	PA
*Opioid Agonists***			
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		Preferred	QLL; AL (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		Non-Preferred	PA; QLL
<i>fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg</i>		Non-Preferred	PA; QLL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		Preferred	QLL
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		Non-Preferred	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>		Non-Preferred	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Hysingla ER	Non-Preferred	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 120 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>		Non-Preferred	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Dilaudid	Preferred	QLL
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	Preferred	QLL
<i>hydromorphone hcl rectal suppository 3 mg</i>		Non-Preferred	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>		Non-Preferred	PA
<i>meperidine hcl oral solution 50 mg/5ml</i>		Non-Preferred	PA; QLL
<i>meperidine hcl oral tablet 50 mg</i>		Non-Preferred	PA; QLL
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	Non-Preferred	PA
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		Non-Preferred	PA
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		Non-Preferred	PA
<i>methadone hcl oral tablet soluble 40 mg</i>	Methadose	Non-Preferred	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		Preferred	QLL
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		Non-Preferred	PA
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		Non-Preferred	PA
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		Preferred	
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	Preferred	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		Preferred	QLL
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		Preferred	QLL
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		Preferred	
<i>oxycodone hcl oral capsule 5 mg</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral solution 5 mg/5ml</i>		Preferred	QLL
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>		Preferred	QLL
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	Preferred	QLL
<i>oxycodone hcl oral tablet 20 mg</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg</i>	RoxyBond	Non-Preferred	PA; QLL
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	RoxyBond	Preferred	QLL
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		Non-Preferred	PA
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		Non-Preferred	PA; QLL
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	ConZip	Non-Preferred	PA; AL (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Preferred	AL (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Preferred	AL (Min 12 Years)
<i>tramadol hcl oral solution 5 mg/ml</i>		Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>tramadol hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>		Preferred	AL (Min 12 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	tramadol hcl (er biphasic)	Non-Preferred	PA; AL (Min 12 Years)
DILAUDID ORAL LIQUID 1 MG/ML	hydromorphone hcl	Non-Preferred	PA; QLL
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	hydromorphone hcl	Non-Preferred	PA; QLL
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	hydrocodone bitartrate er	Non-Preferred	PA
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	methadone hcl	Non-Preferred	PA
METHADOSE ORAL CONCENTRATE 10 MG/ML	methadone hcl	Non-Preferred	PA
METHADOSE ORAL TABLET SOLUBLE 40 MG	methadone hcl	Non-Preferred	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	methadone hcl	Non-Preferred	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	morphine sulfate er	Non-Preferred	PA
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
QDOLO ORAL SOLUTION 5 MG/ML	tramadol hcl	Non-Preferred	PA; QLL; AL (Min 12 Years)
ROXICODONE ORAL TABLET 15 MG, 30 MG	oxycodone hcl	Non-Preferred	PA; QLL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	oxycodone hcl	Non-Preferred	PA; QLL
*Opioid Combinations***			
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	Prolate	Non-Preferred	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		Preferred	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	Preferred	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	oxycodone-acetaminophen	Preferred	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	oxycodone-acetaminophen	Non-Preferred	PA
PROLATE ORAL SOLUTION 10-300 MG/5ML	oxycodone-acetaminophen	Non-Preferred	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	oxycodone-acetaminophen	Non-Preferred	PA
*Opioid Partial Agonists***			
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		State Carve-Out	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Suboxone	State Carve-Out	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		State Carve-Out	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	Non-Preferred	PA; QLL
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		Non-Preferred	PA; QLL
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		Non-Preferred	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	buprenorphine	Preferred	QLL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	buprenorphine hcl-naloxone hcl	State Carve-Out	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG		State Carve-Out	
*Tramadol Combinations***			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		Preferred	AL (Min 12 Years)
SEGLENTIS ORAL TABLET 56-44 MG		Non-Preferred	PA; AL (Min 12 Years)
ANDROGENS-ANABOLIC			
*Androgens***			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Common Formulary	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	Common Formulary	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	AndroGel Pump	Preferred	PA
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>		Non-Preferred	PA
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	Non-Preferred	PA
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	Non-Preferred	PA
<i>testosterone transdermal solution 30 mg/act</i>		Non-Preferred	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	testosterone	Non-Preferred	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	testosterone cypionate	Common Formulary	
NATESTO NASAL GEL 5.5 MG/ACT		Non-Preferred	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	testosterone	Non-Preferred	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	testosterone	Non-Preferred	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	testosterone	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ANORECTAL AND RELATED PRODUCTS			
*Rectal Anesthetic/Steroids***			
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Lidocort	Preferred	
LIDOCORT EXTERNAL CREAM 3-0.5 %	lidocaine-hydrocort (perianal)	Preferred	
*Rectal Steroids***			
<i>hydrocortisone (perianal) external cream 1 %</i>	Proctocort	Non-Preferred	PA
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	Common Formulary	
PROCTOCORT EXTERNAL CREAM 1 %	hydrocortisone (perianal)	Non-Preferred	PA
PROCTO-MED HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Common Formulary	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Common Formulary	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Common Formulary	
ANTACIDS			
*Antacid & Simethicone***			
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Mintox	Common Formulary	OTC
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	Almacone Double Strength	Common Formulary	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	Common Formulary	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	antacid & antigas	Common Formulary	OTC
*Antacid Combinations***			
ACID GONE ORAL SUSPENSION 95-358 MG/15ML		Common Formulary	OTC
*Antacids - Aluminum Salts***			
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>		Common Formulary	OTC
*Antacids - Bicarbonate***			
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Antacids - Calcium Salts***			
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Chewy Bites Ultra Str	Common Formulary	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	Common Formulary	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		Common Formulary	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	Common Formulary	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Chewy Bites Ultra Str	Common Formulary	OTC
*Antacids - Magnesium Salts***			
<i>mag 440 oral tablet 440 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide oral tablet 400 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide oral tablet 420 mg</i>	Maox	CSHCS Coverage	OTC
ANTHELMINTICS			
*Anthelmintics***			
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		Common Formulary	PA
<i>ivermectin oral tablet 3 mg</i>	Stromectol	Common Formulary	QLL
ANTIANGINAL AGENTS			
*Antianginals-Other***			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>		Common Formulary	PA; QLL
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG		Common Formulary	PA; QLL
*Nitrates***			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		Common Formulary	
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	Common Formulary	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		Common Formulary	QLL
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		Common Formulary	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	Common Formulary	QLL
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	Common Formulary	
NITRO-BID TRANSDERMAL OINTMENT 2 %		Common Formulary	
ANTIANKXIETY AGENTS			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		State Carve-Out	
<i>droperidol injection solution 2.5 mg/ml</i>		State Carve-Out	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		Common Formulary	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>meprobamate oral tablet 200 mg, 400 mg</i>		State Carve-Out	
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	State Carve-Out	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Xanax	State Carve-Out	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	State Carve-Out	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		State Carve-Out	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		State Carve-Out	
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>		State Carve-Out	
<i>diazepam oral concentrate 5 mg/ml</i>	diazePAM Intensol	State Carve-Out	
<i>diazepam oral solution 5 mg/5ml</i>		State Carve-Out	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	State Carve-Out	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Ativan	State Carve-Out	
<i>lorazepam oral concentrate 1 mg/0.5ml, 2 mg/ml</i>	LORazepam Intensol	State Carve-Out	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		State Carve-Out	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		State Carve-Out	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	lorazepam	State Carve-Out	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	lorazepam	State Carve-Out	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	diazepam	State Carve-Out	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	State Carve-Out	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	diazepam	State Carve-Out	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	alprazolam	State Carve-Out	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	alprazolam er	State Carve-Out	
ANTIARRHYTHMICS			
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	Common Formulary	AL (Max 64 Years)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		Common Formulary	
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		Common Formulary	
*Antiarrhythmics Type I-C***			
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		Common Formulary	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		Common Formulary	
*Antiarrhythmics Type Iii***			
<i>amiodarone hcl oral tablet 100 mg</i>	Pacerone	Common Formulary	QLL
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Pacerone	Common Formulary	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	Common Formulary	
PACERONE ORAL TABLET 100 MG	amiodarone hcl	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
PACERONE ORAL TABLET 200 MG, 400 MG	amiodarone hcl	Common Formulary	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>		Non-Preferred	PA
ZYFLO ORAL TABLET 600 MG		Non-Preferred	PA
*Adrenergic Combinations***			
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	Non-Preferred	PA; QLL
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Breo Ellipta	Non-Preferred	PA
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Advair HFA	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Advair Diskus	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	Non-Preferred	PA; QLL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		Preferred	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	Preferred	QLL
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	fluticasone-salmeterol	Preferred	QLL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	fluticasone-salmeterol	Non-Preferred	PA; QLL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	fluticasone-salmeterol	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	fluticasone-salmeterol	Non-Preferred	PA; QLL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		Non-Preferred	PA; QLL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	umeclidinium-vilanterol	Preferred	QLL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		Preferred	QLL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	fluticasone furoate-vilanterol	Non-Preferred	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		Non-Preferred	PA; QLL
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	Non-Preferred	PA; QLL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		Non-Preferred	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		Preferred	QLL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT		Non-Preferred	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Preferred	
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Preferred	QLL; AL (Max 11 Years)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		Preferred	QLL
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	Preferred	QLL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	Non-Preferred	PA; QLL
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Preferred	PA
*Beta Adrenergics***			
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	Non-Preferred	PA
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		Preferred	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	Non-Preferred	PA
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Perforomist	Non-Preferred	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		Non-Preferred	PA
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	Non-Preferred	PA; QLL
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		Common Formulary	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	arformoterol tartrate	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	formoterol fumarate	Non-Preferred	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		Non-Preferred	PA; QLL
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	albuterol sulfate hfa	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		Preferred	QLL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		Non-Preferred	PA
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	albuterol sulfate hfa	Preferred	QLL
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	levalbuterol tartrate	Preferred	QLL
*Bronchodilators - Anticholinergics***			
<i>ipratropium bromide inhalation solution 0.02 %</i>		Preferred	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	Non-Preferred	PA; QLL
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		Preferred	QLL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		Preferred	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	tiotropium bromide monohydrate	Preferred	QLL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		Preferred	QLL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT		Non-Preferred	PA
YUPELRI INHALATION SOLUTION 175 MCG/3ML		Non-Preferred	PA
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet 4 mg</i>	Singulair	Non-Preferred	PA; AL (Max 5 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	Preferred	
<i>montelukast sodium oral tablet chewable 4 mg</i>	Singulair	Preferred	AL (Max 5 Years)
<i>montelukast sodium oral tablet chewable 5 mg</i>	Singulair	Preferred	AL (Max 14 Years)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	Non-Preferred	PA
ACCOLATE ORAL TABLET 10 MG, 20 MG	zafirlukast	Non-Preferred	PA
SINGULAIR ORAL PACKET 4 MG	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
SINGULAIR ORAL TABLET 10 MG	montelukast sodium	Non-Preferred	PA
SINGULAIR ORAL TABLET CHEWABLE 4 MG	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	montelukast sodium	Non-Preferred	PA; AL (Max 14 Years)
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***			
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML		Common Formulary	PA; QLL
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	Preferred	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	roflumilast	Non-Preferred	PA
*Steroid Inhalants***			
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	Preferred	QLL; AL (Max 8 Years)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>		Non-Preferred	PA
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		Preferred	QLL
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT		Preferred	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		Non-Preferred	PA; AL (Max 11 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		Preferred	QLL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		Non-Preferred	PA; QLL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		Non-Preferred	PA; QLL
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	budesonide	Non-Preferred	PA; QLL; AL (Max 8 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		Non-Preferred	PA
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML		Non-Preferred	PA
*Xanthines***			
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		Common Formulary	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		Common Formulary	
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>theophylline oral solution 80 mg/15ml</i>		Common Formulary	
ANTICOAGULANTS			
*Coumarin Anticoagulants***			
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	Preferred	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	warfarin sodium	Preferred	
*Direct Factor Xa Inhibitors***			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		Preferred	QLL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Preferred	QLL
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Non-Preferred	PA
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		Preferred	QLL
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		Preferred	QLL
XARELTO ORAL TABLET 2.5 MG	rivaroxaban	Preferred	QLL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		Preferred	QLL
*Heparins And Heparinoid-Like Agents***			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>		Common Formulary	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>		Common Formulary	
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	Preferred	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	Preferred	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML		Non-Preferred	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML	enoxaparin sodium	Non-Preferred	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	enoxaparin sodium	Non-Preferred	PA
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	Non-Preferred	PA
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	fondaparinux sodium	Non-Preferred	PA
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	Non-Preferred	PA; QLL
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	dabigatran etexilate mesylate	Preferred	QLL
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Non-Preferred	PA
ANTICONVULSANTS			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		State Carve-Out	
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	State Carve-Out	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	State Carve-Out	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	State Carve-Out	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		State Carve-Out	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	clonazepam	State Carve-Out	
ONFI ORAL SUSPENSION 2.5 MG/ML	clobazam	State Carve-Out	
ONFI ORAL TABLET 10 MG, 20 MG	clobazam	State Carve-Out	
*Anticonvulsants - Misc.***			
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	State Carve-Out	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	State Carve-Out	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	TEGretol	State Carve-Out	
<i>carbamazepine oral tablet 200 mg</i>	Epitol	State Carve-Out	
<i>carbamazepine oral tablet chewable 100 mg</i>		State Carve-Out	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	State Carve-Out	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	State Carve-Out	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	State Carve-Out	
<i>lacosamide intravenous solution 200 mg/20ml</i>	Vimpat	State Carve-Out	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Vimpat	State Carve-Out	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	State Carve-Out	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	State Carve-Out	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	LaMICtal ODT	State Carve-Out	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	State Carve-Out	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	State Carve-Out	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	State Carve-Out	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LaMICtal Starter	State Carve-Out	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	LaMICtal Starter	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	LaMICtal Starter	State Carve-Out	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	State Carve-Out	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>		State Carve-Out	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Keppra	State Carve-Out	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Keppra	State Carve-Out	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	State Carve-Out	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	State Carve-Out	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	State Carve-Out	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Lyrica	State Carve-Out	
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	State Carve-Out	
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	State Carve-Out	
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	State Carve-Out	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Banzel	State Carve-Out	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Trokendi XR	State Carve-Out	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	State Carve-Out	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	State Carve-Out	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	State Carve-Out	
<i>zonisamide oral capsule 50 mg</i>		State Carve-Out	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	eslicarbazepine acetate	State Carve-Out	
BANZEL ORAL SUSPENSION 40 MG/ML	rufinamide	State Carve-Out	
BANZEL ORAL TABLET 200 MG, 400 MG	rufinamide	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	carbamazepine er	State Carve-Out	
EPITOL ORAL TABLET 200 MG	carbamazepine	State Carve-Out	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	levetiracetam	State Carve-Out	
KEPPRA ORAL SOLUTION 100 MG/ML	levetiracetam	State Carve-Out	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	levetiracetam	State Carve-Out	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	levetiracetam er	State Carve-Out	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	lamotrigine	State Carve-Out	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	lamotrigine	State Carve-Out	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	State Carve-Out	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	lamotrigine	State Carve-Out	
LAMICTAL STARTER ORAL KIT 35 X 25 MG	lamotrigine starter kit-blue	State Carve-Out	
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit-orange	State Carve-Out	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit-green	State Carve-Out	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG		State Carve-Out	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	lamotrigine er	State Carve-Out	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	pregabalin	State Carve-Out	
LYRICA ORAL SOLUTION 20 MG/ML	pregabalin	State Carve-Out	
MYSOLINE ORAL TABLET 250 MG, 50 MG	primidone	State Carve-Out	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	gabapentin	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
NEURONTIN ORAL SOLUTION 250 MG/5ML	gabapentin	State Carve-Out	
NEURONTIN ORAL TABLET 600 MG, 800 MG	gabapentin	State Carve-Out	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	oxcarbazepine er	State Carve-Out	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	topiramate er	State Carve-Out	
ROWEEPRA ORAL TABLET 500 MG	levetiracetam	State Carve-Out	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		State Carve-Out	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	levetiracetam	State Carve-Out	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	State Carve-Out	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	lamotrigine starter kit-blue	State Carve-Out	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit-green	State Carve-Out	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit-orange	State Carve-Out	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	carbamazepine	State Carve-Out	
TEGRETOL ORAL TABLET 200 MG	carbamazepine	State Carve-Out	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	carbamazepine er	State Carve-Out	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	topiramate	State Carve-Out	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	topiramate	State Carve-Out	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	oxcarbazepine	State Carve-Out	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	oxcarbazepine	State Carve-Out	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	topiramate er	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	lacosamide	State Carve-Out	
VIMPAT ORAL SOLUTION 10 MG/ML	lacosamide	State Carve-Out	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	lacosamide	State Carve-Out	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	zonisamide	State Carve-Out	
*Carbamates***			
<i>felbamate oral suspension 600 mg/5ml</i>		State Carve-Out	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	State Carve-Out	
FELBATOL ORAL TABLET 400 MG, 600 MG	felbamate	State Carve-Out	
*Gaba Modulators***			
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		State Carve-Out	
<i>vigabatrin oral packet 500 mg</i>	Sabril	State Carve-Out	
<i>vigabatrin oral tablet 500 mg</i>	Sabril	State Carve-Out	
SABRIL ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
SABRIL ORAL TABLET 500 MG	vigabatrin	State Carve-Out	
VIGADRONE ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
VIGADRONE ORAL TABLET 500 MG	vigabatrin	State Carve-Out	
VIGPODER ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
*Hydantoins***			
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	Cerebyx	State Carve-Out	
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin-125	State Carve-Out	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	State Carve-Out	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	State Carve-Out	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	State Carve-Out	
<i>phenytoin sodium injection solution 50 mg/ml</i>		State Carve-Out	
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	fosphenytoin sodium	State Carve-Out	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
DILANTIN ORAL CAPSULE 100 MG	phenytoin sodium extended	State Carve-Out	
DILANTIN ORAL CAPSULE 30 MG		State Carve-Out	
DILANTIN ORAL SUSPENSION 125 MG/5ML	phenytoin	State Carve-Out	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	phenytoin	State Carve-Out	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	phenytoin sodium extended	State Carve-Out	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	State Carve-Out	
*Succinimides***			
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	State Carve-Out	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	State Carve-Out	
<i>methsuximide oral capsule 300 mg</i>	Celontin	State Carve-Out	
CELONTIN ORAL CAPSULE 300 MG	methsuximide	State Carve-Out	
ZARONTIN ORAL CAPSULE 250 MG	ethosuximide	State Carve-Out	
ZARONTIN ORAL SOLUTION 250 MG/5ML	ethosuximide	State Carve-Out	
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	State Carve-Out	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	State Carve-Out	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	State Carve-Out	
<i>valproate sodium intravenous solution 100 mg/ml</i>		State Carve-Out	
<i>valproic acid oral capsule 250 mg</i>		State Carve-Out	
<i>valproic acid oral solution 250 mg/5ml</i>		State Carve-Out	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	divalproex sodium er	State Carve-Out	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	divalproex sodium	State Carve-Out	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	divalproex sodium	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIDEPRESSANTS			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	State Carve-Out	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		State Carve-Out	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	State Carve-Out	
REMERON ORAL TABLET 15 MG, 30 MG	mirtazapine	State Carve-Out	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	mirtazapine	State Carve-Out	
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	State Carve-Out	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	State Carve-Out	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Forfivo XL	State Carve-Out	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		State Carve-Out	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG		State Carve-Out	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	bupropion hcl er (xl)	State Carve-Out	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	bupropion hcl er (sr)	State Carve-Out	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	bupropion hcl er (xl)	State Carve-Out	
*Monoamine Oxidase Inhibitors (Maois)***			
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	State Carve-Out	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	State Carve-Out	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		State Carve-Out	
MARPLAN ORAL TABLET 10 MG		State Carve-Out	
NARDIL ORAL TABLET 15 MG	phenelzine sulfate	State Carve-Out	
PARNATE ORAL TABLET 10 MG	tranylcypromine sulfate	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Selective Serotonin Reuptake Inhibitors (Ssrís)***			
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>		State Carve-Out	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CeleXA	State Carve-Out	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		State Carve-Out	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	State Carve-Out	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PROzac	State Carve-Out	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		State Carve-Out	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		State Carve-Out	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>		State Carve-Out	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		State Carve-Out	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Paxil CR	State Carve-Out	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Paxil	State Carve-Out	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	State Carve-Out	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	State Carve-Out	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	State Carve-Out	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	citalopram hydrobromide	State Carve-Out	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	escitalopram oxalate	State Carve-Out	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	paroxetine hcl er	State Carve-Out	
PAXIL ORAL SUSPENSION 10 MG/5ML	paroxetine hcl	State Carve-Out	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	paroxetine hcl	State Carve-Out	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	fluoxetine hcl	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
ZOLOFT ORAL CONCENTRATE 20 MG/ML	sertraline hcl	State Carve-Out	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	sertraline hcl	State Carve-Out	
*Serotonin Modulators***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		State Carve-Out	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		State Carve-Out	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	State Carve-Out	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		State Carve-Out	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	vilazodone hcl	State Carve-Out	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>		State Carve-Out	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	State Carve-Out	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	State Carve-Out	
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		State Carve-Out	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	State Carve-Out	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>		State Carve-Out	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		State Carve-Out	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	duloxetine hcl	State Carve-Out	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	venlafaxine hcl er	State Carve-Out	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		State Carve-Out	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	desvenlafaxine succinate er	State Carve-Out	
*Tricyclic Agents***			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	State Carve-Out	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	State Carve-Out	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>doxepin hcl oral concentrate 10 mg/ml</i>		State Carve-Out	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		State Carve-Out	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	State Carve-Out	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		State Carve-Out	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		State Carve-Out	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		State Carve-Out	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	clomipramine hcl	State Carve-Out	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	desipramine hcl	State Carve-Out	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	nortriptyline hcl	State Carve-Out	
ANTIDIABETICS			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Antidiabetic - Amylin Analog***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		Preferred	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		Preferred	
*Biguanides***			
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Non-Preferred	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Non-Preferred	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>		Preferred	
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	Non-Preferred	PA
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		Preferred	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>		Non-Preferred	PA
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	metformin hcl er (mod)	Non-Preferred	PA
RIOMET ORAL SOLUTION 500 MG/5ML	metformin hcl	Non-Preferred	PA
*Diabetic Other***			
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	Non-Preferred	PA
<i>glucagon emergency injection kit 1 mg</i>		Preferred	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		Non-Preferred	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		Preferred	QLL
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		Preferred	QLL
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		Preferred	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		Preferred	QLL
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		Non-Preferred	PA; QLL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		Non-Preferred	PA; QLL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	diazoxide	Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML		Preferred	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML		Preferred	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		Non-Preferred	PA
<i>saxagliptin hcl oral tablet 2.5 mg</i>		Non-Preferred	PA
<i>saxagliptin hcl oral tablet 5 mg</i>	Onglyza	Non-Preferred	PA
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Zituvio	Non-Preferred	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Preferred	QLL
ONGLYZA ORAL TABLET 5 MG	saxagliptin hcl	Non-Preferred	PA
TRADJENTA ORAL TABLET 5 MG		Preferred	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	sitagliptin	Non-Preferred	PA
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		Non-Preferred	PA
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>		Non-Preferred	PA
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Zituvimet	Non-Preferred	PA
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG		Preferred	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		Preferred	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG		Non-Preferred	PA
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	sitaglipt base-metform hcl er	Non-Preferred	PA
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		Non-Preferred	PA
*Human Insulin***			
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NovoLOG 70/30 FlexPen ReliOn	Preferred	QLL
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NovoLOG FlexPen	Preferred	QLL
<i>insulin aspart injection solution 100 unit/ml</i>	NovoLOG	Preferred	QLL
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NovoLOG PenFill	Non-Preferred	PA; QLL
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	Preferred	QLL
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tresiba FlexTouch	Non-Preferred	PA; QLL
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tresiba	Non-Preferred	PA; QLL
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo Max SoloStar	Non-Preferred	PA; QLL
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo SoloStar	Non-Preferred	PA; QLL
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	Non-Preferred	PA; QLL
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	Non-Preferred	PA; QLL
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG KwikPen	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>insulin lispro injection solution 100 unit/ml</i>	HumaLOG	Preferred	QLL
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	Preferred	QLL
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	Non-Preferred	PA; QLL
ADMELOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	Non-Preferred	PA; QLL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro (1 unit dial)	Non-Preferred	PA; QLL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT		Non-Preferred	PA; QLL
APIDRA INJECTION SOLUTION 100 UNIT/ML		Preferred	QLL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	Non-Preferred	PA; QLL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Non-Preferred	PA; QLL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Non-Preferred	PA; QLL
FIASP INJECTION SOLUTION 100 UNIT/ML		Non-Preferred	PA; QLL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Non-Preferred	PA; QLL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Non-Preferred	PA; QLL
HUMALOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	Preferred	QLL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro junior kwikpen	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	insulin lispro (1 unit dial)	Preferred	QLL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML		Non-Preferred	PA; QLL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		Preferred	QLL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	insulin lispro prot & lispro	Preferred	QLL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		Preferred	QLL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Preferred	QLL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Preferred	QLL; OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		Preferred	QLL; OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Non-Preferred	PA; QLL; OTC
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Preferred	QLL; OTC
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		Preferred	QLL; OTC
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		Preferred	QLL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		Preferred	QLL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	Preferred	QLL
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML		Preferred	QLL
LYUMJEV INJECTION SOLUTION 100 UNIT/ML		Non-Preferred	PA; QLL; AL (Min 18 Years)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		Non-Preferred	PA; QLL; AL (Min 18 Years)
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Non-Preferred	PA; QLL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Non-Preferred	PA; QLL; OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Non-Preferred	PA; QLL; OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		Non-Preferred	PA; QLL; OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		Non-Preferred	PA; QLL; OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		Preferred	QLL; OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		Preferred	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	Non-Preferred	PA; QLL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	Non-Preferred	PA; QLL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	Non-Preferred	PA; QLL
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	insulin aspart	Non-Preferred	PA; QLL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	Non-Preferred	PA; QLL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	Non-Preferred	PA; QLL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	Non-Preferred	PA; QLL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	insulin aspart penfill	Preferred	QLL
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	insulin aspart	Non-Preferred	PA; QLL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Non-Preferred	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine-yfgn	Non-Preferred	PA; QLL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine-yfgn	Non-Preferred	PA; QLL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	insulin glargine max solostar	Non-Preferred	PA; QLL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	insulin glargine solostar	Non-Preferred	PA; QLL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	insulin degludec flextouch	Non-Preferred	PA; QLL
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin degludec	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-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		Non-Preferred	PA; QLL
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML		Non-Preferred	PA; QLL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	exenatide	Preferred	PA; QLL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML		Preferred	PA; QLL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		Preferred	PA; QLL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		Preferred	PA; QLL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		Preferred	PA; QLL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		Non-Preferred	PA; QLL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		Preferred	PA; QLL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	liraglutide	Preferred	PA; QLL
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		Non-Preferred	PA; QLL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Meglitinide Analogues***			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		Preferred	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		Preferred	
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG		Non-Preferred	PA
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Non-Preferred	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Non-Preferred	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Non-Preferred	PA
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	Non-Preferred	PA
FARXIGA ORAL TABLET 10 MG, 5 MG	dapagliflozin propanediol	Preferred	
INVOKANA ORAL TABLET 100 MG, 300 MG		Non-Preferred	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG		Preferred	
STEGLATRO ORAL TABLET 15 MG, 5 MG		Non-Preferred	PA
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	Xigduo XR	Non-Preferred	PA
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		Non-Preferred	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		Preferred	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG		Non-Preferred	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	dapagliflozin pro-metformin er	Preferred	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG		Preferred	
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		Non-Preferred	PA
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		Preferred	
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		Preferred	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	Preferred	
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		Preferred	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>		Preferred	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	Preferred	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>		Preferred	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		Preferred	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		Preferred	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	glipizide er	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Sulfonylurea-Thiazolidinedione Combinations***			
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	Non-Preferred	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	pioglitazone hcl-glimepiride	Non-Preferred	PA
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		Non-Preferred	PA
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	Actoplus Met	Non-Preferred	PA
ACTOPLUS MET ORAL TABLET 15-850 MG	pioglitazone hcl-metformin hcl	Non-Preferred	PA
*Thiazolidinediones***			
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	Preferred	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	pioglitazone hcl	Non-Preferred	PA
ANTIDIARRHEAL/PROBIOTIC AGENTS			
*Antidiarrheal/Probiotic Agents - Misc.***			
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	Common Formulary	OTC
<i>ft stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	Common Formulary	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	Common Formulary	OTC
CULTURELLE ORAL CAPSULE	cvs probiotic (lactobacillus)	CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Antiperistaltic Agents***			
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	Preferred	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	Preferred	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	Preferred	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE 100 MG		Common Formulary	
*Opioid Antagonists***			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		Common Formulary	QLL
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		Common Formulary	QLL
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		Common Formulary	QLL
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	Common Formulary	QLL
KLOXXADO NASAL LIQUID 8 MG/0.1ML		Common Formulary	QLL
NARCAN NASAL LIQUID 4 MG/0.1ML	naloxone hcl	Common Formulary	QLL
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		Common Formulary	QLL
REXTOVY NASAL LIQUID 4 MG/0.25ML		Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		State Carve-Out	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML		Common Formulary	QLL
ANTIEMETICS			
*5-Ht3 Receptor Antagonists***			
<i>granisetron hcl oral tablet 1 mg</i>		Preferred	QLL
<i>ondansetron hcl oral solution 4 mg/5ml</i>		Preferred	QLL
<i>ondansetron hcl oral tablet 24 mg</i>		Common Formulary	QLL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		Preferred	QLL
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		Preferred	QLL
ANZEMET ORAL TABLET 50 MG		Non-Preferred	PA; QLL
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR		Non-Preferred	PA; QLL
*Antiemetic Combinations***			
AKYNZEO ORAL CAPSULE 300-0.5 MG		Non-Preferred	PA; QLL
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg</i>		Common Formulary	
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	Common Formulary	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Bonine	Common Formulary	
<i>motion-time oral tablet chewable 25 mg</i>	Bonine	Common Formulary	OTC
DRIMINATE ORAL TABLET 50 MG	cvs motion sickness	Common Formulary	OTC
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg, 5 mg</i>		Common Formulary	PA
<i>dronabinol oral capsule 2.5 mg</i>	Marinol	Common Formulary	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral 80 & 125 mg</i>	Emend TriPack	Non-Preferred	PA; QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>aprepitant oral capsule 125 mg, 40 mg</i>		Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend TriPack	Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	Non-Preferred	PA; QLL; AL (Min 12 Years)
EMEND BIPACK ORAL CAPSULE 80 MG	aprepitant	Preferred	QLL; AL (Min 12 Years)
EMEND ORAL CAPSULE 80 MG	aprepitant	Preferred	QLL; AL (Min 12 Years)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		Non-Preferred	PA; AL (Min 12 Years)
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG	aprepitant	Non-Preferred	PA; QLL; AL (Min 12 Years)
ANTIFUNGALS			
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME ORAL TABLET 150 MG		Non-Preferred	PA; QLL
*Antifungals***			
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	Non-Preferred	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		Preferred	
<i>griseofulvin microsize oral tablet 500 mg</i>		Non-Preferred	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		Non-Preferred	PA
<i>nystatin oral tablet 500000 unit</i>		Preferred	
<i>terbinafine hcl oral tablet 250 mg</i>		Preferred	QLL
ANCOBON ORAL CAPSULE 250 MG, 500 MG	flucytosine	Non-Preferred	PA
*Imidazoles***			
<i>ketoconazole oral tablet 200 mg</i>		Preferred	
*Tetrazoles***			
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG		Non-Preferred	PA
*Triazoles***			
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		Preferred	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	Preferred	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Diflucan	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fluconazole oral tablet 150 mg</i>	Diflucan	Preferred	QLL
<i>fluconazole oral tablet 50 mg</i>		Preferred	
<i>itraconazole oral capsule 100 mg</i>	Sporanox	Non-Preferred	PA; QLL
<i>itraconazole oral solution 10 mg/ml</i>	Sporanox	Non-Preferred	PA; QLL
<i>posaconazole oral suspension 40 mg/ml</i>	Noxafil	Non-Preferred	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Noxafil	Non-Preferred	PA
<i>tolsura oral capsule 65 mg</i>		Non-Preferred	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	Non-Preferred	PA
<i>voriconazole oral tablet 200 mg</i>		Non-Preferred	PA
<i>voriconazole oral tablet 50 mg</i>	Vfend	Non-Preferred	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Non-Preferred	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	fluconazole	Non-Preferred	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG	fluconazole	Non-Preferred	PA
DIFLUCAN ORAL TABLET 150 MG	fluconazole	Non-Preferred	PA; QLL
NOXAFIL ORAL PACKET 300 MG		Non-Preferred	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML	posaconazole	Non-Preferred	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	posaconazole	Non-Preferred	PA
SPORANOX ORAL CAPSULE 100 MG	itraconazole	Non-Preferred	PA; QLL
SPORANOX ORAL SOLUTION 10 MG/ML	itraconazole	Non-Preferred	PA; QLL
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	voriconazole	Non-Preferred	PA
VFEND ORAL TABLET 50 MG	voriconazole	Non-Preferred	PA
ANTIHISTAMINES			
*Antihistamines - Alkylamines***			
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finat	Preferred	OTC
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		Common Formulary	
<i>carbinoxamine maleate oral tablet 4 mg</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		Common Formulary	AL (Max 64 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	Common Formulary	AL (Max 64 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	Common Formulary	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	Common Formulary	AL (Max 64 Years); OTC
BANOPHEN ORAL CAPSULE 50 MG	diphenhydramine hcl	Common Formulary	AL (Max 64 Years); OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG		Common Formulary	OTC
*Antihistamines - Non-Sedating***			
<i>allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	Preferred	OTC
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Wal-Zyr	Non-Preferred	PA; OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>allergy relief cetirizine oral tablet 5 mg</i>		Preferred	OTC
<i>allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>allergy relief oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	OTC
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Non-Preferred	PA; OTC
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	Preferred	
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	Preferred	OTC
<i>cetirizine hcl oral tablet 5 mg</i>		Preferred	OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Wal-Zyr Childrens	Non-Preferred	PA; OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>desloratadine oral tablet 5 mg</i>	Clarinx	Non-Preferred	PA
<i>desloratadine oral tablet dispersible 2.5 mg</i>		Non-Preferred	PA; AL (Max 11 Years)
<i>desloratadine oral tablet dispersible 5 mg</i>		Non-Preferred	PA
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ft all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>ft allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>ft allergy relief loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>gnp all day allergy relief oral capsule 10 mg</i>	Wal-Zyr	Non-Preferred	PA; OTC
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	OTC
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>gnp loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>gnp loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>goodsense allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>hm loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Xyzal Allergy 24HR Childrens	Non-Preferred	PA
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	Preferred	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
CLARINEX ORAL TABLET 5 MG	desloratadine	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
KLS ALLERCLEAR ORAL TABLET 10 MG	allergy relief	Preferred	OTC
*Antihistamines - Phenothiazines***			
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		Common Formulary	AL (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		Common Formulary	AL (Min 2 Years and Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	promethazine hcl	Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>		Common Formulary	AL (Max 64 Years)
ANTIHYPERLIPIDEMICS			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET ORAL TABLET 180-10 MG		Non-Preferred	PA
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL ORAL TABLET 180 MG		Non-Preferred	PA
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Vascepa	Non-Preferred	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	Non-Preferred	PA
LOVAZA ORAL CAPSULE 1 GM	omega-3-acid ethyl esters	Non-Preferred	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	icosapent ethyl	Non-Preferred	PA
*Bile Acid Sequestrants***			
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	Preferred	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	Preferred	
<i>cholestyramine oral packet 4 gm</i>	Questran	Preferred	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	Preferred	
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	Non-Preferred	PA
<i>colestipol hcl oral granules 5 gm</i>	Colestid	Non-Preferred	PA
<i>colestipol hcl oral packet 5 gm</i>		Non-Preferred	PA
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	Preferred	
COLESTID ORAL GRANULES 5 GM	colestipol hcl	Non-Preferred	PA
COLESTID ORAL TABLET 1 GM	colestipol hcl	Non-Preferred	PA
PREVALITE ORAL PACKET 4 GM	cholestyramine light	Preferred	
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	Preferred	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	cholestyramine light	Non-Preferred	PA
QUESTRAN ORAL PACKET 4 GM	cholestyramine	Non-Preferred	PA
QUESTRAN ORAL POWDER 4 GM/DOSE	cholestyramine	Non-Preferred	PA
WELCHOL ORAL PACKET 3.75 GM	colesevelam hcl	Non-Preferred	PA
WELCHOL ORAL TABLET 625 MG	colesevelam hcl	Non-Preferred	PA
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>		Non-Preferred	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		Preferred	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		Preferred	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Lipofen	Non-Preferred	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		Non-Preferred	PA
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	Preferred	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Preferred	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		Non-Preferred	PA
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>		Non-Preferred	PA
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	Preferred	
FIBRICOR ORAL TABLET 105 MG, 35 MG	fenofibric acid	Non-Preferred	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	fenofibrate	Non-Preferred	PA
LOPID ORAL TABLET 600 MG	gemfibrozil	Non-Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG	fenofibrate	Non-Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	fenofibric acid	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	Preferred	QLL
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	Non-Preferred	PA; QLL
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		Non-Preferred	PA; QLL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		Preferred	QLL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Livalo	Non-Preferred	PA; QLL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		Preferred	QLL
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	Preferred	QLL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	Preferred	QLL
<i>simvastatin oral tablet 5 mg, 80 mg</i>		Preferred	QLL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG		Non-Preferred	PA; QLL
ATORVALIQ ORAL SUSPENSION 20 MG/5ML		Non-Preferred	PA
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	rosuvastatin calcium	Non-Preferred	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Non-Preferred	PA; QLL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	fluvastatin sodium er	Non-Preferred	PA; QLL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	atorvastatin calcium	Non-Preferred	PA; QLL
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	pitavastatin calcium	Non-Preferred	PA; QLL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	simvastatin	Non-Preferred	PA; QLL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Vytorin	Preferred	QLL
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	ezetimibe-simvastatin	Non-Preferred	PA; QLL
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe oral tablet 10 mg</i>	Zetia	Preferred	
ZETIA ORAL TABLET 10 MG	ezetimibe	Non-Preferred	PA
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		Non-Preferred	PA
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML		Preferred	PA; QLL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		Preferred	PA; QLL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		Preferred	PA; QLL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		Preferred	PA; QLL
ANTIHYPERTENSIVES			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	Preferred	
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		Preferred	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		Non-Preferred	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	amlodipine besy-benazepril hcl	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	Preferred	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		Preferred	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		Non-Preferred	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	Preferred	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		Preferred	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		Non-Preferred	PA
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	Preferred	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	Non-Preferred	PA
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		Non-Preferred	PA
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	quinapril-hydrochlorothiazide	Non-Preferred	PA
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	benazepril-hydrochlorothiazide	Non-Preferred	PA
VASERETIC ORAL TABLET 10-25 MG	enalapril-hydrochlorothiazide	Non-Preferred	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	lisinopril-hydrochlorothiazide	Non-Preferred	PA
*Ace Inhibitors***			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	Preferred	
<i>benazepril hcl oral tablet 5 mg</i>		Preferred	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		Non-Preferred	PA
<i>enalapril maleate oral solution 1 mg/ml</i>	Epaned	Non-Preferred	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	Preferred	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		Non-Preferred	PA
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	Preferred	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		Non-Preferred	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	Non-Preferred	PA
<i>ramipril oral capsule 1.25 mg, 5 mg</i>		Preferred	
<i>ramipril oral capsule 10 mg, 2.5 mg</i>	Altace	Preferred	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		Non-Preferred	PA
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	quinapril hcl	Non-Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	ramipril	Non-Preferred	PA
EPANED ORAL SOLUTION 1 MG/ML	enalapril maleate	Non-Preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	benazepril hcl	Non-Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML		Non-Preferred	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	enalapril maleate	Non-Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	lisinopril	Non-Preferred	PA
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	Preferred	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	Preferred	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		Non-Preferred	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	amlodipine-olmesartan	Non-Preferred	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	amlodipine besylate-valsartan	Non-Preferred	PA
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	Non-Preferred	PA
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	Non-Preferred	PA
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	Preferred	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	Non-Preferred	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	Preferred	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	candesartan cilexetil-hctz	Non-Preferred	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	irbesartan-hydrochlorothiazide	Non-Preferred	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	olmesartan medoxomil-hctz	Non-Preferred	PA
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	valsartan-hydrochlorothiazide	Non-Preferred	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Non-Preferred	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	losartan potassium-hctz	Non-Preferred	PA
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	telmisartan-hctz	Non-Preferred	PA
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	Non-Preferred	PA
<i>irbesartan oral tablet 150 mg, 300 mg</i>	Avapro	Non-Preferred	PA
<i>irbesartan oral tablet 75 mg</i>		Non-Preferred	PA
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	Preferred	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	Preferred	
<i>telmisartan oral tablet 20 mg</i>		Non-Preferred	PA
<i>telmisartan oral tablet 40 mg, 80 mg</i>	Micardis	Non-Preferred	PA
<i>valsartan oral solution 4 mg/ml</i>		Non-Preferred	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	Preferred	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	candesartan cilexetil	Non-Preferred	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	irbesartan	Non-Preferred	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	olmesartan medoxomil	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	losartan potassium	Non-Preferred	PA
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	valsartan	Non-Preferred	PA
EDARBI ORAL TABLET 40 MG, 80 MG		Non-Preferred	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	telmisartan	Non-Preferred	PA
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Exforge HCT	Preferred	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tribenzor	Non-Preferred	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	amlodipine-valsartan-hctz	Non-Preferred	PA
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	olmesartan-amlodipine-hctz	Non-Preferred	PA
*Antiadrenergics - Centrally Acting***			
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	Nexiclon XR	Preferred	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		Preferred	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	Preferred	QLL
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	Preferred	QLL
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	Preferred	QLL
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		Preferred	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>		Preferred	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	clonidine er	Preferred	
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		Preferred	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		Preferred	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	doxazosin mesylate	Non-Preferred	PA
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	Preferred	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	Preferred	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Preferred	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		Non-Preferred	PA
TENORETIC 100 ORAL TABLET 100-25 MG	atenolol-chlorthalidone	Non-Preferred	PA
TENORETIC 50 ORAL TABLET 50-25 MG	atenolol-chlorthalidone	Non-Preferred	PA
*Direct Renin Inhibitors***			
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	Non-Preferred	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	aliskiren fumarate	Non-Preferred	PA
*Endothelin Receptor Antagonists***			
TRYVIO ORAL TABLET 12.5 MG		Common Formulary	PA; QLL
*Vasodilators***			
<i>hydralazine hcl injection solution 20 mg/ml</i>		Common Formulary	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Common Formulary	QLL
<i>hydralazine hcl solution 20 mg/ml injection</i>		CSHCS Coverage	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		Common Formulary	
ANTI-INFECTIVE AGENTS - MISC.			
*Anti-Infective Agents - Misc.***			
<i>metronidazole oral capsule 375 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>metronidazole oral tablet 125 mg</i>		Non-Preferred	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>		Preferred	
<i>tinidazole oral tablet 250 mg, 500 mg</i>		Preferred	
<i>trimethoprim oral tablet 100 mg</i>		Common Formulary	
FLAGYL ORAL CAPSULE 375 MG	metronidazole	Non-Preferred	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML		Non-Preferred	PA; QLL
XIFAXAN ORAL TABLET 200 MG		Non-Preferred	PA; QLL; AL (Min 12 Years)
XIFAXAN ORAL TABLET 550 MG		Non-Preferred	PA; AL (Min 18 Years)
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	Common Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	Common Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	Common Formulary	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	Common Formulary	
*Antiprotozoal Agents***			
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	Common Formulary	
<i>nitazoxanide oral tablet 500 mg</i>		Non-Preferred	PA
*Glycopeptides***			
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>		Common Formulary	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	Preferred	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Firvanq	Non-Preferred	PA
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	Firvanq	Preferred	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	vancomycin hcl	Preferred	
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	vancomycin hcl	Preferred	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	vancomycin hcl	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Leprostatics***			
<i>dapsone oral tablet 100 mg, 25 mg</i>		Common Formulary	
*Lincosamides***			
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	Common Formulary	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	Common Formulary	AL (Max 12 Years)
*Monobactams***			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		Preferred	
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	Non-Preferred	PA
<i>linezolid oral tablet 600 mg</i>	Zyvox	Preferred	QLL
SIVEXTRO ORAL TABLET 200 MG		Non-Preferred	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	linezolid	Non-Preferred	PA
ZYVOX ORAL TABLET 600 MG	linezolid	Non-Preferred	PA; QLL
*Urinary Anti-Infectives***			
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	Common Formulary	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		Common Formulary	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrochantin	Common Formulary	QLL; AL (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	Common Formulary	QLL; AL (Max 64 Years)
ANTIMALARIALS			
*Antimalarials***			
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		Common Formulary	QLL
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		Common Formulary	
<i>hydroxychloroquine sulfate oral tablet 200 mg, 300 mg</i>	Sovuna	Common Formulary	
<i>mefloquine hcl oral tablet 250 mg</i>		Common Formulary	PA; QLL
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	Common Formulary	PA; QLL
KRINTAFEL ORAL TABLET 150 MG		Common Formulary	PA; QLL
SOVUNA ORAL TABLET 200 MG, 300 MG	hydroxychloroquine sulfate	Common Formulary	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			
*Antimyasthenic/Cholinergic Agents***			
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	Common Formulary	
FIRDAPSE ORAL TABLET 10 MG		State Carve-Out	
ANTIMYCOBACTERIAL AGENTS			
*Antimycobacterial Agents***			
<i>cycloserine oral capsule 250 mg</i>		Common Formulary	QLL
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		Common Formulary	
<i>isoniazid oral syrup 50 mg/5ml</i>		Common Formulary	AL (Max 12 Years)
<i>isoniazid oral tablet 100 mg, 300 mg</i>		Common Formulary	
<i>pretomanid oral tablet 200 mg</i>		Common Formulary	PA; QLL
<i>pyrazinamide oral tablet 500 mg</i>		Common Formulary	
<i>rifabutin oral capsule 150 mg</i>		Common Formulary	
<i>rifampin oral capsule 150 mg, 300 mg</i>		Common Formulary	
PRIFTIN ORAL TABLET 150 MG		Common Formulary	QLL
SIRTURO ORAL TABLET 100 MG, 20 MG		Common Formulary	PA
TRECATOR ORAL TABLET 250 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
*Androgen Biosynthesis Inhibitors***			
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Zytiga	Common Formulary	
YONSA ORAL TABLET 125 MG		Common Formulary	
ZYTIGA ORAL TABLET 250 MG, 500 MG	abiraterone acetate	Common Formulary	
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG		Common Formulary	
*Antiandrogens***			
<i>bicalutamide oral tablet 50 mg</i>	Casodex	Common Formulary	
<i>nilutamide oral tablet 150 mg</i>	Nilandron	Common Formulary	
CASODEX ORAL TABLET 50 MG	bicalutamide	Common Formulary	
ERLEADA ORAL TABLET 240 MG, 60 MG		Common Formulary	
NUBEQA ORAL TABLET 300 MG		Common Formulary	
XTANDI ORAL CAPSULE 40 MG		Common Formulary	
XTANDI ORAL TABLET 40 MG, 80 MG		Common Formulary	
*Antiestrogens***			
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		Common Formulary	
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	Common Formulary	
FARESTON ORAL TABLET 60 MG	toremifene citrate	Common Formulary	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		Common Formulary	
*Antimetabolites***			
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Xeloda	Common Formulary	
<i>floxuridine injection solution reconstituted 0.5 gm</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>mercaptopurine oral tablet 50 mg</i>		Common Formulary	
<i>methotrexate sodium oral tablet 2.5 mg</i>		Common Formulary	
JYLAMVO ORAL SOLUTION 2 MG/ML		Common Formulary	
ONUREG ORAL TABLET 200 MG, 300 MG		Common Formulary	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	mercaptopurine	Common Formulary	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Common Formulary	
XATMEP ORAL SOLUTION 2.5 MG/ML		Common Formulary	
XELODA ORAL TABLET 150 MG, 500 MG	capecitabine	Common Formulary	
*Antineoplastic - Akt Inhibitors***			
TRUQAP ORAL TABLET 200 MG		State Carve-Out	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG		State Carve-Out	
*Antineoplastic - Alk Inhibitors***			
ALECENSA ORAL CAPSULE 150 MG		State Carve-Out	
XALKORI ORAL CAPSULE 200 MG, 250 MG		State Carve-Out	
*Antineoplastic - Anti-Her2 Agents***			
TUKYSA ORAL TABLET 150 MG, 50 MG		State Carve-Out	
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Common Formulary	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		Common Formulary	
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Gleevec	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
BOSULIF ORAL TABLET 100 MG, 500 MG		State Carve-Out	
GLEEVEC ORAL TABLET 100 MG, 400 MG	imatinib mesylate	State Carve-Out	
ICLUSIG ORAL TABLET 15 MG, 45 MG		State Carve-Out	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	dasatinib	State Carve-Out	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		State Carve-Out	
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG		Common Formulary	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		State Carve-Out	
ZELBORAF ORAL TABLET 240 MG		State Carve-Out	
*Antineoplastic - Btk Inhibitors***			
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		State Carve-Out	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		State Carve-Out	
*Antineoplastic - Egfr Inhibitors***			
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	State Carve-Out	
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		State Carve-Out	
<i>gefitinib oral tablet 250 mg</i>	Iressa	State Carve-Out	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		State Carve-Out	
IRESSA ORAL TABLET 250 MG	gefitinib	State Carve-Out	
LAZCLUZE ORAL TABLET 240 MG, 80 MG		State Carve-Out	
TAGRISO ORAL TABLET 40 MG, 80 MG		State Carve-Out	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	erlotinib hcl	State Carve-Out	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO ORAL TABLET 100 MG, 25 MG		Common Formulary	
ERIVEDGE ORAL CAPSULE 150 MG		Common Formulary	
ODOMZO ORAL CAPSULE 200 MG		Common Formulary	
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA ORAL CAPSULE 100 MG		Common Formulary	
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Common Formulary	
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Common Formulary	
*Antineoplastic - Kras Inhibitors***			
KRAZATI ORAL TABLET 200 MG		Common Formulary	
LUMAKRAS ORAL TABLET 120 MG, 320 MG		Common Formulary	
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG		State Carve-Out	
MEKINIST ORAL TABLET 0.5 MG, 2 MG		State Carve-Out	
*Antineoplastic - Menin Inhibitors***			
REVUFORJ ORAL TABLET 110 MG, 160 MG		State Carve-Out	
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK ORAL TABLET 200 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Mtor Kinase Inhibitors***			
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	Common Formulary	
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Afinitor Disperz	Common Formulary	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	everolimus	Common Formulary	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	everolimus	Common Formulary	
*Antineoplastic - Multikinase Inhibitors***			
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	State Carve-Out	
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	State Carve-Out	
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	State Carve-Out	
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	State Carve-Out	
CAPRELSA ORAL TABLET 100 MG, 300 MG		State Carve-Out	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		State Carve-Out	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		State Carve-Out	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		State Carve-Out	
NEXAVAR ORAL TABLET 200 MG	sorafenib tosylate	State Carve-Out	
STIVARGA ORAL TABLET 40 MG		State Carve-Out	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	sunitinib malate	State Carve-Out	
TYKERB ORAL TABLET 250 MG	lapatinib ditosylate	State Carve-Out	
VOTRIENT ORAL TABLET 200 MG	pazopanib hcl	State Carve-Out	
XOSPATA ORAL TABLET 40 MG		State Carve-Out	
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		State Carve-Out	
*Antineoplastic - Proteasome Inhibitors***			
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Velcade	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	bortezomib	State Carve-Out	
*Antineoplastic - Ret Inhibitors***			
GAVRETO ORAL CAPSULE 100 MG		State Carve-Out	
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		Common Formulary	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		Common Formulary	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Common Formulary	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Common Formulary	
Antineoplastic Combinations*			
INQOVI ORAL TABLET 35-100 MG		Common Formulary	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Common Formulary	
*Antineoplastics Misc.***			
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	Common Formulary	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		Common Formulary	
HYDREA ORAL CAPSULE 500 MG	hydroxyurea	Common Formulary	
MATULANE ORAL CAPSULE 50 MG		Common Formulary	
*Aromatase Inhibitors***			
<i>anastrozole oral tablet 1 mg</i>	Arimidex	Common Formulary	
<i>exemestane oral tablet 25 mg</i>	Aromasin	Common Formulary	
<i>letrozole oral tablet 2.5 mg</i>	Femara	Common Formulary	
ARIMIDEX ORAL TABLET 1 MG	anastrozole	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
AROMASIN ORAL TABLET 25 MG	exemestane	Common Formulary	
FEMARA ORAL TABLET 2.5 MG	letrozole	Common Formulary	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		State Carve-Out	
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		Common Formulary	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
ORGOVYX ORAL TABLET 120 MG		Common Formulary	
*Imidazotetrazines***			
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		Common Formulary	
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA ORAL CAPSULE 150 MG		Common Formulary	
TIBSOVO ORAL TABLET 250 MG		Common Formulary	
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA ORAL TABLET 100 MG, 50 MG		Common Formulary	
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Common Formulary	
*Lhrh Analogs***			
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Lutrate Depot	Common Formulary	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Common Formulary	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		Common Formulary	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		Common Formulary	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		Common Formulary	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		Common Formulary	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		Common Formulary	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		Common Formulary	
*Mitotic Inhibitors***			
<i>etoposide oral capsule 50 mg</i>		Common Formulary	
*Nitrogen Mustards And Related Analogues***			
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		Common Formulary	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>		Common Formulary	
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
ZYDELIG ORAL TABLET 100 MG, 150 MG		State Carve-Out	
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>		Preferred	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Common Formulary	
*Retinoids***			
<i>tretinoin oral capsule 10 mg</i>		Common Formulary	
*Selective Estrogen Receptor Degradars***			
ORSERDU ORAL TABLET 345 MG, 86 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene oral capsule 75 mg</i>	Targretin	Common Formulary	
TARGRETIN ORAL CAPSULE 75 MG	bexarotene	Common Formulary	
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Common Formulary	
*Urinary Tract Protective Agents***			
MESNEX ORAL TABLET 400 MG	mesna	Common Formulary	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
INLYTA ORAL TABLET 1 MG, 5 MG		State Carve-Out	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		State Carve-Out	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		State Carve-Out	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		State Carve-Out	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		State Carve-Out	
ANTIPARKINSON AND RELATED THERAPY AGENTS			
*Adenosine Receptor Antagonist***			
NOURIANZ ORAL TABLET 20 MG, 40 MG		Non-Preferred	PA
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate injection solution 1 mg/ml</i>		State Carve-Out	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		State Carve-Out	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		State Carve-Out	
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule 100 mg</i>		Preferred	
<i>amantadine hcl oral solution 50 mg/5ml</i>		Preferred	
<i>amantadine hcl oral tablet 100 mg</i>		Non-Preferred	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	Non-Preferred	PA
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	Non-Preferred	PA
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG		Non-Preferred	PA
INBRIJA INHALATION CAPSULE 42 MG		Non-Preferred	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG		Non-Preferred	PA
PARLODEL ORAL CAPSULE 5 MG	bromocriptine mesylate	Non-Preferred	PA
PARLODEL ORAL TABLET 2.5 MG	bromocriptine mesylate	Non-Preferred	PA
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Azilect	Preferred	PA
<i>selegiline hcl oral capsule 5 mg</i>		Non-Preferred	PA
<i>selegiline hcl oral tablet 5 mg</i>		Non-Preferred	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG	rasagiline mesylate	Non-Preferred	PA
XADAGO ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG		Non-Preferred	PA
*Central/Peripheral Comt Inhibitors***			
<i>tolcapone oral tablet 100 mg</i>	Tasmar	Non-Preferred	PA
TASMAR ORAL TABLET 100 MG	tolcapone	Non-Preferred	PA
*Decarboxylase Inhibitors***			
<i>carbidopa oral tablet 25 mg</i>	Lodosyn	Non-Preferred	PA
LODOSYN ORAL TABLET 25 MG	carbidopa	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Levodopa Combinations***			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		Preferred	
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	Preferred	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	Preferred	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		Preferred	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		Non-Preferred	PA
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG		Non-Preferred	PA
DHIVY ORAL TABLET 25-100 MG	carbidopa-levodopa	Non-Preferred	PA
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML		Non-Preferred	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	carbidopa-levodopa	Non-Preferred	PA
VYALEV SUBCUTANEOUS SOLUTION 240-12 MG/ML		Non-Preferred	PA
*Nonergoline Dopamine Receptor Agonists***			
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		Non-Preferred	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		Preferred	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		Non-Preferred	PA
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		Non-Preferred	PA; QLL
*Peripheral Comt Inhibitors***			
<i>entacapone oral tablet 200 mg</i>		Preferred	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Non-Preferred	PA
ANTIPSYCHOTICS/ANTIMAN IC AGENTS			
*Antimanic Agents***			
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	State Carve-Out	
<i>lithium carbonate er oral tablet extended release 450 mg</i>		State Carve-Out	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		State Carve-Out	
<i>lithium carbonate oral tablet 300 mg</i>		State Carve-Out	
<i>lithium oral solution 8 meq/5ml</i>		State Carve-Out	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	lithium carbonate er	State Carve-Out	
*Antipsychotics - Misc.***			
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	State Carve-Out	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	State Carve-Out	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	State Carve-Out	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		State Carve-Out	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	ziprasidone mesylate	State Carve-Out	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	ziprasidone hcl	State Carve-Out	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	lurasidone hcl	State Carve-Out	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Benzisoxazoles***			
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		State Carve-Out	
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg</i>	Invega	State Carve-Out	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RisperDAL Consta	State Carve-Out	
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	State Carve-Out	
<i>risperidone oral tablet 0.25 mg</i>		State Carve-Out	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	State Carve-Out	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		State Carve-Out	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		State Carve-Out	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		State Carve-Out	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	paliperidone er	State Carve-Out	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML		State Carve-Out	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML		State Carve-Out	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	risperidone microspheres er	State Carve-Out	
RISPERDAL ORAL SOLUTION 1 MG/ML	risperidone	State Carve-Out	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	risperidone	State Carve-Out	
*Butyrophenones***			
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Haldol Decanoate	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>haloperidol lactate injection solution 5 mg/ml</i>		State Carve-Out	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>		State Carve-Out	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		State Carve-Out	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	haloperidol decanoate	State Carve-Out	
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>	Clozaril	State Carve-Out	
<i>clozapine oral tablet 200 mg, 50 mg</i>		State Carve-Out	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>		State Carve-Out	
CLOZARIL ORAL TABLET 100 MG, 25 MG	clozapine	State Carve-Out	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		State Carve-Out	
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	State Carve-Out	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	asenapine maleate	State Carve-Out	
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	State Carve-Out	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	State Carve-Out	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate	State Carve-Out	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate er	State Carve-Out	
*Dibenzoxazepines***			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		State Carve-Out	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Dihydroindolones***			
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		State Carve-Out	
*Phenothiazines***			
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>		State Carve-Out	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		State Carve-Out	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		State Carve-Out	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		State Carve-Out	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		Common Formulary	QLL
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	Common Formulary	QLL
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		State Carve-Out	
COMPRO RECTAL SUPPOSITORY 25 MG	prochlorperazine	Common Formulary	QLL
*Quinolinone Derivatives***			
<i>aripiprazole oral solution 1 mg/ml</i>		State Carve-Out	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	State Carve-Out	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		State Carve-Out	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		State Carve-Out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		State Carve-Out	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	aripiprazole	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		State Carve-Out	
*Thienbenzodiazepines***			
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	State Carve-Out	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>		State Carve-Out	
<i>olanzapine oral tablet 20 mg</i>	ZyPREXA	State Carve-Out	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		State Carve-Out	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	olanzapine	State Carve-Out	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	olanzapine	State Carve-Out	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG		State Carve-Out	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	olanzapine	State Carve-Out	
*Thioxanthenes***			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		State Carve-Out	
ANTIVIRALS			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		State Carve-Out	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		State Carve-Out	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Truvada	State Carve-Out	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		State Carve-Out	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	State Carve-Out	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	State Carve-Out	
ATRIPLA ORAL TABLET 600-200-300 MG	efavirenz-emtricitab-tenofo df	State Carve-Out	
COMPLERA ORAL TABLET 200-25-300 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
EPZICOM ORAL TABLET 600-300 MG	abacavir sulfate-lamivudine	State Carve-Out	
EVOTAZ ORAL TABLET 300-150 MG		State Carve-Out	
KALETRA ORAL SOLUTION 400-100 MG/5ML		State Carve-Out	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	lopinavir-ritonavir	State Carve-Out	
PREZCOBIX ORAL TABLET 800-150 MG		State Carve-Out	
STRIBILD ORAL TABLET 150-150-200-300 MG		State Carve-Out	
TRIUMEQ ORAL TABLET 600-50-300 MG		State Carve-Out	
TRUVADA ORAL TABLET 200-300 MG	emtricitabine-tenofovir df	State Carve-Out	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Selzentry	State Carve-Out	
SELZENTRY ORAL TABLET 150 MG, 300 MG	maraviroc	State Carve-Out	
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		State Carve-Out	
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS ORAL PACKET 100 MG		State Carve-Out	
ISENTRESS ORAL TABLET 400 MG		State Carve-Out	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		State Carve-Out	
TIVICAY ORAL TABLET 50 MG		State Carve-Out	
*Antiretrovirals - Protease Inhibitors***			
<i>atazanavir sulfate oral capsule 150 mg</i>		State Carve-Out	
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	Reyataz	State Carve-Out	
<i>darunavir oral tablet 600 mg, 800 mg</i>	Prezista	State Carve-Out	
<i>fosamprenavir calcium oral tablet 700 mg</i>		State Carve-Out	
<i>ritonavir oral tablet 100 mg</i>	Norvir	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
APTIVUS ORAL CAPSULE 250 MG		State Carve-Out	
LEXIVA ORAL TABLET 700 MG	fosamprenavir calcium	State Carve-Out	
NORVIR ORAL TABLET 100 MG	ritonavir	State Carve-Out	
PREZISTA ORAL SUSPENSION 100 MG/ML		State Carve-Out	
PREZISTA ORAL TABLET 150 MG, 75 MG		State Carve-Out	
PREZISTA ORAL TABLET 600 MG, 800 MG	darunavir	State Carve-Out	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	atazanavir sulfate	State Carve-Out	
REYATAZ ORAL PACKET 50 MG		State Carve-Out	
VIRACEPT ORAL TABLET 250 MG, 625 MG		State Carve-Out	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
<i>efavirenz oral capsule 200 mg, 50 mg</i>		State Carve-Out	
<i>efavirenz oral tablet 600 mg</i>		State Carve-Out	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intelence	State Carve-Out	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		State Carve-Out	
<i>nevirapine oral suspension 50 mg/5ml</i>		State Carve-Out	
<i>nevirapine oral tablet 200 mg</i>		State Carve-Out	
EDURANT ORAL TABLET 25 MG		State Carve-Out	
INTELENCE ORAL TABLET 100 MG, 200 MG	etravirine	State Carve-Out	
INTELENCE ORAL TABLET 25 MG		State Carve-Out	
SUSTIVA ORAL TABLET 600 MG	efavirenz	State Carve-Out	
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	State Carve-Out	
<i>abacavir sulfate oral tablet 300 mg</i>		State Carve-Out	
ZIAGEN ORAL SOLUTION 20 MG/ML	abacavir sulfate	State Carve-Out	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	State Carve-Out	
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	State Carve-Out	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	State Carve-Out	
EMTRIVA ORAL CAPSULE 200 MG	emtricitabine	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
EMTRIVA ORAL SOLUTION 10 MG/ML		State Carve-Out	
EPIVIR ORAL SOLUTION 10 MG/ML	lamivudine	State Carve-Out	
EPIVIR ORAL TABLET 150 MG, 300 MG	lamivudine	State Carve-Out	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>zidovudine oral capsule 100 mg</i>	Retrovir	State Carve-Out	
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	State Carve-Out	
<i>zidovudine oral tablet 300 mg</i>		State Carve-Out	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		State Carve-Out	
RETROVIR ORAL CAPSULE 100 MG	zidovudine	State Carve-Out	
RETROVIR ORAL SYRUP 50 MG/5ML	zidovudine	State Carve-Out	
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	State Carve-Out	
VIREAD ORAL POWDER 40 MG/GM		State Carve-Out	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		State Carve-Out	
VIREAD ORAL TABLET 300 MG	tenofovir disoproxil fumarate	State Carve-Out	
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET 150 MG		State Carve-Out	
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		Common Formulary	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		Common Formulary	
*Cmv Agents***			
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	Common Formulary	QLL
LIVTENCITY ORAL TABLET 200 MG		Common Formulary	
PREVYMIS ORAL PACKET 120 MG, 20 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
PREVYMIS ORAL TABLET 240 MG, 480 MG		Common Formulary	
*Hepatitis B Agents***			
<i>adefovir dipivoxil oral tablet 10 mg</i>		Common Formulary	QLL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	Common Formulary	QLL
<i>lamivudine oral tablet 100 mg</i>		Common Formulary	QLL
VEMLIDY ORAL TABLET 25 MG		Common Formulary	PA; QLL
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral capsule 200 mg</i>		Preferred	
<i>acyclovir oral suspension 200 mg/5ml</i>		Preferred	
<i>acyclovir oral tablet 400 mg, 800 mg</i>		Preferred	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	Preferred	
VALTREX ORAL TABLET 1 GM, 500 MG	valacyclovir hcl	Non-Preferred	PA
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		Preferred	
*Influenza Agents***			
<i>rimantadine hcl oral tablet 100 mg</i>		Preferred	
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	Preferred	QLL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	Preferred	QLL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		Preferred	QLL
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	oseltamivir phosphate	Non-Preferred	PA; QLL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	oseltamivir phosphate	Non-Preferred	PA; QLL
*Pa Endonuclease Inhibitors***			
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		Preferred	
BETA BLOCKERS			
*Alpha-Beta Blockers***			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	Preferred	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Coreg CR	Non-Preferred	PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		Preferred	
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		Non-Preferred	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	Preferred	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		Non-Preferred	PA
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		Preferred	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	Preferred	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	Preferred	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		Preferred	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Bystolic	Preferred	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	nebivolol hcl	Non-Preferred	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG		Non-Preferred	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	metoprolol tartrate	Non-Preferred	PA
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	atenolol	Non-Preferred	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	metoprolol succinate er	Non-Preferred	PA
*Beta Blockers Non-Selective***			
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pindolol oral tablet 10 mg, 5 mg</i>		Non-Preferred	PA
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	Preferred	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		Preferred	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		Preferred	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	Preferred	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	Preferred	
<i>sotalol hcl oral tablet 240 mg</i>		Preferred	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		Non-Preferred	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	sotalol hcl (af)	Non-Preferred	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	sotalol hcl	Non-Preferred	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Preferred	AL (Max 1 Years)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	propranolol hcl er	Non-Preferred	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG		Non-Preferred	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG		Non-Preferred	PA
SOTYLIZE ORAL SOLUTION 5 MG/ML		Non-Preferred	PA
CALCIUM CHANNEL BLOCKERS			
*Calcium Channel Blockers***			
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	Preferred	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tiadylt ER	Preferred	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Cardizem CD	Preferred	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		Preferred	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		Preferred	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Cardizem LA	Non-Preferred	PA
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	Preferred	
<i>diltiazem hcl oral tablet 90 mg</i>		Preferred	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		Preferred	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		Non-Preferred	PA
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		Non-Preferred	PA
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Conjupri	Non-Preferred	PA
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		Non-Preferred	PA
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		Preferred	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	Preferred	
<i>nifedipine oral capsule 10 mg, 20 mg</i>		Preferred	
<i>nimodipine oral capsule 30 mg</i>		Common Formulary	QLL
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Sular	Non-Preferred	PA
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>		Non-Preferred	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Non-Preferred	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	Non-Preferred	PA
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		Preferred	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	diltiazem hcl er coated beads	Non-Preferred	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	diltiazem hcl	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	diltiazem hcl er coated beads	Preferred	
KATERZIA ORAL SUSPENSION 1 MG/ML		Non-Preferred	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er	Non-Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML		Preferred	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	amlodipine besylate	Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	nifedipine er osmotic release	Non-Preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	nisoldipine er	Non-Preferred	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	Non-Preferred	PA
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	verapamil hcl er	Non-Preferred	PA
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	verapamil hcl er	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
CARDIOTONICS			
*Cardiac Glycosides***			
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	Common Formulary	
DIGOX ORAL TABLET 125 MCG, 250 MCG	digoxin	Common Formulary	
CARDIOVASCULAR AGENTS - MISC.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Caduet	Non-Preferred	PA; QLL
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		Non-Preferred	PA; QLL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	amlodipine-atorvastatin	Non-Preferred	PA; QLL
*Cardiac Myosin Inhibitors***			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Common Formulary	PA; QLL
*Cardiovascular Sglt2 Inhibitors**			
INPEFA ORAL TABLET 200 MG, 400 MG		Non-Preferred	PA
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		Non-Preferred	PA; QLL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Preferred	QLL
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Prostaglandin Vasodilators***			
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG		Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Non-Preferred	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		Non-Preferred	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		Preferred	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Preferred	PA
*Pulmonary Hypertension - Activin Signaling Inhibitor***			
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	Preferred	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	Non-Preferred	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	ambrisentan	Non-Preferred	PA
OPSUMIT ORAL TABLET 10 MG		Preferred	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	bosentan	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG		Non-Preferred	PA
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>		Preferred	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	Preferred	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	Preferred	PA
ADCIRCA ORAL TABLET 20 MG	tadalafil (pah)	Non-Preferred	PA
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	Preferred	PA
REVATIO ORAL TABLET 20 MG	sildenafil citrate	Non-Preferred	PA
TADLIQ ORAL SUSPENSION 20 MG/5ML		Non-Preferred	PA
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Preferred	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		Preferred	PA
*Sinus Node Inhibitors**			
<i>ivabradine hcl oral tablet 5 mg</i>	Corlanor	Common Formulary	PA
CORLANOR ORAL SOLUTION 5 MG/5ML		Common Formulary	PA
CORLANOR ORAL TABLET 7.5 MG	ivabradine hcl	Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Common Formulary	PA; QLL
CEPHALOSPORINS			
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule 500 mg</i>		Preferred	QLL
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		Preferred	
<i>cefadroxil oral tablet 1 gm</i>		Non-Preferred	PA; QLL
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>		Preferred	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cephalexin oral tablet 250 mg, 500 mg</i>		Preferred	
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		Non-Preferred	PA; QLL
<i>cefaclor oral capsule 250 mg, 500 mg</i>		Non-Preferred	PA; QLL
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>		Non-Preferred	PA
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>		Preferred	QLL
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		Preferred	QLL
*Cephalosporins - 3Rd Generation***			
<i>cefdinir oral capsule 300 mg</i>		Preferred	QLL
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cefixime oral capsule 400 mg</i>		Preferred	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		Non-Preferred	PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		Non-Preferred	PA
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>		Preferred	
CHEMICALS			
*Bulk Chemicals - Do***			
<i>doxepin hcl powder</i>		State Carve-Out	
CONTRACEPTIVES			
*Biphasic Contraceptives - Oral***			
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Common Formulary	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Common Formulary	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
*Combination Contraceptives - Oral***			
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35 (28)	Common Formulary	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	Common Formulary	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	Common Formulary	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	Common Formulary	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	Common Formulary	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	Common Formulary	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	Common Formulary	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Wymzya Fe	Common Formulary	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Kaitlib Fe	Common Formulary	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	Common Formulary	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
APRI ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
AVIANE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
AYUNA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
DELYLA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
ELINEST ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
FALMINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
JASMIEL ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
JULEBER ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG		Common Formulary	
KALLIGA ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
KURVELO ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG		Common Formulary	
LESSINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LORYNA ORAL TABLET 3-0.02 MG	drosiprenone-ethinyl estradiol	Common Formulary	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	drosiprenone-ethinyl estradiol	Common Formulary	
LUTERA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
MILI ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
NIKKI ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
OCELLA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
SRONYX ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
SYEDA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
TURQOZ ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		Common Formulary	
VESTURA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
VIENVA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
WERA ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG		Common Formulary	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
*Combination Contraceptives - Transdermal***			
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	Common Formulary	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Common Formulary	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Common Formulary	
*Combination Contraceptives - Vaginal***			
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	Common Formulary	QLL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
AMETHYST ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Common Formulary	
DOLISHALE ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Common Formulary	
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		Common Formulary	
*Emergency Contraceptives***			
<i>levonorgestrel oral tablet 1.5 mg</i>	EContra One-Step	Common Formulary	OTC
CURAE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
ELLA ORAL TABLET 30 MG		Common Formulary	
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
REACT ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
*Extended-Cycle Contraceptives - Oral***			
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	Common Formulary	
ICLEVIA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Progestin Contraceptives - Implants***			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		Common Formulary	
*Progestin Contraceptives - Injectable***			
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	Common Formulary	QLL
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	Supplemental Formulary	QLL
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		Common Formulary	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		Common Formulary	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		Common Formulary	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		Common Formulary	
*Progestin Contraceptives - Oral***			
<i>norethindrone oral tablet 0.35 mg</i>	Camila	Common Formulary	
CAMILA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
EMZAHH ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
ERRIN ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
HEATHER ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
INCASSIA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
LYLEQ ORAL TABLET 0.35 MG	norethindrone	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
LYZA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORA-BE ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORLYDA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORLYROC ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
OPILL ORAL TABLET 0.075 MG		Common Formulary	OTC
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
*Triphasic Contraceptives - Oral***			
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	Common Formulary	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	Common Formulary	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	Common Formulary	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	Common Formulary	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	Common Formulary	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LEGEST FE ORAL TABLET 1- 20/1-30/1-35 MG-MCG		Common Formulary	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRIVORA (28) ORAL TABLET 50- 30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		Common Formulary	
CORTICOSTEROIDS			
*Glucocorticosteroids***			
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	Non-Preferred	PA
<i>budesonide oral capsule delayed release particles 3 mg</i>		Common Formulary	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	Emflaza	Common Formulary	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Emflaza	Common Formulary	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		Common Formulary	
<i>dexamethasone oral solution 0.5 mg/5ml</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		Common Formulary	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>		Common Formulary	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		Common Formulary	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		Common Formulary	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	Common Formulary	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Depo-Medrol	Common Formulary	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	DEPO-Medrol	Common Formulary	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	Common Formulary	
<i>methylprednisolone oral tablet 32 mg</i>		Common Formulary	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	Common Formulary	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 500 mg</i>	SOLU-Medrol	Common Formulary	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>		Common Formulary	
<i>prednisolone oral solution 15 mg/5ml</i>		Common Formulary	
<i>prednisolone oral tablet 5 mg</i>		Common Formulary	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		Common Formulary	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Pediapred	Common Formulary	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Orapred ODT	Common Formulary	
<i>prednisone oral solution 5 mg/5ml</i>		Common Formulary	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		Common Formulary	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Kenalog-40	Common Formulary	
AGAMREE ORAL SUSPENSION 40 MG/ML		Common Formulary	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Common Formulary	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	hydrocortisone	Common Formulary	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		Common Formulary	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	methylprednisolone acetate	Common Formulary	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		Common Formulary	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	deflazacort	Common Formulary	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	deflazacort	Common Formulary	
EOHILIA ORAL SUSPENSION 2 MG/10ML		Common Formulary	PA; QLL
HEMADY ORAL TABLET 20 MG		Common Formulary	
KENALOG-10 INJECTION SUSPENSION 10 MG/ML		Common Formulary	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	triamcinolone acetonide	Common Formulary	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	methylprednisolone	Common Formulary	
MEDROL ORAL TABLET 2 MG		Common Formulary	
MEDROL ORAL TABLET THERAPY PACK 4 MG	methylprednisolone	Common Formulary	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	prednisolone sodium phosphate	Common Formulary	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Common Formulary	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG		Common Formulary	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	hydrocortisone sod suc (pf)	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		Common Formulary	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG		Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 500 MG	methylprednisolone sodium succ	Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM		Common Formulary	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)		Common Formulary	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)		Common Formulary	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	budesonide er	Non-Preferred	PA
*Mineralocorticoids***			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		Common Formulary	
COUGH/COLD/ALLERGY			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		Preferred	QLL; AL (Min 10 Years)
*Antitussive-Expectorant***			
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	Preferred	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>		Preferred	OTC
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Fenesin DM IR	Preferred	OTC
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		Preferred	OTC
*Antitussive-Expectorants-Decongestant***			
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Desgen DM	Preferred	OTC
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
*Decongestant & Antihistamine***			
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	Preferred	QLL; OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	Preferred	QLL; OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	Preferred	QLL; OTC
*Expectorants***			
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	Preferred	OTC
<i>guaifenesin oral liquid 100 mg/5ml</i>	Buckleys Chest Congestion	Preferred	OTC
*Misc. Respiratory Inhalants***			
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		Common Formulary	
<i>sodium chloride nebulization solution 3 % inhalation</i>	Nebusal	CSHCS Coverage	
<i>sodium chloride nebulization solution 7 % inhalation</i>	HyperSal	CSHCS Coverage	
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		Common Formulary	
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		Preferred	
*Opioid Antitussive-Antihistamine***			
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		Preferred	QLL; AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		Preferred	QLL; AL (Min 18 Years)
DERMATOLOGICALS			
*Acne Antibiotics***			
<i>clindamycin phosphate external solution 1 %</i>		Common Formulary	QLL
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>erythromycin external solution 2 %</i>		Common Formulary	
CLINDACIN ETZ EXTERNAL SWAB 1 %	clindamycin phosphate	Common Formulary	
CLINDACIN-P EXTERNAL SWAB 1 %	clindamycin phosphate	Common Formulary	
*Acne Combinations***			
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	Common Formulary	QLL; AL (Max 30 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	Common Formulary	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Acanya	Preferred	
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	Onexton	Non-Preferred	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	Preferred	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		Preferred	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	Avar Cleanser	Common Formulary	
ACANYA EXTERNAL GEL 1.2-2.5 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	sulfacetamide sodium-sulfur	Common Formulary	
NEUAC EXTERNAL GEL 1.2-5 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
ONEXTON EXTERNAL GEL 1.2-3.75 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
*Acne Products***			
<i>acne medication 10 external gel 10 %</i>	Clean & Clear Persa-Gel Max St	Common Formulary	QLL; OTC
<i>acne medication 5 external gel 5 %</i>	Medpura Benzoyl Peroxide	Common Formulary	OTC
<i>adapalene external gel 0.1 %</i>	Differin	Common Formulary	QLL
<i>adapalene external gel 0.3 %</i>	Differin	Common Formulary	QLL; AL (Max 30 Years)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	Common Formulary	QLL
<i>benzoyl peroxide external gel 5 %</i>	Medpura Benzoyl Peroxide	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>benzoyl peroxide external liquid 10 %</i>	Medpura Benzoyl Peroxide	Common Formulary	
<i>benzoyl peroxide wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	Common Formulary	
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	Common Formulary	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Accutane	Common Formulary	PA; QLL
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Retin-A	Common Formulary	QLL; AL (Max 30 Years)
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***			
LITFULO ORAL CAPSULE 50 MG		Common Formulary	PA; QLL; AL (Min 12 Years)
*Antibiotic Mixtures Topical***			
<i>triple antibiotic external ointment 3.5-400-5000 , 5-400-5000</i>	Lanabiotic	Common Formulary	OTC
*Antibiotics - Topical***			
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	Common Formulary	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		Common Formulary	OTC
<i>gentamicin sulfate external cream 0.1 %</i>		Common Formulary	
<i>gentamicin sulfate external ointment 0.1 %</i>		Common Formulary	
<i>mupirocin calcium external cream 2 %</i>		Non-Preferred	PA
<i>mupirocin external ointment 2 %</i>		Preferred	
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		Preferred	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Vusion	Non-Preferred	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		Preferred	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		Preferred	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	miconazole-zinc oxide-petrolat	Non-Preferred	PA
*Antifungals - Topical***			
<i>antifungal (tolnaftate) external cream 1 %</i>	Tinactin	Preferred	OTC
<i>athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	Non-Preferred	PA; OTC
<i>ciclopirox external gel 0.77 %</i>		Non-Preferred	PA
<i>ciclopirox external shampoo 1 %</i>		Non-Preferred	PA
<i>ciclopirox external solution 8 %</i>	Ciclodan	Preferred	
<i>ciclopirox olamine external cream 0.77 %</i>		Preferred	
<i>ciclopirox olamine external suspension 0.77 %</i>		Non-Preferred	PA
<i>ciclopirox treatment external kit 8 %</i>		Non-Preferred	PA
<i>ft antifungal external cream 1 %</i>	Tinactin	Preferred	OTC
<i>ft athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>gnp terbinafine hydrochloride external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>gnp tolnaftate external cream 1 %</i>	Tinactin	Preferred	OTC
<i>naftifine hcl external cream 1 %, 2 %</i>		Non-Preferred	PA
<i>naftifine hcl external gel 2 %</i>	Naftin	Non-Preferred	PA
<i>nystatin external cream 100000 unit/gm</i>		Preferred	
<i>nystatin external ointment 100000 unit/gm</i>		Preferred	
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	Preferred	
<i>sm antifungal tolnaftate external cream 1 %</i>	Tinactin	Preferred	OTC
<i>sm athletes foot external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	Preferred	OTC
<i>tolnaftate external cream 1 %</i>	Tinactin	State Carve-Out	OTC
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CICLODAN EXTERNAL SOLUTION 8 %	ciclopirox	Non-Preferred	PA
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
NAFTIN EXTERNAL GEL 2 %	naftifine hcl	Non-Preferred	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
TINACTIN EXTERNAL CREAM 1 %	antifungal (tolnaftate)	Non-Preferred	PA; OTC
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac epolamine external patch 1.3 %</i>	Flector	Non-Preferred	PA; QLL
<i>diclofenac sodium external gel 1 %</i>	Aspercreme Arthritis Pain	Preferred	
<i>diclofenac sodium external solution 1.5 %</i>		Preferred	
<i>diclofenac sodium external solution 2 %</i>	Pennsaid	Non-Preferred	PA
PENNSAID EXTERNAL SOLUTION 2 %	diclofenac sodium	Non-Preferred	PA
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR EXTERNAL GEL 0.016 %		Common Formulary	
*Antineoplastic Antimetabolites - Topical***			
<i>fluorouracil external cream 5 %</i>		Common Formulary	
<i>fluorouracil external solution 2 %, 5 %</i>		Common Formulary	
CARAC EXTERNAL CREAM 0.5 %		Common Formulary	
EFUDEX EXTERNAL CREAM 5 %	fluorouracil	Common Formulary	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium external gel 3 %</i>		Common Formulary	
*Antipsoriatics - Systemic***			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		Common Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML		Non-Preferred	PA; AL (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML		Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML		Non-Preferred	PA; AL (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML		Non-Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Preferred	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Preferred	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Preferred	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		Preferred	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		Preferred	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML		Non-Preferred	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Non-Preferred	PA
SOTYKTU ORAL TABLET 6 MG		Non-Preferred	PA; QLL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	ustekinumab	Non-Preferred	PA; Yesintek Preferred.
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	ustekinumab	Non-Preferred	PA; Yesintek Preferred.

Formulary Drug Name	Reference	Tiering	Restrictions
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML		Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML		Non-Preferred	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		Supplemental Formulary	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Supplemental Formulary	PA
*Antipsoriatics***			
<i>calcipotriene external cream 0.005 %</i>		Common Formulary	PA
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	Common Formulary	PA
<i>calcipotriene external solution 0.005 %</i>		Common Formulary	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Vectical	Common Formulary	PA
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tazorac	Common Formulary	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tazorac	Common Formulary	PA
CALCITRENE EXTERNAL OINTMENT 0.005 %	calcipotriene	Common Formulary	PA
VTAMA EXTERNAL CREAM 1 %		Common Formulary	PA
*Antiseborrheic Products***			
<i>selenium sulfide external lotion 2.5 %</i>		Common Formulary	
*Antiviral Topical Combinations***			
XERESE EXTERNAL CREAM 5-1 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Antivirals - Topical***			
<i>acyclovir external cream 5 %</i>	Zovirax	Non-Preferred	PA
<i>acyclovir external ointment 5 %</i>	Zovirax	Preferred	
<i>docosanol external cream 10 %</i>	Abreva	Common Formulary	OTC
<i>penciclovir external cream 1 %</i>	Denavir	Non-Preferred	PA
DENAVIR EXTERNAL CREAM 1 %	penciclovir	Preferred	
ZOVIRAX EXTERNAL CREAM 5 %	acyclovir	Preferred	
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	Non-Preferred	PA
*Astringents***			
<i>gnp zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	Preferred	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	Preferred	OTC
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG		Non-Preferred	PA
OPZELURA EXTERNAL CREAM 1.5 %		Non-Preferred	PA; QLL
*Atopic Dermatitis - Monoclonal Antibodies***			
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Preferred	PA; QLL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		Preferred	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML		Non-Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML		Non-Preferred	PA
*Burn Products***			
<i>silver sulfadiazine external cream 1 %</i>	SSD	Common Formulary	
SSD EXTERNAL CREAM 1 %	silver sulfadiazine	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Corticosteroids - Topical***			
<i>alclometasone dipropionate external cream 0.05 %</i>		Non-Preferred	PA
<i>alclometasone dipropionate external ointment 0.05 %</i>		Non-Preferred	PA
<i>amcinonide external cream 0.1 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external cream 0.05 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external gel 0.05 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	Non-Preferred	PA
<i>betamethasone dipropionate external cream 0.05 %</i>		Preferred	
<i>betamethasone dipropionate external lotion 0.05 %</i>		Preferred	
<i>betamethasone dipropionate external ointment 0.05 %</i>		Preferred	
<i>betamethasone valerate external cream 0.1 %</i>		Preferred	
<i>betamethasone valerate external foam 0.12 %</i>		Non-Preferred	PA
<i>betamethasone valerate external lotion 0.1 %</i>		Preferred	
<i>betamethasone valerate external ointment 0.1 %</i>		Preferred	
<i>clobetasol propionate e external cream 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tovet	Non-Preferred	PA
<i>clobetasol propionate external cream 0.05 %</i>		Preferred	
<i>clobetasol propionate external foam 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate external gel 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate external liquid 0.05 %</i>	Clobex Spray	Non-Preferred	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	Non-Preferred	PA
<i>clobetasol propionate external ointment 0.05 %</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>clobetasol propionate external shampoo 0.05 %</i>	Clodan	Non-Preferred	PA
<i>clobetasol propionate external solution 0.05 %</i>		Preferred	
<i>clocortolone pivalate external cream 0.1 %</i>	Cloderm	Non-Preferred	PA
<i>desonide external cream 0.05 %</i>	DesOwen	Non-Preferred	PA
<i>desonide external lotion 0.05 %</i>		Non-Preferred	PA
<i>desonide external ointment 0.05 %</i>		Non-Preferred	PA
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Topicort	Non-Preferred	PA
<i>desoximetasone external gel 0.05 %</i>	Topicort	Non-Preferred	PA
<i>desoximetasone external liquid 0.25 %</i>	Topicort Spray	Non-Preferred	PA
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Topicort	Non-Preferred	PA
<i>diflorasone diacetate external cream 0.05 %</i>		Non-Preferred	PA
<i>diflorasone diacetate external ointment 0.05 %</i>		Non-Preferred	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	Non-Preferred	PA
<i>fluocinolone acetonide external cream 0.01 %</i>		Non-Preferred	PA
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	Non-Preferred	PA
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	Non-Preferred	PA
<i>fluocinolone acetonide external solution 0.01 %</i>		Non-Preferred	PA
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	Non-Preferred	PA
<i>fluocinonide emulsified base external cream 0.05 %</i>		Preferred	
<i>fluocinonide external cream 0.05 %</i>		Preferred	
<i>fluocinonide external cream 0.1 %</i>	Vanos	Preferred	
<i>fluocinonide external gel 0.05 %</i>		Preferred	
<i>fluocinonide external ointment 0.05 %</i>		Preferred	
<i>fluocinonide external solution 0.05 %</i>		Preferred	
<i>flurandrenolide external cream 0.05 %</i>		Non-Preferred	PA
<i>flurandrenolide external lotion 0.05 %</i>		Non-Preferred	PA
<i>fluticasone propionate external cream 0.05 %</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fluticasone propionate external lotion 0.05 %</i>		Non-Preferred	PA
<i>fluticasone propionate external ointment 0.005 %</i>		Preferred	
<i>ft itch relief max strength external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>gnp hydrocortisone external cream 0.5 %</i>		Preferred	OTC
<i>gnp hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>goodsense anti-itch maximum st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>halcinonide external cream 0.1 %</i>	Halog	Non-Preferred	PA
<i>halobetasol propionate external cream 0.05 %</i>		Preferred	
<i>halobetasol propionate external foam 0.05 %</i>	Lexette	Non-Preferred	PA
<i>halobetasol propionate external ointment 0.05 %</i>		Preferred	
<i>hydrocortisone acetate external cream 1 %</i>		Preferred	OTC
<i>hydrocortisone acetate external ointment 1 %</i>		Preferred	OTC
<i>hydrocortisone butyrate external cream 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external lotion 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external ointment 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone complete kit external therapy pack 2 %</i>		Non-Preferred	PA
<i>hydrocortisone external cream 0.5 %</i>		Preferred	OTC
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	Preferred	
<i>hydrocortisone external cream 2.5 %</i>		Preferred	
<i>hydrocortisone external lotion 2.5 %</i>		Preferred	
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	
<i>hydrocortisone external ointment 2.5 %</i>		Preferred	
<i>hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>hydrocortisone valerate external cream 0.2 %</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hydrocortisone valerate external ointment 0.2 %</i>		Non-Preferred	PA
<i>mometasone furoate external cream 0.1 %</i>		Preferred	
<i>mometasone furoate external ointment 0.1 %</i>		Preferred	
<i>mometasone furoate external solution 0.1 %</i>		Preferred	
<i>sm hydrocortisone external cream 0.5 %</i>		Preferred	OTC
<i>sm hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>		Non-Preferred	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		Preferred	
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	Preferred	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		Preferred	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>		Preferred	
<i>triamcinolone in absorbase external ointment 0.05 %</i>		Preferred	
APEXICON E EXTERNAL CREAM 0.05 %		Non-Preferred	PA
BRYHALI EXTERNAL LOTION 0.01 %		Non-Preferred	PA
CLODAN EXTERNAL SHAMPOO 0.05 %	clobetasol propionate	Non-Preferred	PA
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	Non-Preferred	PA
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	fluocinolone acetonide scalp	Non-Preferred	PA
DIPROLENE EXTERNAL OINTMENT 0.05 %	betamethasone dipropionate aug	Non-Preferred	PA
HALOG EXTERNAL CREAM 0.1 %	halcinonide	Non-Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 %		Non-Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 %	halcinonide	Non-Preferred	PA
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	triamcinolone acetonide	Non-Preferred	PA
LEXETTE EXTERNAL FOAM 0.05 %	halobetasol propionate	Non-Preferred	PA
LOCOID EXTERNAL LOTION 0.1 %	hydrocortisone butyrate	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
PANDEL EXTERNAL CREAM 0.1 %		Non-Preferred	PA
SYNALAR EXTERNAL CREAM 0.025 %	fluocinolone acetonide	Non-Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 %	fluocinolone acetonide	Non-Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	hydrocortisone	Non-Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	desoximetasone	Non-Preferred	PA
TOPICORT EXTERNAL GEL 0.05 %	desoximetasone	Non-Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	desoximetasone	Non-Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	desoximetasone	Non-Preferred	PA
TOVET EXTERNAL FOAM 0.05 %	clobetasol propionate emulsion	Non-Preferred	PA
ULTRAVATE EXTERNAL LOTION 0.05 %		Non-Preferred	PA
VANOS EXTERNAL CREAM 0.1 %	fluocinonide	Non-Preferred	PA
*Emollients***			
<i>advanced healing/baby external ointment</i>	Aqua-Nu	Preferred	OTC
<i>ammonium lactate external cream 12 %</i>		Common Formulary	QLL
<i>ammonium lactate external lotion 12 %</i>	Amlactin Daily	Common Formulary	QLL
<i>beauty lotion external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>beta care external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>beta care external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter hand & body external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter skin external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>coconut oil beauty external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>collagen external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>collagen premium skin external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>complete moisture external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs advanced healing external ointment</i>	Aqua-Nu	Preferred	OTC
<i>cvs beauty 360 dry skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs daily ultra moisture external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs dry skin therapy external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>cvs dry skin therapy external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs extra moisturizing external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs gentle skin cleanser external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs intense dry skin therapy external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs moisturizing external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>cvs moisturizing external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs skin therapy external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs special care external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>dermaide aloe external cream 70 %</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>derma-r external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>dry skin treatment adv therapy external ointment</i>	Aqua-Nu	Preferred	OTC
<i>dry skin treatment external ointment</i>	Aqua-Nu	Preferred	OTC
<i>e-ointment external ointment</i>	Aqua-Nu	Preferred	OTC
<i>eq therapeutic dry skin external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>eq therapeutic moisturizing external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>eql absolute moisture dry skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>eql advanced healing external ointment 41 %</i>	Aqua-Nu	Preferred	OTC
<i>eql advanced recovery external lotion</i>	AmLactin Intensive Healing	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>eql advanced skin therapy external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>eql aloe after sun external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>eql moisturizing external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>eql ultra moisturizing daily external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>eucerin advanced repair external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>gordomatic external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>hydrazone lotion external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>hydrophor external ointment</i>	Aqua-Nu	Preferred	OTC
<i>leader finger cream external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>lubricating lotion external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>moisture external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>moisture recovery external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>moisturizing cream external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>moisturizing lotion external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>moisturizing sensitive skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>msm skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>ra daylogic healing dry skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>radiaguard advanced external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>refreshing aloe external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>sm dry skin therapy external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>special care external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>thera-derm external lotion</i>	AmLactin Intensive Healing	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>therapeutic moisturizing external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>vitamin e with panthenol external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 %	ammonium lactate	Common Formulary	QLL; OTC
AMLACTIN INTENSIVE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 %	beauty lotion	Preferred	OTC
AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 %	beta care	Preferred	OTC
AQUA GLYCOLIC FACE EXTERNAL CREAM	beta care	Preferred	OTC
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA LACTEN EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA-CERIN EXTERNAL CREAM	beta care	Preferred	OTC
AQUAMED EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA-NU EXTERNAL OINTMENT	advanced healing/baby	Preferred	OTC
AVEENO DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO STRESS RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
BALMBARR HAND & BODY EXTERNAL CREAM	beta care	Preferred	OTC
BALMBARR HAND & BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
BALMBARR MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
BALMBARR STRETCH MARK EXTERNAL CREAM	beta care	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION	beauty lotion	Preferred	OTC
BETA XMA EXTERNAL CREAM	beta care	Preferred	OTC
CAM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE AM SPF 30 EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE PM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL ADVANCED RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL DAILY ADVANCE EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
CETAPHIL MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	beta care	Preferred	OTC
CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM	beta care	Preferred	OTC
CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION	beauty lotion	Preferred	OTC
CORN HUSKERS EXTERNAL LOTION	beauty lotion	Preferred	OTC
CUTEMOL EXTERNAL CREAM	beta care	Preferred	OTC
DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
D-CERIN EXTERNAL CREAM 33 %	beta care	Preferred	OTC
DERMABASE EXTERNAL CREAM	beta care	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 %	beauty lotion	Preferred	OTC
DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 %	beauty lotion	Preferred	OTC
DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 %	beauty lotion	Preferred	OTC
DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 %	beauty lotion	Preferred	OTC
DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 %	beauty lotion	Preferred	OTC
DERMEND BRUISE FORMULA EXTERNAL CREAM	beta care	Preferred	OTC
DERMEND FRAGILE SKIN EXTERNAL CREAM	beta care	Preferred	OTC
DIABETIDERM EXTERNAL CREAM	beta care	Preferred	OTC
DIABETIDERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	beta care	Preferred	OTC
DML EXTERNAL LOTION	beauty lotion	Preferred	OTC
DML FORTE EXTERNAL CREAM	beta care	Preferred	OTC
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	beta care	Preferred	OTC
EMOLLIA-CREME EXTERNAL CREAM	beta care	Preferred	OTC
EMOLLIA-LOTION EXTERNAL LOTION	beauty lotion	Preferred	OTC
EPILYT EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN BABY EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN DAILY HYDRATION EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN DAILY HYDRATION EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN INTENSIVE REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN ORIGINAL HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	beta care	Preferred	OTC
EUCERIN PLUS EXTERNAL LOTION 5-5 %	beauty lotion	Preferred	OTC
EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN SKIN CALMING EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN SMOOTHING REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND CREPE CORRECTOR EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ESSENTIALS MENS EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND HEALING HAND EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 %, 5-0.5 %	beauty lotion	Preferred	OTC
GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 %	beauty lotion	Preferred	OTC
GOLD BOND PURE MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GOLD BOND RADIANCE RENEWAL EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION	beauty lotion	Preferred	OTC
HYDRASYN25 EXTERNAL CREAM	beta care	Preferred	OTC
HYDROLATUM EXTERNAL OINTMENT	advanced healing/baby	Preferred	OTC
J & J BURN CREAM EXTERNAL CREAM	beta care	Preferred	OTC
JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION	beauty lotion	Preferred	OTC
KERADAN EXTERNAL CREAM	beta care	Preferred	OTC
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION	beauty lotion	Preferred	OTC
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
LACTINOL HX EXTERNAL CREAM	beta care	Preferred	OTC
LUBRIDERM ADVANCED THERAPY EXTERNAL CREAM	beta care	Preferred	OTC
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRIDERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRISOFT EXTERNAL LOTION	beauty lotion	Preferred	OTC
MEDERMA AG FACE EXTERNAL CREAM	beta care	Preferred	OTC
MEDERMA AG HAND & BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	beta care	Preferred	OTC
MINERIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
NEUTROGENA HAND EXTERNAL CREAM	beta care	Preferred	OTC
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
NISEKO HYDRATING FACIAL EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA IN-SHOWER EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA INTENSE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA SHEA NOURISH EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA VISAGE EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA VISAGE EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	beta care	Preferred	OTC
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION	beauty lotion	Preferred	OTC
NUTRADERM EXTERNAL CREAM	beta care	Preferred	OTC
NUTRADERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
OKEEFFES WORKING HANDS EXTERNAL CREAM	beta care	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION	beauty lotion	Preferred	OTC
PALMERS COCONUT OIL BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS NIGHT CREAM EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS STRETCH MARKS EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS STRETCH MARKS EXTERNAL LOTION	beauty lotion	Preferred	OTC
PEN-KERA EXTERNAL CREAM	beta care	Preferred	OTC
PENTRAVAN EXTERNAL CREAM	beta care	Preferred	OTC
PENTRAVAN PLUS EXTERNAL CREAM	beta care	Preferred	OTC
PRETTY FEET/HANDS EXTERNAL CREAM	beta care	Preferred	OTC
RESTA EXTERNAL CREAM	beta care	Preferred	OTC
RESTA LITE EXTERNAL LOTION	beauty lotion	Preferred	OTC
RISABAL-PH EXTERNAL CREAM	beta care	Preferred	OTC
SKIN REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM	beta care	Preferred	OTC
VANICREAM EXTERNAL CREAM	beta care	Preferred	OTC
VANICREAM EXTERNAL LOTION	beauty lotion	Preferred	OTC
VELVACHOL EXTERNAL CREAM	beta care	Preferred	OTC
WIBI EXTERNAL LOTION	beauty lotion	Preferred	OTC
*Imidazole-Related Antifungals - Topical***			
<i>antifungal external cream 2 %</i>	Desenex	Preferred	OTC
<i>athletes foot external solution 1 %</i>		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>clotrimazole external cream 1 %</i>	Desenex	Preferred	
<i>clotrimazole external solution 1 %</i>		Preferred	
<i>clotrimazole solution 1 % external (rx)</i>		Non-Preferred	PA
<i>cvs clotrimazole external solution 1 %</i>		Preferred	OTC
<i>econazole nitrate external cream 1 %</i>		Non-Preferred	PA
<i>ft antifungal external cream 2 %</i>	Desenex	Preferred	OTC
<i>ketoconazole external cream 2 %</i>		Preferred	
<i>ketoconazole external foam 2 %</i>	Ketodan	Non-Preferred	PA
<i>ketoconazole external shampoo 2 %</i>		Preferred	
<i>luliconazole external cream 1 %</i>	Luzu	Non-Preferred	PA
<i>miconazole nitrate external cream 2 %</i>	Desenex	Preferred	
<i>miconazole nitrate external solution 2 %</i>	Azolen Anti-Fungal Wash	Preferred	OTC
<i>oxiconazole nitrate external cream 1 %</i>		Non-Preferred	PA
<i>sm antifungal miconazole external cream 2 %</i>	Desenex	Preferred	OTC
ERTACZO EXTERNAL CREAM 2 %		Non-Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 %		Non-Preferred	PA
KETODAN EXTERNAL FOAM 2 %	ketoconazole	Non-Preferred	PA
LUZU EXTERNAL CREAM 1 %	luliconazole	Non-Preferred	PA
OXISTAT EXTERNAL LOTION 1 %		Non-Preferred	PA
*Immunomodulators			
Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		Common Formulary	
*Interleukin-31 Receptor Antagonists - Systemic***			
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG		Non-Preferred	PA
*Keratolytic/Antimitotic/Vesicant Agents***			
<i>podofilox external solution 0.5 %</i>		Common Formulary	
*Liniment Combinations***			
<i>amplify relief mm external cream 10-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>analgesic balm external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>calypxo external cream 3-10 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>calypxo hp external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cool & heat extra strength external cream</i>	Arthritis Hot	State Carve-Out	OTC
<i>cool n heat extra strength external cream 10-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>cool n heat muscle & joint external cream 10-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>cvs cold & hot pain relieving external cream , 10-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>goodsense muscle rub external cream 8-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>muscle rub external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>pain relieving external cream</i>	Arthritis Hot	State Carve-Out	OTC
<i>qc muscle rub external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>ra hot & cold pain relieving external cream</i>	Arthritis Hot	State Carve-Out	OTC
<i>sm cold & hot extra strength external cream</i>	Arthritis Hot	State Carve-Out	OTC
ARTHRITIS HOT EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
ASPERFLEX EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
CAPASIL EXTERNAL CREAM 2-10 %	amplify relief mm	State Carve-Out	OTC
DYNARUB EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
ICY HOT EXTRA STRENGTH EXTERNAL CREAM 10-30 %	amplify relief mm	State Carve-Out	OTC
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL CREAM 10-30 %	amplify relief mm	State Carve-Out	OTC
MENCYLATE EXTERNAL CREAM 2-10 %	amplify relief mm	State Carve-Out	OTC
THERA-GESIC EXTERNAL CREAM 0.5-15 %, 1-15 %	amplify relief mm	State Carve-Out	OTC
*Local Anesthetics - Topical***			
<i>lidocaine external ointment 5 %</i>		Common Formulary	QLL
<i>lidocaine external patch 4 %</i>	Aspercreme Lidocaine	Common Formulary	QLL; OTC
<i>lidocaine external patch 5 %</i>	Lidocan	Common Formulary	PA; QLL
<i>lidocaine hcl external cream 3 %</i>		Common Formulary	QLL
<i>lidocaine hcl external cream 4 %</i>	Aspercreme Lidocaine	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	Common Formulary	
<i>lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	Common Formulary	QLL; OTC
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	lidocaine hcl urethral/mucosal	Common Formulary	
LIDOCAN EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
TRIDACAINE EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
TRIDACAINE II EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
*Macrolide Immunosuppressants - Topical***			
<i>pimecrolimus external cream 1 %</i>	Elidel	Preferred	PA; QLL
<i>tacrolimus external ointment 0.03 %</i>		Preferred	PA; QLL; AL (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		Preferred	PA; QLL; AL (Min 16 Years)
ELIDEL EXTERNAL CREAM 1 %	pimecrolimus	Preferred	PA; QLL
HYFTOR EXTERNAL GEL 0.2 %		Common Formulary	PA
*Oxaborole-Related Antifungals - Topical***			
<i>tavaborole external solution 5 %</i>		Non-Preferred	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA EXTERNAL OINTMENT 2 %		Preferred	PA; QLL
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %		Common Formulary	PA
ZORYVE EXTERNAL FOAM 0.3 %		Common Formulary	PA
*Rosacea Agents***			
<i>metronidazole external cream 0.75 %</i>	MetroCream	Common Formulary	
<i>metronidazole external gel 0.75 %</i>		Common Formulary	
*Scabicide Combinations***			
<i>ft lice killing max st external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>sm lice killing external shampoo 0.33-4 %</i>		Common Formulary	QLL; OTC
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
*Scabicides & Pediculicides***			
<i>cvs lice treatment external liquid 1 %</i>	Nix Creme Rinse	Common Formulary	QLL; OTC
<i>malathion external lotion 0.5 %</i>	Ovide	Common Formulary	QLL
<i>permethrin external cream 5 %</i>	Elimite	Common Formulary	QLL
<i>spinosad external suspension 0.9 %</i>	Natroba	Common Formulary	QLL
*Soaps***			
<i>cvs daily facial cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>eql body wash/sensitive skin external liquid</i>	AcuWash	Preferred	OTC
<i>eql body wash/shear butter external liquid</i>	AcuWash	Preferred	OTC
<i>eql clear hand soap refill external liquid</i>	AcuWash	Preferred	OTC
<i>eql gentle skin cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>eql high power body wash external liquid</i>	AcuWash	Preferred	OTC
<i>eql liquid hand soap external liquid</i>	AcuWash	Preferred	OTC
<i>eql skin astringent external liquid</i>	AcuWash	Preferred	OTC
<i>gentle skin cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>gnp gentle skin cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>kp gentle skin cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>refresh cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>refreshing facial cleanser external liquid</i>	AcuWash	Preferred	OTC
ACUWASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AQUA GLYCOLIC TONER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO BABY CALMING COMFORT EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
BASIS CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
BOUDREAUXS BUTT BATH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE HYDRATING CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE SA BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL DERMACONTROL FOAM WSH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR ALOE VERA CLEANS EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CLN FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN HAND & FOOT WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN SPORTWASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EYESCRUB EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
FREE & CLEAR/SENSITIVE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
IONIL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG FACIAL TONER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
NEUTROGENA DEEP CLEAN EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
NIVEA VISAGE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
REHYLA WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
TENA SKIN-CARING BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
VANICREAM CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
*Topical Anesthetic Combinations***			
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		Common Formulary	QLL
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external gel 1 %</i>	Targretin	Common Formulary	
TARGRETIN EXTERNAL GEL 1 %	bexarotene	Common Formulary	
DIAGNOSTIC PRODUCTS			
*Diagnostic Drugs***			
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	Cortrosyn	State Carve-Out	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	cosyntropin	State Carve-Out	
*Diagnostic Tests***			
<i>ketone test in vitro strip</i>	Chemstrip K	Supplemental Formulary	OTC
CHEMSTRIP K IN VITRO STRIP	ketone test	Supplemental Formulary	OTC
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC
ONETOUCH ULTRA TEST IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			
*Dietary Management Product Combinations***			
<i>westab max oral tablet 2.5-25-2 mg</i>	Niva-Fol	CSHCS Coverage	OTC
NIVA-FOL ORAL TABLET 2.5-25-2 MG	westab max	CSHCS Coverage	OTC
*Nutritional Supplements***			
<i>anti-inflammatory enzyme oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>antioxidant formula oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>bio-immunex oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>cardio complete oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>chronovision oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>homocysteine support oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>male support oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
<i>prostate 2.4 oral capsule</i>	Estroven Weight Management	Common Formulary	OTC
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
HORMONE PROTECT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
LEPTIN MANAGER ORAL CAPSULE 15-80 MG	anti-inflammatory enzyme	Common Formulary	OTC
METHIONINE-200 ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
PROTEOLIN ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
VITEYES TEAR SUPPORT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DIGESTIVE AIDS			
*Digestive Enzyme Combinations***			
<i>betaine hcl oral capsule 650-130 mg, 650-2-130 mg</i>	Abatrace	State Carve-Out	OTC
<i>biohm prebiotic supplement oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>digestive enzyme oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>digestive enzymes oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>digestive support oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>digestive wellness oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>enzyme digest oral capsule</i>	Abatrace	State Carve-Out	OTC
<i>lipase concentrate-hp oral capsule 55.5 mg</i>	Abatrace	State Carve-Out	OTC
<i>panplex 2-phase oral tablet delayed release</i>		State Carve-Out	OTC
ABATRACE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
BEVITROL ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
DIGAZ ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
DOCTORS BEST DIGESTIVE ENZYMES ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
GASTRACE DIGESTIVE SUPPORT ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
GASTRACID ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
PANXYME PH ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
SIMILASE LIPO ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
TYLER SIMILASE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
TYLER SIMILASE SENSITIVE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
XYMOZYME ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
*Digestive Enzymes***			
<i>cvs dairy relief ex st oral tablet 4500 unit</i>		State Carve-Out	OTC
<i>cvs dairy relief fast acting oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>cvs dairy relief oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>cvs dairy relief oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>cvs lactase enzyme ultra str oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>dairy digestive supplement oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>dairy digestive ultra oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>dairy relief oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>dairy-digestive oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>eq dairy digestive fast acting oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>eq dairy digestive fast acting oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>eql dairy digest fast acting oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>gnp dairy relief oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>gnp fast acting dairy relief oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>lactase enzyme oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>lactase enzyme oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>lactase fast acting oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>lactose fast acting relief oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>lactose fast acting relief oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>ra dairy aid oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>ra dairy relief fast acting oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>ra dairy relief fast acting oral tablet chewable 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>sb dairy relief oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>sb lactase oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
<i>sm ultra dairy digestive oral tablet 9000 unit</i>	Lactaid Fast Act	State Carve-Out	OTC
<i>surelac oral tablet 3000 unit</i>	Lactaid	State Carve-Out	OTC
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		Preferred	PA
LACTAID FAST ACT ORAL TABLET 9000 UNIT	cvs dairy relief fast acting	State Carve-Out	OTC
LACTAID FAST ACT ORAL TABLET CHEWABLE 9000 UNIT	cvs dairy relief	State Carve-Out	OTC
LACTAID ORAL TABLET 3000 UNIT	cvs dairy relief	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT		Non-Preferred	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		State Carve-Out	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT		Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		Preferred	PA
DIURETICS			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		Common Formulary	QLL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		Common Formulary	QLL
*Diuretic Combinations***			
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		Common Formulary	QLL
<i>spironolactone-hctz oral tablet 25-25 mg</i>		Common Formulary	QLL
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		Common Formulary	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		Common Formulary	
*Loop Diuretics***			
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		Common Formulary	AL (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	Common Formulary	QLL
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>		Common Formulary	QLL
<i>toremide oral tablet 20 mg</i>	Soanz	Common Formulary	QLL
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral tablet 5 mg</i>		Common Formulary	QLL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	Common Formulary	QLL
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		Common Formulary	QLL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Common Formulary	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Common Formulary	QLL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Common Formulary	QLL
DIURIL ORAL SUSPENSION 250 MG/5ML		Common Formulary	AL (Max 12 Years)
ENDOCRINE AND METABOLIC AGENTS - MISC.			
*Bisphosphonates***			
<i>alendronate sodium oral solution 70 mg/75ml</i>		Non-Preferred	PA
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		Preferred	
<i>alendronate sodium oral tablet 35 mg</i>		Preferred	QLL
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	Preferred	QLL
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		Non-Preferred	PA
<i>ibandronate sodium oral tablet 150 mg</i>		Non-Preferred	PA; QLL
<i>risedronate sodium oral tablet 150 mg</i>	Actonel	Non-Preferred	PA
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		Non-Preferred	PA
<i>risedronate sodium oral tablet 35 mg</i>	Actonel	Non-Preferred	PA; QLL
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Atelvia	Non-Preferred	PA; QLL
ACTONEL ORAL TABLET 150 MG	risedronate sodium	Non-Preferred	PA
ACTONEL ORAL TABLET 35 MG	risedronate sodium	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	risedronate sodium	Non-Preferred	PA; QLL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG		Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG	alendronate sodium	Non-Preferred	PA; QLL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT		Non-Preferred	PA; QLL
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	Common Formulary	PA; QLL
*Calcitonins***			
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		Preferred	
*Carnitine Replenisher - Agents***			
<i>levocarnitine intravenous solution 200 mg/ml</i>	Carnitor	State Carve-Out	
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	State Carve-Out	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	State Carve-Out	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Carnitor	State Carve-Out	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	levocarnitine	State Carve-Out	
CARNITOR ORAL SOLUTION 1 GM/10ML	levocarnitine	State Carve-Out	
CARNITOR ORAL TABLET 330 MG	levocarnitine	State Carve-Out	
CARNITOR SF ORAL SOLUTION 1 GM/10ML	levocarnitine	State Carve-Out	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH ORAL TABLET 20 MG, 30 MG		Non-Preferred	PA
*Corticotropin***			
ACTHAR INJECTION GEL 80 UNIT/ML		State Carve-Out	
CORTROPHIN INJECTION GEL 80 UNIT/ML		State Carve-Out	
*Dopamine Receptor Agonists***			
<i>cabergoline oral tablet 0.5 mg</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Fabry Disease - Agents***			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG		State Carve-Out	
*Gaa Deficiency Treatment - Agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		State Carve-Out	
*Gnrh/Lhrh Antagonists***			
ORLISSA ORAL TABLET 150 MG, 200 MG		Preferred	PA; QLL
*Growth Hormones***			
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		Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG		Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG		Preferred	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG		Non-Preferred	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML		Non-Preferred	PA
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML		Preferred	PA
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML		Preferred	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML		Non-Preferred	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML		Non-Preferred	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		Non-Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG		Non-Preferred	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		Non-Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG		Non-Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG		Non-Preferred	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Orfadin	State Carve-Out	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		State Carve-Out	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	nitisinone	State Carve-Out	
ORFADIN ORAL SUSPENSION 4 MG/ML		State Carve-Out	
*Homocystinuria Treatment - Agents***			
<i>betaine oral powder</i>	Cystadane	State Carve-Out	
CYSTDANE ORAL POWDER	betaine	State Carve-Out	
*Hyperammonemia Treatment - Agents***			
<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	State Carve-Out	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	carglumic acid	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	Common Formulary	QLL
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	Common Formulary	AL (Max 12 Years)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***			
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML		Common Formulary	PA; QLL
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG		State Carve-Out	
*Mucopolysaccharidosis I (Mps I) - Agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML		State Carve-Out	
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML		State Carve-Out	
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		State Carve-Out	
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML		State Carve-Out	
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA ORAL TABLET 10 MG, 20 MG		Common Formulary	PA; QLL
*Parathyroid Hormone And Derivatives***			
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Forteo	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml</i>		Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	teriparatide	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML		Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		Non-Preferred	PA
*Phenylketonuria Treatment - Agents***			
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Javygtor	State Carve-Out	
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	State Carve-Out	
JAVYGTOR ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	State Carve-Out	
JAVYGTOR ORAL TABLET 100 MG	sapropterin dihydrochloride	State Carve-Out	
KUVAN ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	State Carve-Out	
KUVAN ORAL TABLET 100 MG	sapropterin dihydrochloride	State Carve-Out	
*Selective Estrogen Receptor Modulators (Serms)***			
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	Preferred	
EVISTA ORAL TABLET 60 MG	raloxifene hcl	Non-Preferred	PA
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET 15 MG, 30 MG	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
*Somatostatic Agents***			
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SandoSTATIN	Common Formulary	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>		Common Formulary	PA
*Urea Cycle Disorder - Agents***			
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>		State Carve-Out	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Buphenyl	State Carve-Out	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Buphenyl	State Carve-Out	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	sod benz-sod phenylacet	State Carve-Out	
BUPHENYL ORAL POWDER 3 GM/TSP	sodium phenylbutyrate	State Carve-Out	
BUPHENYL ORAL TABLET 500 MG	sodium phenylbutyrate	State Carve-Out	
RAVICTI ORAL LIQUID 1.1 GM/ML		State Carve-Out	
*Vasopressin***			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		Common Formulary	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	Common Formulary	QLL
<i>desmopressin acetate spray nasal solution 0.01 %</i>		Common Formulary	PA
ESTROGENS			
*Estrogen & Progestin***			
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		Common Formulary	AL (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	Common Formulary	AL (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	Common Formulary	QLL; AL (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	Common Formulary	AL (Max 64 Years)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	norethindrone-eth estradiol	Common Formulary	QLL; AL (Max 64 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	Common Formulary	AL (Max 64 Years)
PREMPHASE ORAL TABLET 0.625-5 MG		Common Formulary	QLL; AL (Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Common Formulary	QLL; AL (Max 64 Years)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE ORAL TABLET 40-1-0.5 MG		Preferred	PA; QLL
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG		Preferred	PA; QLL
*Estrogens***			
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	Common Formulary	AL (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	Common Formulary	QLL; AL (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	Common Formulary	QLL; AL (Max 64 Years)
<i>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</i>	Climara	Common Formulary	QLL; AL (Max 64 Years)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	Delestrogen	Common Formulary	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		Common Formulary	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	Common Formulary	QLL; AL (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	estradiol valerate	Common Formulary	
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	estradiol	Common Formulary	QLL; AL (Max 64 Years)
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	estradiol	Common Formulary	QLL; AL (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Common Formulary	AL (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Common Formulary	QLL; AL (Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
FLUOROQUINOLONES			
*Fluoroquinolones***			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	Preferred	QLL
<i>ciprofloxacin hcl oral tablet 750 mg</i>		Preferred	QLL
<i>levofloxacin oral solution 25 mg/ml</i>		Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		Preferred	QLL
<i>moxifloxacin hcl oral tablet 400 mg</i>		Non-Preferred	PA; QLL
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		Non-Preferred	PA
BAXDELA ORAL TABLET 450 MG		Non-Preferred	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		Preferred	
CIPRO ORAL TABLET 250 MG, 500 MG	ciprofloxacin hcl	Non-Preferred	PA; QLL
GASTROINTESTINAL AGENTS - MISC.			
*5-Ht4 Receptor Agonists***			
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Motegrity	Non-Preferred	PA
MOTTEGRITY ORAL TABLET 1 MG, 2 MG	prucalopride succinate	Non-Preferred	PA
*Antiflatulents***			
<i>anti-gas oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>eql gas prevention oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>ft gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>gas relief & prevention oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>gas relief oral liquid 40 mg/0.6ml</i>	Gas-X Infant Drops	Common Formulary	OTC
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>goodsense gas relief extra st oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	Common Formulary	OTC
<i>simethicone oral capsule 180 mg</i>	Gas-X Ultra Strength	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>simethicone oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	Common Formulary	OTC
<i>simethicone oral tablet chewable 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>simethicone oral tablet chewable 80 mg</i>		Common Formulary	OTC
<i>sm gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
BEANO ULTRA 800 ORAL TABLET		State Carve-Out	OTC
CVS BEANAID ORAL CAPSULE	anti-gas	State Carve-Out	OTC
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	gas relief	Common Formulary	OTC
GAS-X PREVENTION ORAL CAPSULE	anti-gas	State Carve-Out	OTC
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE ORAL TABLET 3 MG		Non-Preferred	PA
*Gallstone Solubilizing Agents***			
<i>ursodiol oral capsule 300 mg</i>		Preferred	
<i>ursodiol oral tablet 250 mg</i>		Preferred	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	Preferred	
RELTONE ORAL CAPSULE 200 MG, 400 MG	ursodiol	Non-Preferred	PA
URSO FORTE ORAL TABLET 500 MG	ursodiol	Non-Preferred	PA
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	Common Formulary	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	cromolyn sodium	Common Formulary	
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	Preferred	QLL; AL (Min 18 Years)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	lubiprostone	Non-Preferred	PA
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		Common Formulary	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Preferred	QLL; AL (Min 6 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI ORAL TABLET 100 MG, 75 MG		Non-Preferred	PA; QLL
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	Non-Preferred	PA
LOTROXEX ORAL TABLET 0.5 MG, 1 MG	alosetron hcl	Non-Preferred	PA
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
IBSRELA ORAL TABLET 50 MG		Non-Preferred	PA; QLL
*Inflammatory Bowel Agents***			
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	Non-Preferred	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	Non-Preferred	PA
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	Non-Preferred	PA
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	Non-Preferred	PA
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	Non-Preferred	PA
<i>mesalamine oral tablet delayed release 800 mg</i>		Non-Preferred	PA
<i>mesalamine rectal enema 4 gm</i>		Common Formulary	
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	Preferred	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	Preferred	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	mesalamine er	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	sulfasalazine	Non-Preferred	PA
AZULFIDINE ORAL TABLET 500 MG	sulfasalazine	Non-Preferred	PA
COLAZAL ORAL CAPSULE 750 MG	balsalazide disodium	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	mesalamine	Non-Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG		Non-Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	mesalamine	Preferred	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		Preferred	
*Integrin Receptor Antagonists***			
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		Non-Preferred	PA
*Interleukin Antagonists***			
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML		Non-Preferred	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML		Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab	Non-Preferred	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML		Non-Preferred	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		Supplemental Formulary	PA
*Intestinal Acidifiers***			
<i>enulose oral solution 10 gm/15ml</i>		State Carve-Out	
<i>generlac oral solution 10 gm/15ml</i>		State Carve-Out	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		State Carve-Out	
<i>lactulose encephalopathy solution 10 gm/15ml oral</i>		Common Formulary	
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Non-Preferred	PA
RELISTOR ORAL TABLET 150 MG		Non-Preferred	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML		Non-Preferred	PA
SYMPROIC ORAL TABLET 0.2 MG		Non-Preferred	PA
*Phosphate Binder Agents***			
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		Preferred	PA
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	Preferred	PA
<i>calcium acetate oral tablet 667 mg</i>	Calphron	Preferred	PA
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	Auryxia	Non-Preferred	PA
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Fosrenol	Non-Preferred	PA
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Renvela	Non-Preferred	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	Preferred	PA
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>		Non-Preferred	PA
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	ferric citrate	Non-Preferred	PA
CALPHRON ORAL TABLET 667 MG	calcium acetate	Preferred	PA; OTC
FOSRENOL ORAL PACKET 1000 MG, 750 MG		Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	lanthanum carbonate	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
REVELA ORAL PACKET 0.8 GM, 2.4 GM	sevelamer carbonate	Non-Preferred	PA
REVELA ORAL TABLET 800 MG	sevelamer carbonate	Non-Preferred	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG		Non-Preferred	PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY ORAL TABLET 2 MG		Non-Preferred	PA; AL (Min 18 Years)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Non-Preferred	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		Non-Preferred	PA
GENITOURINARY AGENTS - MISCELLANEOUS			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	Preferred	
<i>finasteride oral tablet 5 mg</i>	Proscar	Preferred	
AVODART ORAL CAPSULE 0.5 MG	dutasteride	Non-Preferred	PA
PROSCAR ORAL TABLET 5 MG	finasteride	Non-Preferred	PA
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	Preferred	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Rapaflo	Non-Preferred	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		Non-Preferred	PA
FLOMAX ORAL CAPSULE 0.4 MG	tamsulosin hcl	Non-Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	silodosin	Non-Preferred	PA
*Citrates***			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	Common Formulary	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	Common Formulary	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		Common Formulary	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		Common Formulary	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>		Common Formulary	
*Genitourinary Irrigants***			
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	Preferred	
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG		Common Formulary	PA; QLL
*Phosphates***			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Common Formulary	
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Jalyn	Non-Preferred	PA
*Urinary Analgesics***			
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Pyridium	Common Formulary	
*Urinary Stone Agents***			
LITHOSTAT ORAL TABLET 250 MG		State Carve-Out	
GOUT AGENTS			
*Gout Agent Combinations***			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>		Preferred	
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	Non-Preferred	PA
<i>colchicine oral tablet 0.6 mg</i>		Preferred	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	Non-Preferred	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5ML		Non-Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG	colchicine	Non-Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG	febuxostat	Non-Preferred	PA
*Uricosurics***			
<i>probenecid oral tablet 500 mg</i>		Preferred	
HEMATOLOGICAL AGENTS - MISC.			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML		State Carve-Out	
*Antihemophilic Products***			
<i>obizur intravenous solution reconstituted 500 unit</i>		State Carve-Out	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Ixinity	State Carve-Out	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		State Carve-Out	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		State Carve-Out	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT		State Carve-Out	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT		State Carve-Out	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT		State Carve-Out	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED		State Carve-Out	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT		State Carve-Out	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	rixubis	State Carve-Out	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT		State Carve-Out	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		State Carve-Out	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		State Carve-Out	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT		State Carve-Out	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED		State Carve-Out	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT		State Carve-Out	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
*C1 Esterase Inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT		State Carve-Out	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		State Carve-Out	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		State Carve-Out	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT		State Carve-Out	
*Complement C5 Inhibitors***			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	ticagrelor	Preferred	
*Hematorheologic Agents***			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		Common Formulary	
*Human Protein C***			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		State Carve-Out	
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		Common Formulary	QLL
*Plasma Kallikrein Inhibitors***			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML		State Carve-Out	
*Plasma Proteins***			
<i>albumin human intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
<i>albumin human intravenous solution 5 %</i>	Albuked 5	State Carve-Out	
<i>albumin-zlb intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
<i>albumin-zlb intravenous solution 5 %</i>	Albuked 5	State Carve-Out	
<i>alburx intravenous solution 5 %</i>	Albuked 5	State Carve-Out	
<i>kedbumin intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	albumin human	State Carve-Out	
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	albumin human	State Carve-Out	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	State Carve-Out	
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	State Carve-Out	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		State Carve-Out	
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		Non-Preferred	PA
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		Non-Preferred	PA
*Quinazoline Agents***			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	Common Formulary	
<i>anagrelide hcl oral capsule 1 mg</i>		Common Formulary	
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		Preferred	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	Preferred	QLL
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	Preferred	AL (Max 75 Years)
EFFIENT ORAL TABLET 10 MG, 5 MG	prasugrel hcl	Non-Preferred	PA; AL (Max 75 Years)
PLAVIX ORAL TABLET 75 MG	clopidogrel bisulfate	Non-Preferred	PA; QLL
HEMATOPOIETIC AGENTS			
*Agents For Gaucher Disease***			
<i>miglustat oral capsule 100 mg</i>	Yargesa	State Carve-Out	
CERDELGA ORAL CAPSULE 84 MG		State Carve-Out	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		State Carve-Out	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT		State Carve-Out	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		State Carve-Out	
YARGESA ORAL CAPSULE 100 MG	miglustat	State Carve-Out	
ZAVESCA ORAL CAPSULE 100 MG	miglustat	State Carve-Out	
*Amino Acids***			
ENDARI ORAL PACKET 5 GM	l-glutamine	Common Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		Common Formulary	
DODEX INJECTION SOLUTION 1000 MCG/ML	cyanocobalamin	Common Formulary	
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Common Formulary	
SIKLOS ORAL TABLET 100 MG, 1000 MG		Common Formulary	AL (Min 2 Years and Max 14 Years)
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		Preferred	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML		Preferred	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		Preferred	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		Non-Preferred	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML		Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		Preferred	PA
*Folic Acid/Folate Combinations***			
<i>folbee oral tablet 2.5-25-1 mg</i>	Airavite	Common Formulary	
<i>westab one oral tablet 2.5-25-1 mg</i>	Airavite	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
AIRAVITE ORAL TABLET 2.5-25-1 MG	folbee	Common Formulary	
FOLGARD RX ORAL TABLET 2.2-25-1 MG		Common Formulary	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG		Common Formulary	OTC
NUFOL ORAL TABLET 2.5-25-1 MG	folbee	Common Formulary	
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		Common Formulary	
<i>folic acid oral tablet 400 mcg</i>		Common Formulary	QLL; OTC
<i>folic acid oral tablet 800 mcg</i>		Common Formulary	OTC
<i>sm folic acid oral tablet 400 mcg</i>		Common Formulary	QLL; OTC
<i>true folic acid oral tablet 1 mg</i>		Common Formulary	OTC
<i>true folic acid oral tablet 400 mcg</i>		Common Formulary	QLL; OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>		Non-Preferred	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Non-Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		Non-Preferred	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Preferred	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Preferred	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Non-Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Preferred	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA; QLL
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm- Csf)***			
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		Non-Preferred	PA
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG		Non-Preferred	PA; AL (Min 18 Years)
VAFSEO ORAL TABLET 150 MG, 300 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Iron Combinations***			
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	Common Formulary	AL (Max 12 Years); OTC
NEPHRON FA ORAL TABLET		CSHCS Coverage	
*Iron***			
<i>cvs slow release dried iron oral tablet extended release 45 mg</i>		Common Formulary	OTC
<i>eq slow-release iron oral tablet extended release 45 mg</i>		Common Formulary	OTC
<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i>	Ferrocite	Preferred	OTC
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>		Common Formulary	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml</i>	One Vite Ferrous Sulfate	Common Formulary	AL (Max 12 Years); OTC
<i>ferrous sulfate oral solution 300 (60 fe) mg/5ml</i>		Common Formulary	AL (Max 12 Years); OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	Common Formulary	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>		Common Formulary	OTC
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>fe-vite iron oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>gnp iron oral tablet 200 (65 fe) mg</i>	Feosol	Common Formulary	OTC
<i>gnp iron oral tablet extended release 45 mg</i>	Slow Fe	Common Formulary	OTC
<i>iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>iron infant & toddler oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>pc pediatric iron drops oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	CSHCS Coverage	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Ferrex 150	Preferred	OTC
<i>ra slow release iron oral tablet extended release 45 mg</i>		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>slow release iron oral tablet extended release 45 mg</i>		Common Formulary	OTC
<i>sm iron oral tablet 325 (65 fe) mg</i>	FeroSul	Common Formulary	OTC
<i>sm slow release dried iron oral tablet extended release 45 mg</i>		Common Formulary	OTC
<i>true ferrous sulfate oral tablet delayed release 324 mg</i>		Common Formulary	OTC
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	fe-vite iron	CSHCS Coverage	OTC
FERATE ORAL TABLET 240 (27 FE) MG	cvs iron	Common Formulary	OTC
FEROSUL ORAL TABLET 325 (65 FE) MG	ferrous sulfate	Common Formulary	OTC
FERREX 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
FERROCITE ORAL TABLET 324 MG	ferrous fumarate	Preferred	OTC
NU-IRON ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
POLY-IRON 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
HEMOSTATICS			
*Hemostatics - Systemic***			
<i>aminocaproic acid intravenous solution 250 mg/ml</i>		State Carve-Out	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>		State Carve-Out	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Cyklokapron	State Carve-Out	
<i>tranexamic acid oral tablet 650 mg</i>		State Carve-Out	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	tranexamic acid	State Carve-Out	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			
*Antihistamine Hypnotics***			
<i>cvs sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>cvs sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>cvs sleep-aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>cvs sleep-aid nighttime oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>cvs ultra sleep oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Sominex Max St	State Carve-Out	OTC
<i>eq sleep-aid nighttime oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>eq sleep-aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>eql nighttime sleep aid oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>eql nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>eql sleep aid oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>eql sleep aid oral liquid 50 mg/30ml</i>	Wal-Sleep Z	State Carve-Out	OTC
<i>ft nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	AL (Max 64 Years); OTC
<i>ft sleep aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>gnp nighttime sleep-aid max st oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>gnp sleep aid nighttime oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	AL (Max 64 Years); OTC
<i>gnp sleep aid oral liquid 50 mg/30ml</i>	Wal-Sleep Z	State Carve-Out	OTC
<i>gnp sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>goodsense sleep aid oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>goodsense sleeptime oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>goodsense sleeptime oral liquid 50 mg/30ml</i>	Wal-Sleep Z	State Carve-Out	OTC
<i>kls sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>night time sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	AL (Max 64 Years); OTC
<i>qc rest simply oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>qc sleep aid max st oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>qc sleep-aid max st oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>qc sleep-aid nighttime oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>ra night sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>ra nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>ra sleep aid (diphenhydramine) oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>ra sleep aid oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>ra sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>sb sleep oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	AL (Max 64 Years); OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>sleep aid oral liquid 50 mg/30ml</i>	Wal-Sleep Z	State Carve-Out	OTC
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>sleep tabs oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	AL (Max 64 Years); OTC
<i>sleep-aid oral capsule 25 mg</i>	Unisom SleepMinis	State Carve-Out	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>sleep-aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>sleep-tabs oral tablet 25 mg</i>	Nytol QuickCaps	State Carve-Out	OTC
<i>sm sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>wal-som maximum strength oral capsule 50 mg</i>	Unisom Sleepgels	State Carve-Out	OTC
<i>wal-som oral tablet 25 mg</i>	Unisom SleepTabs	State Carve-Out	OTC
<i>wal-som oral tablet dispersible 25 mg</i>	Unisom SleepMelts	State Carve-Out	OTC
NYTOL QUICKCAPS ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SIMPLY SLEEP ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SOMINEX MAX ST ORAL TABLET 50 MG	diphenhydramine hcl (sleep)	State Carve-Out	OTC
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SOMINEX ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
UNISOM SLEEPGELS ORAL CAPSULE 50 MG	eql sleep aid	State Carve-Out	OTC
UNISOM SLEEPMELTS ORAL TABLET DISPERSIBLE 25 MG	wal-som	State Carve-Out	OTC
UNISOM SLEEPMINIS ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
UNISOM SLEEPTABS ORAL TABLET 25 MG	cvs sleep-aid (doxylamine)	State Carve-Out	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
WAL-SLEEP Z ORAL LIQUID 50 MG/30ML	eql sleep aid	State Carve-Out	OTC
WAL-SLEEP Z ORAL TABLET DISPERSIBLE 25 MG	wal-som	State Carve-Out	OTC
ZZZQUIL ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
ZZZQUIL ORAL LIQUID 50 MG/30ML	eql sleep aid	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Barbiturate Hypnotics***			
<i>pentobarbital sodium injection solution 50 mg/ml</i>		State Carve-Out	
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>		State Carve-Out	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		State Carve-Out	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>		State Carve-Out	
*Benzodiazepine Hypnotics***			
<i>estazolam oral tablet 1 mg, 2 mg</i>		State Carve-Out	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		State Carve-Out	
<i>midazolam hcl (pf) injection solution 10 mg/2ml</i>		Common Formulary	QLL
<i>midazolam hcl injection solution 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml</i>		Common Formulary	QLL
<i>midazolam hcl oral syrup 2 mg/ml</i>		State Carve-Out	
<i>quazepam oral tablet 15 mg</i>		State Carve-Out	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Restoril	State Carve-Out	
<i>triazolam oral tablet 0.125 mg</i>		State Carve-Out	
<i>triazolam oral tablet 0.25 mg</i>	Halcion	State Carve-Out	
DORAL ORAL TABLET 15 MG	quazepam	State Carve-Out	
HALCION ORAL TABLET 0.25 MG	triazolam	State Carve-Out	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	temazepam	State Carve-Out	
*Hypnotics - Tricyclic Agents***			
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Silenor	State Carve-Out	
SILENOR ORAL TABLET 3 MG, 6 MG	doxepin hcl	State Carve-Out	
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	State Carve-Out	
<i>zaleplon oral capsule 10 mg, 5 mg</i>		State Carve-Out	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Ambien CR	State Carve-Out	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	State Carve-Out	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	zolpidem tartrate er	State Carve-Out	
AMBIEN ORAL TABLET 10 MG, 5 MG	zolpidem tartrate	State Carve-Out	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG		State Carve-Out	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	eszopiclone	State Carve-Out	
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		State Carve-Out	
*Selective Alpha2- Adrenoreceptor Agonist Sedatives***			
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	Precedex	State Carve-Out	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	Precedex	State Carve-Out	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML	dexmedetomidine hcl	State Carve-Out	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	dexmedetomidine hcl in nacl	State Carve-Out	
*Selective Melatonin Receptor Agonists***			
<i>ramelteon oral tablet 8 mg</i>	Rozerem	State Carve-Out	
<i>tasimelteon oral capsule 20 mg</i>	Hetlioz	State Carve-Out	
HETLIOZ ORAL CAPSULE 20 MG	tasimelteon	State Carve-Out	
ROZEREM ORAL TABLET 8 MG	ramelteon	State Carve-Out	
LAXATIVES			
*Bowel Evacuant Combinations***			
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	Common Formulary	QLL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	Common Formulary	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		Common Formulary	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	Common Formulary	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	peg 3350-kcl-na bicarb-nacl	Common Formulary	
*Bulk Laxatives***			
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>fiber therapy oral tablet 500 mg</i>	Citrucel	Preferred	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>ft fiber laxative oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	Common Formulary	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	Preferred	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	Common Formulary	OTC
<i>sm fiber oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	Common Formulary	OTC
<i>sm fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	Common Formulary	OTC
*Laxatives - Miscellaneous***			
<i>constulose oral solution 10 gm/15ml</i>		Common Formulary	
<i>ft clearlax oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		Common Formulary	
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM		Preferred	OTC
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
*Laxatives & Dss***			
<i>senna plus oral capsule 50-8.6 mg</i>		Common Formulary	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	Common Formulary	OTC
<i>stool softener/laxative oral capsule 50-8.6 mg</i>		Common Formulary	OTC
*Lubricant Laxatives***			
<i>enema mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
<i>ft enema mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
<i>hm enema mineral oil rectal enema</i>	Fleet Oil	CSHCS Coverage	OTC
<i>sm mineral oil enema rectal</i>	Fleet Oil	CSHCS Coverage	OTC
<i>sm mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
FLEET OIL RECTAL ENEMA	enema mineral oil	CSHCS Coverage	OTC
*Saline Laxative Mixtures***			
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>ft enema saline rectal enema 7-19 gm/118ml</i>	Fleet Enema	Common Formulary	OTC
<i>hm enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>sm enema enema 7-19 gm/118ml rectal</i>	Fleet Enema	CSHCS Coverage	OTC
<i>sm enema rectal enema</i>	Fleet Enema	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
FLEET ENEMA ENEMA RECTAL	ft enema saline	CSHCS Coverage	OTC
FLEET ENEMA RECTAL ENEMA	ft enema saline	Common Formulary	OTC
*Saline Laxatives***			
<i>cvs laxative dietary supplemnt oral tablet 500 mg</i>	Phillips	Common Formulary	OTC
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	Common Formulary	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	Common Formulary	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
PHILLIPS ORAL TABLET 500 MG	cvs laxative dietary supplemnt	Common Formulary	OTC
*Stimulant Laxatives***			
<i>bisacodyl oral tablet delayed release 5 mg</i>	Alophen	Common Formulary	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	Common Formulary	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	Preferred	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	Common Formulary	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Medi-Lax	Common Formulary	OTC
<i>senna oral capsule 8.6 mg</i>		Common Formulary	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	Common Formulary	OTC
<i>senna oral syrup 176 mg/5ml</i>		Common Formulary	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	OneLAX Senna	Common Formulary	
<i>sennosides oral tablet 8.6 mg</i>	Black-Draught Lax-Senna	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
SEKOKT EXTRA STRENGTH ORAL TABLET 17.2 MG	cvs senna-extra	Common Formulary	OTC
*Surfactant Laxatives***			
<i>cvs mini enema rectal enema 20-283 mg</i>	Enemeez Plus	Common Formulary	OTC
<i>cvs stool softener oral capsule 50 mg</i>	Colace Clear	Common Formulary	OTC
<i>docusate calcium oral capsule 240 mg</i>	Surfak	Common Formulary	OTC
<i>docusate mini rectal enema 283 mg/5ml</i>	Enemeez Mini	CSHCS Coverage	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>docusate sodium oral capsule 250 mg</i>	Prolaxa	Common Formulary	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>		Common Formulary	OTC
<i>ft stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>hm stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>silace oral liquid 150 mg/15ml</i>		Common Formulary	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>stool softener laxative oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	cvs stool softener	Common Formulary	OTC
DOK ORAL TABLET 100 MG	ft stool softener	Common Formulary	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	docusate mini	CSHCS Coverage	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	cvs mini enema	CSHCS Coverage	OTC
MACROLIDES			
*Azithromycin***			
<i>azithromycin oral packet 1 gm</i>	Zithromax	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	Preferred	
<i>azithromycin oral tablet 250 mg</i>	Zithromax	Preferred	
<i>azithromycin oral tablet 500 mg</i>	Zithromax	Preferred	QLL
<i>azithromycin oral tablet 600 mg</i>		Preferred	QLL
ZITHROMAX ORAL PACKET 1 GM		Non-Preferred	PA; QLL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	azithromycin	Non-Preferred	PA
ZITHROMAX ORAL TABLET 250 MG	azithromycin	Non-Preferred	PA
ZITHROMAX ORAL TABLET 500 MG	azithromycin	Non-Preferred	PA; QLL
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	azithromycin	Non-Preferred	PA; QLL
ZITHROMAX Z-PAK ORAL TABLET 250 MG	azithromycin	Non-Preferred	PA
*Clarithromycin***			
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		Non-Preferred	PA
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		Preferred	QLL
*Erythromycins***			
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		Non-Preferred	PA
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		Non-Preferred	PA
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	Non-Preferred	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	Preferred	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	EryPed 400	Non-Preferred	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	Preferred	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	Non-Preferred	PA
E.E.S. 400 ORAL TABLET 400 MG	erythromycin ethylsuccinate	Non-Preferred	PA
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	erythromycin ethylsuccinate	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	erythromycin ethylsuccinate	Non-Preferred	PA
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	erythromycin ethylsuccinate	Non-Preferred	PA
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	erythromycin	Non-Preferred	PA
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Preferred	AL (Max 17 Years)
DIFICID ORAL TABLET 200 MG		Preferred	
MEDICAL DEVICES AND SUPPLIES			
*Applicators,Cotton Balls,Etc***			
<i>alcohol prep pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol prep pad pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol swabs pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol swabstick pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>aum alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>cvs alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>cvs prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>eql alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>global alcohol prep ease pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>gnp alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>h-e-b incontrol alcohol pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>hm sterile alcohol prep pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>meijer alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>qc alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ra alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>reality swabs pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sb alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sm alcohol prep pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sure comfort alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>true comfort pro alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>ultilet alcohol swabs pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>ultra-care alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>zevrx sterile alcohol prep pad pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
BD SWAB SINGLE USE REGULAR PAD	alcohol prep	Preferred	OTC
CARETOUCH ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
CURITY ALCOHOL PREPS PAD 70 %	alcohol prep	Preferred	OTC
DROPSAFE ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	alcohol prep	Preferred	OTC
FIFTY50 ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
RELION ALCOHOL SWABS PAD , 70 %	alcohol prep	Preferred	OTC
ULTICARE ALCOHOL SWABS PAD , 70 %	alcohol prep	Preferred	OTC
WEBCOL ALCOHOL PREP LARGE PAD 70 %	alcohol prep	Preferred	OTC
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	alcohol prep	Preferred	OTC
*Blood Pressure Devices***			
<i>blood pressure monitor</i>	3 Series BP Monitor/Wrist	Supplemental Formulary	OTC
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Condoms - Female***			
FC2 FEMALE CONDOM		Common Formulary	QLL; OTC
*Condoms - Male***			
<i>aimsco lubricated</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>condoms</i>		Preferred	OTC
<i>kimono</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono micro thin</i>	Trustex Non-Lubricated	Common Formulary	QLL; OTC
<i>kimono micro thin plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono ps</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono ps plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono sensation</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono sensation plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>maxx</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>maxx plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>true cover device</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
DUREX EXTRA SENSITIVE THIN DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
DUREX REALFEEL DEVICE		Preferred	OTC
FANTASY LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
FANTASY LUBRICATED/SPERMICIDE	aimsco lubricated	Common Formulary	QLL; OTC
KAMELEON LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
KIMONO COLORS DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
KIMONO MAXX-LARGE FLARE	aimsco lubricated	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
KIMONO SPECIAL DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
REALITY LATEX CONDOMS	aimsco lubricated	Common Formulary	QLL; OTC
REALITY LATEX/ULTRA TEXTURED DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
REALITY LATEX/ULTRA THIN DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX COLOR CONDOMS + LUBE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/RIBBED/STUDDERED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/SPERMICIDE EX ST	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/SPERMICIDE XL	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED EX LARGE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED EXTRA ST	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED/SPERMICIDE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX NATURAL CONDOMS + LUBE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX NON-LUBRICATED	kimono micro thin	Common Formulary	QLL; OTC
TRUSTEX RIA LUB/SPERMICIDE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX RIA LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX RIA NON-LUBRICATED	kimono micro thin	Common Formulary	QLL; OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD	aimsco lubricated	Common Formulary	QLL; OTC
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM		Common Formulary	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %		Common Formulary	
*Glucose Monitoring Test Supplies***			
<i>control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy plus ii control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy talk control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy talk control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy talk plus ii control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy trak control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy trak control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy trak ii control in vitro liquid normal</i>	Advance Intuition Control	Preferred	OTC
<i>element compact control 2 in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>element compact control 3 in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>ge100 control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>glucose control in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>glucose control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>supreme ii high/low control in vitro liquid</i>	Accu-Chek Aviva	Preferred	OTC
<i>verasens glucose control in vitro liquid</i>	Accu-Chek Aviva	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ACCU-CHEK AVIVA IN VITRO SOLUTION	element compact control 2	Preferred	OTC
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
ADVANCE INTUITION CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID HIGH , LOW	easy plus ii control	Preferred	OTC
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
AGAMATRIX CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
AGAMATRIX CONTROL IN VITRO SOLUTION HIGH	easy plus ii control	Preferred	OTC
AGAMATRIX CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	element compact control 2	Preferred	OTC
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	element compact control 2	Preferred	OTC
AGAMATRIX CONTROL NORMAL/HIGH IN VITRO SOLUTION	element compact control 2	Preferred	OTC
ASSURE 3 CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID	element compact control 2	Preferred	OTC
ASSURE DOSE CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
ASSURE II CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID	element compact control 2	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ASSURE PRISM CONTROL LEVEL 1&2 IN VITRO SOLUTION	element compact control 2	Preferred	OTC
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID	element compact control 2	Preferred	OTC
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	element compact control 2	Preferred	OTC
CARESENS CONTROL A IN VITRO SOLUTION	element compact control 2	Preferred	OTC
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION	element compact control 2	Preferred	OTC
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	element compact control 2	Preferred	OTC
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH , LOW	easy plus ii control	Preferred	OTC
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW	easy plus ii control	Preferred	OTC
CONTOUR CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW	easy plus ii control	Preferred	OTC
CONTOUR NEXT CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
COOL CONTROL A IN VITRO SOLUTION	element compact control 2	Preferred	OTC
COOL CONTROL B IN VITRO SOLUTION	element compact control 2	Preferred	OTC
DEXCOM G6 RECEIVER DEVICE		Supplemental Formulary	PA
DEXCOM G6 SENSOR	guardian sensor 3	Supplemental Formulary	PA; QLL
DEXCOM G6 TRANSMITTER		Supplemental Formulary	PA; QLL
DEXCOM G7 RECEIVER DEVICE		Supplemental Formulary	PA
DEXCOM G7 SENSOR	guardian sensor 3	Supplemental Formulary	PA; QLL
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	element compact control 2	Preferred	OTC
DUO-CARE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
EASY STEP CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION	element compact control 2	Preferred	OTC
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
EASYMAX CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	element compact control 2	Preferred	OTC
ELEMENT CONTROL IN VITRO LIQUID HIGH , LOW	easy plus ii control	Preferred	OTC
ELEMENT CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
EMBRACE CONTROL IN VITRO SOLUTION LOW	easy plus ii control	Preferred	OTC
EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID LOW	easy plus ii control	Preferred	OTC
EMBRACE GLUCOSE CONTROL IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
EVOLUTION CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
FORA CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
FORA CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
FORACARE GDH CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
FORACARE GDH CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
GLUCOCARD 01 CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
GLUCOCARD 01 CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
GLUCOCOM CONTROL IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
GLUCOCOM CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID	element compact control 2	Preferred	OTC
GNP EASY TOUCH CONT HIGH/LOW IN VITRO SOLUTION	element compact control 2	Preferred	OTC
GOJJI CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
INFINITY CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
INFINITY VOICE IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
KROGER HEALTHPRO CONTROL HI/LO IN VITRO LIQUID	element compact control 2	Preferred	OTC
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH	easy plus ii control	Preferred	OTC
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION	element compact control 2	Preferred	OTC
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	element compact control 2	Preferred	OTC
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION	element compact control 2	Preferred	OTC
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
NEUTEK 2TEK CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	Supplemental Formulary	OTC
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	Supplemental Formulary	OTC
ONETOUCH DELICA PLUS LANCING	adjustable lancing device	Supplemental Formulary	OTC
ONETOUCH DELICA SAFETY LANCING	acti-lance 28g	Supplemental Formulary	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC
ONETOUCH VERIO IN VITRO LIQUID	element compact control 2	Preferred	OTC
ONETOUCH VERIO IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
ONETOUCH VERIO REFLECT KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
POCKETCHEM EZ CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	element compact control 2	Preferred	OTC
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
RIGHTEST GC300 CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION	element compact control 2	Preferred	OTC
SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
TAI DOC CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	easy plus ii control	Preferred	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	easy plus ii control	Preferred	OTC
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	element compact control 2	Preferred	OTC
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	element compact control 2	Preferred	OTC
UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
*Insulin Administration Supplies***			
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		Supplemental Formulary	PA; QLL
OMNIPOD 5 DEXG7G6 PODS GEN 5		Supplemental Formulary	PA; QLL
OMNIPOD 5 LIBRE2 PLUS G6 KIT		Supplemental Formulary	PA; QLL
OMNIPOD 5 LIBRE2 PLUS G6 PODS		Supplemental Formulary	PA; QLL
OMNIPOD DASH INTRO (GEN 4) KIT		Supplemental Formulary	PA; QLL
OMNIPOD DASH PDM (GEN 4) KIT		Supplemental Formulary	PA; QLL
OMNIPOD DASH PODS (GEN 4)		Supplemental Formulary	PA; QLL
OMNIPOD GO KIT 35 UNIT/24HR, 40 UNIT/24HR		Supplemental Formulary	PA; QLL
TWIIST REFILL KIT KIT		Supplemental Formulary	PA; QLL
TWIIST REFILL KIT/INFUSION SET KIT		Supplemental Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
TWIIST STARTER KIT KIT		Supplemental Formulary	PA; QLL
*Masks***			
<i>pediatric medium mask</i>	Acteev Protect Face Mask	Common Formulary	QLL; OTC
<i>pediatric small mask</i>	Acteev Protect Face Mask	Common Formulary	QLL; OTC
*Needles & Syringes***			
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	Supplemental Formulary	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		Supplemental Formulary	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Supplemental Formulary	OTC
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	Supplemental Formulary	OTC
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	sure comfort pen needles	Supplemental Formulary	OTC
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	Supplemental Formulary	OTC
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	Supplemental Formulary	OTC
*Peak Flow Meters***			
<i>breathe ease peak flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>lung perform peak flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>peak a-i-r flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>pure comfort flow meter adult device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>pure comfort flow meter child device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
AIRZONE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
ASSESS PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
CLEVER CHOICE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
MICROLIFE DIGITAL PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
MINI WRIGHT PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PEAK AIR PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PERSONAL BEST FULL RANGE DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PIKO 1 DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
POCKET PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
POCKETPEAK PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	breathe ease peak flow meter	Common Formulary	QLL
TRUZONE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL
*Respiratory Therapy Supplies***			
<i>adult aerosol mask</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>adult disposable mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>adult mask device</i>	Aerobika	Common Formulary	QLL
<i>adult mask large</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>breathe ease neb mask/child</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>breathe ease neb mask/infant</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>co monitor device</i>	Aerobika	Common Formulary	QLL
<i>co monitor replacement pieces</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>disposable paper mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>expiratory mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>filter air pp</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>full kit nebulizer set</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>nebulizer air tube/plugs</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>nebulizer mask adult</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>nebulizer mask child</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>nose clip</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>one-way valved expiratory mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>one-way valved inspiratory mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>ped disposable mouthpiece</i>	Adapter Ped Disposable	Common Formulary	QLL; OTC
<i>pediatric mouthpiece</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>pharmacist choice mask wipes</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>pillow mask/adult</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>pillow mask/child</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>pillow mask/pediatric</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>replacement air filter</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>replacement filters</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>silicone mask/adult</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>silicone mask/infant</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>silicone mask/pediatric</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>sootheneb nbl 100 adult mask</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 child mask</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 med cup</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 mesh cap</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>spiro pd device</i>	Aerobika	Common Formulary	QLL
<i>tubing/wing tip</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>ultra neb accessories kit</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
ACE AEROSOL CLOUD ENHANCER	adult aerosol mask	Common Formulary	QLL
ACTIVITY POUCH	adult aerosol mask	Common Formulary	QLL
ADAPTER PED DISPOSABLE MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC
AEROBIKA DEVICE	adult mask	Common Formulary	QLL
AEROECLIPSE EZ TWIST TUBING	adult aerosol mask	Common Formulary	QLL
AEROECLIPSE MASK LARGE	adult aerosol mask	Common Formulary	QLL; OTC
AEROECLIPSE MASK MEDIUM	adult aerosol mask	Common Formulary	QLL; OTC
AEROECLIPSE MASK SMALL	adult aerosol mask	Common Formulary	QLL; OTC
AEROTRACH PLUS	adult aerosol mask	Common Formulary	QLL
AIRS PEDIATRIC AEROSOL MASK	adult aerosol mask	Common Formulary	QLL
ALL FLOW 1000 PFT FILTER	adult aerosol mask	Common Formulary	QLL
ALL FLOW 1000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 2000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ALL FLOW 3000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 4000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 5000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 6000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 7000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
BUBBLES THE FISH II PEDI MASK	adult aerosol mask	Common Formulary	QLL; OTC
CARETOUCH 2 CPAP HOSE HANGER	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP & BIPAP HOSE	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP MASK WIPES	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP PRE-WASH SOLN	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP TUBE BRUSH	adult aerosol mask	Common Formulary	QLL
CARETOUCH UNIVERSL CPAP FILTER	adult aerosol mask	Common Formulary	QLL
EASY FLOW 300 MM HOSE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW 400 MM HOSE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW AIR NOZZLE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW HEPA FILTER	adult aerosol mask	Common Formulary	QLL; OTC
EBASE CONTROLLER KIT	adult aerosol mask	Common Formulary	QLL
FLYP HYPERSONIQ CARTRIDGE	adult aerosol mask	Common Formulary	QLL; OTC
IN-CHECK DIAL FLOW TRAINER DEVICE	adult mask	Common Formulary	QLL
IN-CHECK INSPIRATORY FLOW MTR DEVICE	adult mask	Common Formulary	QLL
INNOSPIRE REPLACEMENT FILTER	adult aerosol mask	Common Formulary	QLL
KOKO PEAK PRO MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
LITETOUCH MASK LARGE	adult aerosol mask	Common Formulary	QLL
LITETOUCH MASK MEDIUM	adult aerosol mask	Common Formulary	QLL
LITETOUCH MASK SMALL	adult aerosol mask	Common Formulary	QLL
MINIELITE FILTER REPLACEMENTS	adult aerosol mask	Common Formulary	QLL; OTC
OMBRA COMPRESSOR AIR FILTERS	adult aerosol mask	Common Formulary	QLL; OTC
OMBRA TABLE TOP COMPRESSOR DEVICE	adult mask	Common Formulary	QLL
ONE FLOW SPIROMETER DEVICE	adult mask	Common Formulary	QLL
ONE FLOW TESTER MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC
PARI ALTERA NEBULIZER HANDSET	adult aerosol mask	Common Formulary	QLL
PARI BABY CONVERSION KIT	adult aerosol mask	Common Formulary	QLL
PARI ERAPID NEBULIZER HANDSET	adult aerosol mask	Common Formulary	QLL
PARI EXPIRATORY FILTER SET DEVICE	adult aerosol mask	Common Formulary	QLL
PARI MANUAL INTERRUPTER DEVICE	adult mask	Common Formulary	QLL
PARI MASK SET	adult aerosol mask	Common Formulary	QLL
PARI SMARTMASK BABY/ELBOW	adult aerosol mask	Common Formulary	QLL; OTC
PARI SOFT PLASTIC ADULT MASK	adult aerosol mask	Common Formulary	QLL
PARI SOFT PLASTIC PED MASK	adult aerosol mask	Common Formulary	QLL
PARI TREK S COMBO PACK DEVICE	adult mask	Common Formulary	QLL
PFLEX	adult aerosol mask	Common Formulary	QLL
PRONEB ULTRA FILTER SET	adult aerosol mask	Common Formulary	QLL; OTC
QUAKE DEVICE	adult mask	Common Formulary	QLL
REUSABLE COMFORTSEAL MASK-LRG	adult aerosol mask	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
REUSABLE COMFORTSEAL MASK-MED	adult aerosol mask	Common Formulary	QLL
REUSABLE COMFORTSEAL MASK-SML	adult aerosol mask	Common Formulary	QLL
SAMI THE SEAL FILTERS	adult aerosol mask	Common Formulary	QLL; OTC
SIDESTREAM ADULT FACE MASK	adult aerosol mask	Common Formulary	QLL
SIDESTREAM PEDIATRIC FACE MASK	adult aerosol mask	Common Formulary	QLL
SIDESTREAM PLS ADULT FACE MASK	adult aerosol mask	Common Formulary	QLL; OTC
THRESHOLD IMT	adult aerosol mask	Common Formulary	QLL
THRESHOLD PEP DEVICE	adult mask	Common Formulary	QLL
VERSAPAP DEVICE	adult mask	Common Formulary	QLL
VERSAPAP W/UNIVERSAL TUBING DEVICE	adult mask	Common Formulary	QLL
WINDMILL TRAINER	adult aerosol mask	Common Formulary	QLL
*Spacer/Aerosol-Holding Chambers & Supplies***			
<i>breathe comfort chamber/adult device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>breathe comfort chamber/child device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>breathe ease large device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>breathe ease medium device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>breathe ease small device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static l device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static m device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static s device</i>	AeroChamber Holding Chamber	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pro comfort spacer adult</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>pro comfort spacer child</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>pro comfort spacer infant device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>procare spacer/adult mask device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>procare spacer/child mask device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>prochamber vhc device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>pure comfort spacer chamber device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
AEROCHAMBER HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER MINI CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER MV	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU LARGE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU SMALL	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLOW VU	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER W/FLOWSIGNAL	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS	breathe comfort chamber/adult	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
AEROCHAMBER Z-STAT PLUS CHAMBR	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/LARGE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/SMALL	breathe comfort chamber/adult	Common Formulary	QLL
AEROVENT PLUS DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
BREATHERITE VALVED MDI CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
CLEVER CHOICE HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/LG MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/MED MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/SM MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK LARGE	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK SMALL	breathe comfort chamber/adult	Common Formulary	QLL
FLEXICHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
INSPIREASE	breathe comfort chamber/adult	Common Formulary	QLL
MASK VORTEX/CHILD/FROG		Common Formulary	QLL; OTC
MASK VORTEX/TODDLER/LADYBUG		Common Formulary	QLL; OTC
MICROCHAMBER	breathe comfort chamber/adult	Common Formulary	QLL
MICROCHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
MICROSPACER	breathe comfort chamber/adult	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
OPTICHAMBER DIAMOND	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-LG MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-MD MASK	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-SM MASK	breathe comfort chamber/adult	Common Formulary	QLL
PANDA MASK LARGE		Common Formulary	QLL; OTC
PANDA MASK MEDIUM		Common Formulary	QLL; OTC
PANDA MASK SMALL		Common Formulary	QLL; OTC
PARI VORTEX ADULT MASK		Common Formulary	QLL; OTC
PEDIATRIC PANDA MASK		Common Formulary	QLL; OTC
POCKET CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
POCKET SPACER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
RITEFLO DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX VALVED HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
MIGRAINE PRODUCTS			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC ORAL TABLET DISPERSIBLE 75 MG		Preferred	PA; QLL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Non-Preferred	PA; QLL
UBRELVY ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA; QLL
ZAVZPRET NASAL SOLUTION 10 MG/ACT		Non-Preferred	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Cgrp Receptor Antagonists - Monoclonal Antibodies***			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		Preferred	PA; QLL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Preferred	PA; QLL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Preferred	PA; QLL
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***			
ELYXYB ORAL SOLUTION 120 MG/4.8ML		Non-Preferred	PA
*Selective Serotonin Agonist-Nsaid Combinations***			
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Treximet	Non-Preferred	PA
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		Non-Preferred	PA; QLL
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	Non-Preferred	PA; QLL
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Frova	Non-Preferred	PA; QLL
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		Non-Preferred	PA; QLL
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	Preferred	QLL
<i>rizatriptan benzoate oral tablet 5 mg</i>		Preferred	QLL
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	Preferred	QLL
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		Preferred	PA; QLL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	Preferred	QLL
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	Preferred	QLL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		Preferred	QLL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	Preferred	QLL
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Zomig	Non-Preferred	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Zomig	Non-Preferred	PA; QLL
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		Non-Preferred	PA; QLL
FROVA ORAL TABLET 2.5 MG	frovatriptan succinate	Non-Preferred	PA; QLL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	sumatriptan succinate	Non-Preferred	PA; QLL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate refill	Non-Preferred	PA; QLL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate	Non-Preferred	PA; QLL
MAXALT ORAL TABLET 10 MG	rizatriptan benzoate	Non-Preferred	PA; QLL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	rizatriptan benzoate	Non-Preferred	PA; QLL
RELPAK ORAL TABLET 20 MG, 40 MG	eletriptan hydrobromide	Non-Preferred	PA; QLL
TOSYMRA NASAL SOLUTION 10 MG/ACT		Non-Preferred	PA; QLL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML		Non-Preferred	PA
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	zolmitriptan	Non-Preferred	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG	zolmitriptan	Non-Preferred	PA; QLL
*Selective Serotonin Agonists 5-Ht(1F)***			
REYVOW ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
MINERALS & ELECTROLYTES			
*Calcium Combinations***			
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>		Common Formulary	OTC
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Common Formulary	OTC
<i>calcium 600+d3 oral tablet 600-20 mg-mcg</i>	Caltrate 600+D3	Common Formulary	OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Common Formulary	OTC
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	Citracal Maximum	Common Formulary	OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		Common Formulary	OTC
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Citracal Petites/Vitamin D	Preferred	OTC
<i>gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg</i>	Citracal Maximum	Common Formulary	OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Common Formulary	OTC
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	Common Formulary	OTC
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>		Common Formulary	OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	Common Formulary	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	calcium 500 + d3	Common Formulary	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	Common Formulary	OTC
*Calcium***			
<i>calcium citrate oral tablet 950 (200 ca) mg</i>		Common Formulary	OTC
<i>calcium gluconate intravenous solution 10 %</i>		CSHCS Coverage	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>		Common Formulary	OTC
<i>oyster shell calcium oral tablet 500 mg</i>		Common Formulary	OTC
*Electrolytes Oral***			
<i>pediatric electrolyte oral solution</i>	Pedialyte	Common Formulary	OTC
<i>truelyte oral solution</i>	Pedialyte	Common Formulary	OTC
PEDIALYTE FREEZER POPS ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
PEDIALYTE ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
PEDIALYTE SINGLES ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
REHYDRALYTE ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
*Fluoride***			
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	Common Formulary	QLL; AL (Max 16 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		Common Formulary	QLL; AL (Max 16 Years)
*Magnesium Combinations***			
BEELITH ORAL TABLET 362-20 MG		CSHCS Coverage	OTC
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG		Common Formulary	OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG		Common Formulary	OTC
*Magnesium***			
<i>chelated magnesium oral tablet 100 mg</i>		CSHCS Coverage	OTC
<i>cvs magnesium oxide oral tablet 250 mg</i>		Preferred	OTC
<i>magnesium chloride injection solution 200 mg/ml</i>		Common Formulary	
<i>magnesium citrate oral tablet 100 mg</i>		CSHCS Coverage	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	Common Formulary	OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	CSHCS Coverage	OTC
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>		CSHCS Coverage	OTC
<i>magnesium sulfate injection solution 50 %</i>		Common Formulary	
<i>natrul magnesium oral tablet 250 mg</i>		Preferred	OTC
<i>sm magnesium oral tablet 250 mg</i>		Common Formulary	OTC
<i>sm magnesium oxide oral tablet 250 mg</i>		Preferred	OTC
<i>true magnesium oxide oral tablet 400 mg</i>	MAGnesium-Oxide	Common Formulary	OTC
<i>true magnesium oxide oral tablet 500 mg</i>		Common Formulary	OTC
<i>true magnesium oxide tablet 400 mg oral</i>	MAGnesium-Oxide	CSHCS Coverage	OTC
<i>true magnesium oxide tablet 500 mg oral</i>		CSHCS Coverage	OTC
<i>well magnesium oxide oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	CSHCS Coverage	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	magnesium oxide -mg supplement	Common Formulary	OTC
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	magnesium oxide -mg supplement	CSHCS Coverage	OTC
SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG		CSHCS Coverage	OTC
*Phosphate***			
<i>phos-nak oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>phosphorous oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	Preferred	
<i>phosphorus supplement oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>		Common Formulary	
<i>sodium phosphates intravenous solution 45 mmole/15ml</i>		Common Formulary	
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>		CSHCS Coverage	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sodium phosphates solution 150 mmole/50ml intravenous</i>		CSHCS Coverage	
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>		CSHCS Coverage	
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>		CSHCS Coverage	OTC
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	Preferred	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML		Common Formulary	
K-PHOS ORAL TABLET 500 MG		Common Formulary	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Preferred	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Preferred	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		Common Formulary	
*Potassium***			
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	Common Formulary	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	Common Formulary	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		Common Formulary	
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	Common Formulary	
<i>potassium chloride er oral tablet extended release 20 meq</i>		Common Formulary	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	Common Formulary	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		Common Formulary	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride er	Common Formulary	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride crys er	Common Formulary	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	potassium chloride crys er	Common Formulary	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	potassium chloride er	Common Formulary	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Sodium***			
<i>sodium chloride intravenous solution 0.9 %</i>		Common Formulary	
<i>sodium chloride oral tablet 1 gm</i>		CSHCS Coverage	OTC
MISCELLANEOUS THERAPEUTIC CLASSES			
*Antileptics***			
THALOMID ORAL CAPSULE 100 MG, 50 MG		Common Formulary	PA
*Cyclosporine Analogs***			
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	Common Formulary	
<i>cyclosporine modified oral capsule 50 mg</i>		Common Formulary	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	Common Formulary	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	Common Formulary	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Common Formulary	
GENGRAF ORAL SOLUTION 100 MG/ML	cyclosporine modified	Common Formulary	
NEORAL ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Common Formulary	
NEORAL ORAL SOLUTION 100 MG/ML	cyclosporine modified	Common Formulary	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	cyclosporine	Common Formulary	
*Immunomodulators For Myelodysplastic Syndromes***			
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	Common Formulary	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	Common Formulary	
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	Common Formulary	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	Common Formulary	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Common Formulary	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Common Formulary	
CELLCEPT ORAL CAPSULE 250 MG	mycophenolate mofetil	Common Formulary	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	mycophenolate mofetil	Common Formulary	
CELLCEPT ORAL TABLET 500 MG	mycophenolate mofetil	Common Formulary	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	mycophenolate sodium	Common Formulary	
*Macrolide Immunosuppressants***			
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	Common Formulary	
<i>sirolimus oral solution 1 mg/ml</i>		Common Formulary	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		Common Formulary	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	Common Formulary	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG		Common Formulary	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		Common Formulary	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	tacrolimus	Common Formulary	
PROGRAF ORAL PACKET 0.2 MG, 1 MG		Common Formulary	
RAPAMUNE ORAL SOLUTION 1 MG/ML	sirolimus	Common Formulary	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	sirolimus	Common Formulary	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	everolimus	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Misc Natural Products***			
<i>eczema & psoriasis spray oral liquid</i>	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
<i>essiac tonic oral liquid</i>	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
BODY CHOICE HOODIA WEIGHT LOSS ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CRAMP RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CRANBLADDER RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CRAN-B-OTC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CYSTEX URINARY HEALTH ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
DEEP HEALTH ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
DEEP SLEEP ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
EARLY ALERT ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
HERBAPROFEN ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
IBEROGAST ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LOVIRAL ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LUNG TONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LYDIA PINKHAM ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LYMPHATONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
MENOPAUTONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
MOUTH TONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
PHYTOCILLIN ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
RESPIRATONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
SINGERS SAVING GRACE THROAT ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
STRESS RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
ZARBEES THROAT SPRAY CHILDRENS ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
*Miscellaneous Therapeutic Classes***			
<i>ammonia inhalants inhalation inhaler</i>		State Carve-Out	OTC
<i>qc aromatic ammonia inhalation spirit</i>		State Carve-Out	OTC
*Monoclonal Antibodies***			
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Common Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Potassium Removing Agents***			
<i>sodium polystyrene sulfonate oral powder</i>		Common Formulary	
LOKELMA ORAL PACKET 10 GM, 5 GM		Preferred	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		Preferred	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		Preferred	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		Non-Preferred	PA
*Purine Analogs***			
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Azasan	Common Formulary	
<i>azathioprine oral tablet 50 mg</i>	Imuran	Common Formulary	
AZASAN ORAL TABLET 100 MG, 75 MG	azathioprine	Common Formulary	
IMURAN ORAL TABLET 50 MG	azathioprine	Common Formulary	
*Rock Inhibitors***			
REZUROCK ORAL TABLET 200 MG		Common Formulary	
MOUTH/THROAT/DENTAL AGENTS			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		Common Formulary	
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat troche 10 mg</i>		Preferred	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		Preferred	
ORAVIG BUCCAL TABLET 50 MG		Non-Preferred	PA
*Antiseptics - Mouth/Throat***			
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*Dental Products - Combinations***			
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Common Formulary	
*Fluoride Dental Products***			
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sf dental gel 1.1 %</i>	DentaGel	Common Formulary	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	DentaGel	Common Formulary	
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	Common Formulary	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	sf 5000 plus	Common Formulary	
DENTAGEL DENTAL GEL 1.1 %	sf	Common Formulary	
*Saliva Stimulants***			
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	Common Formulary	
*Steroids - Mouth/Throat/Dental***			
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	Common Formulary	QLL
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetonide	Common Formulary	
MULTIVITAMINS			
*B-Complex Vitamins***			
<i>b complex oral capsule</i>		Common Formulary	OTC
<i>b-complex/b-12 oral tablet</i>		Common Formulary	OTC
<i>vitamin b complex oral capsule</i>		Common Formulary	OTC
<i>vitamin b complex w/b-12 oral tablet</i>		Common Formulary	OTC
<i>vitamin b-complex 100 injection solution</i>		CSHCS Coverage	

Formulary Drug Name	Reference	Tiering	Restrictions
*B-Complex W/ C & Folic Acid***			
<i>folika-bc oral tablet 1 mg</i>	Dialyvite	Common Formulary	OTC
<i>rena-vite oral tablet</i>	Dialyvite 800	Common Formulary	OTC
<i>rena-vite rx oral tablet 1 mg</i>	Dialyvite	Common Formulary	OTC
<i>reno caps oral capsule 1 mg</i>	Renal	CSHCS Coverage	OTC
<i>tm-vite rx oral tablet 1 mg</i>	Dialyvite	Common Formulary	
<i>triphrocaps oral capsule 1 mg</i>	Renal	CSHCS Coverage	
<i>virt-caps oral capsule 1 mg</i>	Renal	CSHCS Coverage	
<i>wescaps oral capsule 1 mg</i>	Renal	CSHCS Coverage	
DIALYVITE 800 ORAL TABLET 0.8 MG	rena-vite	Common Formulary	OTC
DIALYVITE ORAL TABLET	folika-bc	CSHCS Coverage	
NEPHRONEX ORAL TABLET	folika-bc	Common Formulary	
NEPHRO-VITE ORAL TABLET 0.8 MG	rena-vite	Common Formulary	OTC
RENAL ORAL CAPSULE 1 MG	reno caps	CSHCS Coverage	
*B-Complex W/ C***			
<i>ra b-complex/vitamin c cr oral tablet extended release</i>		Common Formulary	OTC
*B-Complex W/ C-Biotin-D & Folic Acid***			
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG		Common Formulary	OTC
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***			
VITAL-D RX ORAL TABLET 1 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***			
DIALYVITE 3000 ORAL TABLET 3 MG		CSHCS Coverage	
DIALYVITE 5000 ORAL TABLET 5 MG		CSHCS Coverage	
*B-Complex W/ C-Zn & Folic Acid***			
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG		Common Formulary	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG		Common Formulary	OTC
DIALYVITE/ZINC ORAL TABLET		CSHCS Coverage	
NEHPLEX RX ORAL TABLET		CSHCS Coverage	
*B-Complex W/ Folic Acid***			
<i>sm balanced b-100 oral tablet</i>	Big 100	Common Formulary	OTC
<i>sm balanced b-50 oral tablet</i>	Big 100	Common Formulary	OTC
*B-Complex W/Biotin & Folic Acid***			
<i>balance b-50 oral tablet</i>	Big 100 (Biotin)	Common Formulary	OTC
*Multiple Vitamins W/ Iron***			
<i>sm multiple vitamins/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	Common Formulary	OTC
*Multiple Vitamins W/ Minerals***			
<i>dialyvite 800/ultra d oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>glucoten oral capsule</i>	Dexatran	Common Formulary	OTC
<i>gnp healthy eyes oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp mega multi for men oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp mega multi for women oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Cerovite Senior	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp one daily mens/lycopene oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily womens oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>i-vite oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>one-daily multi caps oral capsule</i>	Dexatran	Common Formulary	OTC
<i>sentry senior oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete advanced formula oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete senior formula oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm daily diet support oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm opti-vitamins oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>v-c forte oral capsule</i>	Dexatran	Common Formulary	
CEROVITE SENIOR ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
COMPETE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CORVITA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX MULTITAM ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX RIBOTIN-E ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX ZINTREXYL-C ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DEXATRAN ORAL CAPSULE	one-daily multi caps	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
DIALYVITE SUPREME D ORAL TABLET	dialyvite 800/ultra d	CSHCS Coverage	
DIATROL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
FOLIFLEX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
FOLITIN-Z ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
ICAPS AREDS FORMULA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
ICAPS MV ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ICAPS ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
MENATROL ORAL CAPSULE	one-daily multi caps	Common Formulary	
MULTIA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
MULTITOL-M ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
NUTRICAP ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
NUTRIFAC ZX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
OCUVITE ADULT 50+ ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE ADULT FORMULA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE EXTRA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
OCUVITE EYE + MULTI ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE EYE HEATHLH GUMMIES ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
OCUVITE-LUTEIN ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE-LUTEIN ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ONCOVITE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PRESERVISION AREDS 2 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRORENAL + D ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PROSIGHT ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
RENAPLEX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
RENAPLEX-D ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
UDAMIN SP ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENEXA FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENEXA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENTRIXYL FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENTRIXYL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITA S FORTE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITRAMYN ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITRANOL FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
VITRANOL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
*Multivitamins***			
<i>daily-vite oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>gnp essential one daily oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>sm multiple vitamins essential oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>stress formula oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>tm-daily vite oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>true multivitamin oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET	daily-vite	Common Formulary	OTC
THERA ORAL TABLET	daily-vite	Common Formulary	OTC
*Niacin W/ Inositol***			
<i>cvs niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>gnp niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>no flush niacin oral capsule 400-100 mg</i>		Common Formulary	OTC
*Ped Multi Vitamins W/Fl & Fe***			
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years); OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years)
*Ped Mv W/ Fluoride***			
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years)
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	Common Formulary	QLL; AL (Max 12 Years); OTC
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
*Ped Mv W/ Iron***			
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	BProtected Pedia Poly-Vite/Fe	Preferred	OTC
*Ped Vitamins Acid W/ Fluoride***			
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years)
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years); OTC
<i>vitamins acid-fluoride oral solution 0.5 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years); OTC
*Pediatric Vitamins A & D W/ C***			
<i>pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml</i>		Common Formulary	OTC
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>		Common Formulary	OTC
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Tri-Vi-Sol A/C/D	Common Formulary	OTC
*Prenatal Mv & Min W/Fe-Fa***			
<i>classic prenatal oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>completenate oral tablet chewable 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp prenatal oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal 19 oral tablet chewable</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>se-natal 19 oral tablet 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
NESTABS ORAL TABLET 32-1 MG		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
NIVA-PLUS ORAL TABLET 27-1 MG	m-natal plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
OBTREX ORAL TABLET		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
VINATE II ORAL TABLET 29-1 MG		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
*Specialty Vitamins Products***			
MG PLUS PROTEIN ORAL TABLET 133 MG	a thru z advantage	CSHCS Coverage	OTC
*Vitamin Mixtures***			
<i>ecee plus oral tablet</i>		Common Formulary	OTC
*Vitamins W/ Lipotropics***			
<i>balanced b-50 complex oral capsule</i>		Common Formulary	OTC
<i>b-stress oral capsule</i>		Common Formulary	OTC
<i>complex b-100-inositol oral tablet extended release</i>		Common Formulary	OTC
<i>multi-vitamin hp/minerals oral capsule</i>		Common Formulary	OTC
<i>risanoid plus oral tablet</i>	Actiflovit Ear Health	Common Formulary	OTC
LIPOFLAVOVIT ORAL TABLET	risanoid plus	Common Formulary	OTC
MUSCULOSKELETAL THERAPY AGENTS			
*Central Muscle Relaxants***			
<i>baclofen oral solution 5 mg/5ml</i>		Preferred	PA
<i>baclofen oral suspension 25 mg/5ml</i>	Fleqsuvy	Non-Preferred	PA
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>		Preferred	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>		Non-Preferred	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Amrix	Non-Preferred	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		Preferred	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Fexmid	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>metaxalone oral tablet 400 mg, 800 mg</i>		Non-Preferred	PA
<i>methocarbamol oral tablet 1000 mg</i>	Tanlor	Preferred	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		Preferred	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		Preferred	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>		Non-Preferred	PA
<i>tizanidine hcl oral tablet 2 mg</i>		Preferred	
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	Preferred	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	cyclobenzaprine hcl er	Non-Preferred	PA
FEXMID ORAL TABLET 7.5 MG	cyclobenzaprine hcl	Non-Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	baclofen	Non-Preferred	PA
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG		Non-Preferred	PA
TANLOR ORAL TABLET 1000 MG	methocarbamol	Non-Preferred	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	tizanidine hcl	Non-Preferred	PA
ZANAFLEX ORAL TABLET 4 MG	tizanidine hcl	Non-Preferred	PA
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		Non-Preferred	PA
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	Non-Preferred	PA
DANTRIUM ORAL CAPSULE 25 MG	dantrolene sodium	Non-Preferred	PA
*Muscle Relaxant Combinations***			
<i>norgesic forte oral tablet 50-770-60 mg</i>	Orphengesic Forte	Non-Preferred	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Norgesic	Non-Preferred	PA
NORGESIC ORAL TABLET 25-385-30 MG	orphenadrine-aspirin-caffeine	Non-Preferred	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	norgesic forte	Non-Preferred	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL			
*Antihistamine-Steroid***			
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	azelastine-fluticasone	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT		Non-Preferred	PA
*Nasal Agents - Misc.***			
<i>saline nasal spray nasal solution 0.65 %</i>	Ayr	Common Formulary	OTC
*Nasal Agents Misc. - Combinations***			
SINUFLO READYRINSE NASAL KIT		State Carve-Out	OTC
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		Preferred	
*Nasal Antihistamines***			
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		Preferred	
<i>azelastine hcl nasal solution 0.15 %</i>	Astepro	Preferred	
<i>olopatadine hcl nasal solution 0.6 %</i>		Non-Preferred	PA
*Nasal Mast Cell Stabilizers***			
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	Common Formulary	OTC
*Nasal Steroids***			
<i>allergy nasal spray nasal suspension 50 mcg/act</i>	Nasonex 24HR	Non-Preferred	PA; OTC
<i>budesonide nasal suspension 32 mcg/act</i>		Non-Preferred	PA; OTC
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		Non-Preferred	PA
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	Flonase Allergy Rel Childrens	Non-Preferred	PA
<i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i>	Flonase Allergy Rel Childrens	Preferred	
<i>ft 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>		Non-Preferred	PA; OTC
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	Non-Preferred	PA
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT	allergy nasal spray	Non-Preferred	PA; OTC
OMNARIS NASAL SUSPENSION 50 MCG/ACT		Non-Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT		Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT		Non-Preferred	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT		Non-Preferred	PA
*Systemic Decongestants***			
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>gnp nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
*Topical Decongestants***			
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Afrin 12 Hour	Preferred	QLL; OTC
NEUROMUSCULAR AGENTS			
*Benzathiazoles***			
<i>riluzole oral tablet 50 mg</i>		Common Formulary	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
NUTRIENTS			
*Amino Acids-Single***			
<i>l-tryptophan oral capsule 500 mg</i>		State Carve-Out	OTC
<i>l-tryptophan oral tablet 500 mg</i>		State Carve-Out	OTC
*Misc. Nutritional Substances***			
<i>fish oil high potency oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>fish oil oral capsule 500 mg</i>	Ovega-3	Common Formulary	OTC
<i>omega-3 fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>sm fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Common Formulary	OTC
SEA-OMEGA ORAL CAPSULE 1000 MG	fish oil	Common Formulary	OTC
OPHTHALMIC AGENTS			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		Preferred	
*Artificial Tear And Lubricant Combinations***			
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	Common Formulary	OTC
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	GenTeal Tears Night-Time	Common Formulary	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	Common Formulary	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	Common Formulary	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	Common Formulary	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	Common Formulary	OTC
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GENTEAL TEARS MODERATE PF OPTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	Common Formulary	OTC
GENTEAL TEARS NIGHT-TIME OPTHALMIC OINTMENT	gnp nighttime relief lub eye	Common Formulary	OTC
GENTEAL TEARS PF OPTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	Common Formulary	OTC
GENTEAL TEARS SEVERE DAY/NIGHT OPTHALMIC GEL 0.4-0.3 %		Common Formulary	OTC
REFRESH LACRI-LUBE OPTHALMIC OINTMENT	gnp nighttime relief lub eye	Common Formulary	OTC
REFRESH P.M. OPTHALMIC OINTMENT	gnp nighttime relief lub eye	Common Formulary	OTC
SYSTANE NIGHTTIME OPTHALMIC OINTMENT	gnp nighttime relief lub eye	Common Formulary	OTC
SYSTANE OPTHALMIC GEL 0.4-0.3 %		Common Formulary	OTC
SYSTANE OPTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops	Common Formulary	OTC
SYSTANE ULTRA OPTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops	Common Formulary	OTC
*Artificial Tear Solutions***			
<i>artificial tears ophthalmic solution</i>	GenTeal Tears	Common Formulary	OTC
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	Common Formulary	OTC
GENTEAL TEARS OPTHALMIC SOLUTION 0.1-0.2-0.3 %	artificial tears	Common Formulary	OTC
SYSTANE CONTACTS OPTHALMIC SOLUTION	artificial tears	Common Formulary	OTC
*Artificial Tears And Lubricants***			
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	Common Formulary	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Biolle Tears	Common Formulary	OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	Common Formulary	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		Common Formulary	OTC
<i>ventiva tears ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC
REFRESH CELLUVISC OPTHALMIC GEL 1 %	carboxymethylcellulose sod pf	Common Formulary	OTC
REFRESH LIQUIGEL OPTHALMIC GEL 1 %	carboxymethylcellulose sodium	Common Formulary	OTC
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	Non-Preferred	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	Preferred	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	Non-Preferred	PA
COMBIGAN OPTHALMIC SOLUTION 0.2-0.5 %	brimonidine tartrate-timolol	Preferred	
COSOPT OPTHALMIC SOLUTION 2-0.5 %	dorzolamide hcl-timolol mal	Non-Preferred	PA
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	dorzolamide hcl-timolol mal pf	Non-Preferred	PA
*Beta-Blockers - Ophthalmic***			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>carteolol hcl ophthalmic solution 1 %</i>		Preferred	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Istalol	Non-Preferred	PA
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		Preferred	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		Preferred	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Timoptic Ocudose	Non-Preferred	PA
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Timolol Maleate Ocudose	Non-Preferred	PA
BETIMOL OPTHALMIC SOLUTION 0.25 %		Non-Preferred	PA
BETIMOL OPTHALMIC SOLUTION 0.5 %	timolol hemihydrate	Non-Preferred	PA
BETOPTIC-S OPTHALMIC SUSPENSION 0.25 %		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
ISTALOL OPHTHALMIC SOLUTION 0.5 %	timolol maleate (once-daily)	Non-Preferred	PA
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	timolol maleate pf	Non-Preferred	PA
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	timolol maleate pf	Non-Preferred	PA
*Cholinergic Agonists***			
TYRVAYA NASAL SOLUTION 0.03 MG/ACT		Non-Preferred	PA; QLL
*Cycloplegic Mydriatics***			
<i>atropine sulfate ophthalmic ointment 1 %</i>		Common Formulary	
<i>atropine sulfate ophthalmic solution 1 %</i>		Common Formulary	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	Common Formulary	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	Common Formulary	
<i>tropicamide ophthalmic solution 0.5 %</i>		Common Formulary	
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	Common Formulary	
CYCLOGYL OPHTHALMIC SOLUTION 2 %		Common Formulary	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %		Preferred	QLL
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		Common Formulary	
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		Common Formulary	
*Ophthalmic Antiallergic***			
<i>azelastine hcl ophthalmic solution 0.05 %</i>		Preferred	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Bepreve	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cromolyn sodium ophthalmic solution 4 %</i>		Preferred	
<i>epinastine hcl ophthalmic solution 0.05 %</i>		Non-Preferred	PA
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ft eye allergy itch & redness ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	Preferred	OTC
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Zaditor	Preferred	OTC
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	Preferred	
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Pataday	Preferred	
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Pataday	Non-Preferred	PA
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	Pataday	Non-Preferred	PA
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
ALOCRILOPHTHALMIC SOLUTION 2 %		Non-Preferred	PA
ALOMIDOPHTHALMIC SOLUTION 0.1 %		Non-Preferred	PA
BEPREVEOPHTHALMIC SOLUTION 1.5 %	bepotastine besilate	Non-Preferred	PA
LASTACAFTOPHTHALMIC SOLUTION 0.25 %		Non-Preferred	PA
PATADAYOPHTHALMIC SOLUTION 0.1 %	eye allergy itch/redness rel	Non-Preferred	PA; OTC
PATADAYOPHTHALMIC SOLUTION 0.2 %	eye allergy itch relief	Non-Preferred	PA; OTC
PATADAYOPHTHALMIC SOLUTION 0.7 %		Non-Preferred	PA; OTC
ZADITOROPHTHALMIC SOLUTION 0.035 %	ketotifen fumarate	Non-Preferred	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ZERVIAE OPHTHALMIC SOLUTION 0.24 %		Non-Preferred	PA
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		Common Formulary	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		Preferred	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		Preferred	
<i>gatifloxacin ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		Common Formulary	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	Preferred	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>		Common Formulary	
AZASITE OPHTHALMIC SOLUTION 1 %		Non-Preferred	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		Non-Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %		Non-Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	ofloxacin	Non-Preferred	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	moxifloxacin hcl	Non-Preferred	PA
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	Common Formulary	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Neo-Polycin	Common Formulary	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		Common Formulary	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		Common Formulary	
NEO-POLYCYN OPHTHALMIC OINTMENT 3.5-400-10000	neomycin-bacitracin zn-polymyx	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	Common Formulary	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	Preferred	
<i>dorzolamide hcl ophthalmic solution 2 %</i>		Preferred	
AZOPT OPHTHALMIC SUSPENSION 1 %	brinzolamide	Non-Preferred	PA
*Ophthalmic Decongestant Combinations***			
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	Naphcon-A	Common Formulary	OTC
<i>eye allergy relief ophthalmic solution 0.025-0.3 %</i>	Naphcon-A	Common Formulary	OTC
NAPHCN-A OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	Common Formulary	OTC
VISINE OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	Common Formulary	OTC
*Ophthalmic Hyperosmolar Products***			
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	Common Formulary	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	Common Formulary	OTC
*Ophthalmic Immunomodulators***			
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	Non-Preferred	PA; QLL
CEQUA OPHTHALMIC SOLUTION 0.09 %		Non-Preferred	PA; QLL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	cyclosporine	Non-Preferred	PA; QLL
RESTASIS OPHTHALMIC EMULSION 0.05 %	cyclosporine	Preferred	QLL
VERKAZIA OPHTHALMIC EMULSION 0.1 %		Non-Preferred	PA; QLL
*Ophthalmic Kinase Inhibitors - Combinations***			
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Alcaine	Common Formulary	
*Ophthalmic Nerve Growth Factors***			
OXERVATE OPHTHALMIC SOLUTION 0.002 %		Common Formulary	PA; QLL
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		Non-Preferred	PA
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Prolensa	Non-Preferred	PA
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	BromSite	Non-Preferred	PA
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		Preferred	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	Non-Preferred	PA
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	Preferred	
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	ketorolac tromethamine	Non-Preferred	PA
ACULAR OPHTHALMIC SOLUTION 0.5 %	ketorolac tromethamine	Non-Preferred	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 %		Non-Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 %	bromfenac sodium	Non-Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		Non-Preferred	PA
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		Non-Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 %	bromfenac sodium	Non-Preferred	PA
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		Preferred	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	Alphagan P	Non-Preferred	PA
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		Preferred	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	brimonidine tartrate	Non-Preferred	PA
IOPIDINE OPHTHALMIC SOLUTION 1 %		Non-Preferred	PA
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	Common Formulary	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	Common Formulary	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	Common Formulary	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		Common Formulary	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		Common Formulary	
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	Common Formulary	
*Ophthalmic Steroids***			
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		Common Formulary	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	Common Formulary	QLL
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Alrex	Non-Preferred	PA
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	Common Formulary	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		Common Formulary	
ALREX OPHTHALMIC SUSPENSION 0.2 %	loteprednol etabonate	Non-Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		Common Formulary	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		Common Formulary	
*Ophthalmics Misc. - Other***			
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		Non-Preferred	PA; QLL; AL (Min 18 Years)
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic solution 0.03 %</i>		Non-Preferred	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	Preferred	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Zioptan	Non-Preferred	PA
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	Non-Preferred	PA
IYUZEH OPHTHALMIC SOLUTION 0.005 %		Non-Preferred	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		Non-Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	travoprost (bak free)	Non-Preferred	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 %		Non-Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 %	latanoprost	Non-Preferred	PA
XELPROS OPHTHALMIC EMULSION 0.005 %		Non-Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	tafluprost (pf)	Non-Preferred	PA
OTIC AGENTS			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic solution 2 %</i>		Common Formulary	
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	Preferred	QLL; OTC
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	Non-Preferred	PA
<i>ofloxacin otic solution 0.3 %</i>		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Otic Steroid-Anti-Infective Combinations***			
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		Preferred	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Otovel	Non-Preferred	PA
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		Common Formulary	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		Common Formulary	
CIPRO HC OTIC SUSPENSION 0.2-1 %		Non-Preferred	PA
*Otic Steroids***			
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		Common Formulary	
OXYTOCICS			
*Oxytocics***			
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	Common Formulary	QLL; AL (Min 12 Years)
METHERGINE ORAL TABLET 0.2 MG	methylergonovine maleate	Common Formulary	QLL; AL (Min 12 Years)
PASSIVE IMMUNIZING AND TREATMENT AGENTS			
*Antiviral Monoclonal Antibodies***			
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML		Common Formulary	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		Common Formulary	PA
*Immune Serums***			
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML		Preferred	PA
GAMMAGARD SOLUTION 1 GM/10ML INJECTION		Supplemental Formulary	PA
GAMMAGARD SOLUTION 10 GM/100ML INJECTION		Supplemental Formulary	PA
GAMMAGARD SOLUTION 20 GM/200ML INJECTION		Supplemental Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
GAMMAGARD SOLUTION 5 GM/50ML INJECTION		Supplemental Formulary	PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML		Preferred	PA
GAMUNEX-C SOLUTION 1 GM/10ML INJECTION		Supplemental Formulary	PA
GAMUNEX-C SOLUTION 10 GM/100ML INJECTION		Supplemental Formulary	PA
GAMUNEX-C SOLUTION 20 GM/200ML INJECTION		Supplemental Formulary	PA
GAMUNEX-C SOLUTION 5 GM/50ML INJECTION		Supplemental Formulary	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		Supplemental Formulary	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		Preferred	PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		Preferred	PA
PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS		Supplemental Formulary	PA
PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS		Supplemental Formulary	PA
PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS		Supplemental Formulary	PA
PENICILLINS			
*Aminopenicillins***			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		Common Formulary	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		Common Formulary	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		Common Formulary	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		Common Formulary	
<i>ampicillin oral capsule 500 mg</i>		Common Formulary	
*Natural Penicillins***			
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		Common Formulary	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT		Preferred	
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		Common Formulary	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	Common Formulary	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		Common Formulary	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>		Common Formulary	
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		Common Formulary	
PHARMACEUTICAL ADJUVANTS			
*Oral Vehicles***			
<i>distilled water oral liquid</i>	Arrowhead Distilled Water	Preferred	OTC
<i>simple syrup oral syrup</i>	Syrpalta	Preferred	
<i>suspension vehicle oral suspension</i>	Ora-Blend	Supplemental Formulary	
<i>syrup nf oral syrup 85 %</i>	Syrpalta	Preferred	OTC
ORA-BLEND ORAL SUSPENSION	suspension vehicle	Supplemental Formulary	
PCCA-PLUS ORAL SUSPENSION	suspension vehicle	Supplemental Formulary	
SYRPALTA ORAL SYRUP 85 %	simple syrup	Preferred	
PROGESTINS			
*Progestins***			
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Preferred	
<i>megestrol acetate oral suspension 625 mg/5ml</i>		Non-Preferred	PA
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	Preferred	
<i>progesterone intramuscular oil 50 mg/ml</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	Preferred	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	progesterone	Non-Preferred	PA
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	medroxyprogesterone acetate	Non-Preferred	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
*Agents For Opioid Withdrawal***			
LUCEMYRA ORAL TABLET 0.18 MG	lofexidine hcl	Preferred	
*Alcohol Deterrents***			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		State Carve-Out	
<i>disulfiram oral tablet 250 mg, 500 mg</i>		State Carve-Out	
*Anti-Cataplectic Agents***			
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	Common Formulary	PA; QLL
*Anti-Cataplectic Combinations***			
XYWAV ORAL SOLUTION 500 MG/ML		Common Formulary	PA; QLL
*Antidementia Agent Combinations***			
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG		Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	memantine hcl-donepezil hcl	Non-Preferred	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG		Non-Preferred	PA
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	Preferred	
<i>donepezil hcl oral tablet 23 mg</i>	Aricept	Non-Preferred	PA
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		Preferred	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		Non-Preferred	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		Non-Preferred	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		Preferred	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		Preferred	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	Non-Preferred	PA
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY		Non-Preferred	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	donepezil hcl	Non-Preferred	PA
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	rivastigmine	Preferred	
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Preferred	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		Preferred	
*Movement Disorder Drug Therapy***			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		Common Formulary	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG		Common Formulary	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		Common Formulary	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		Common Formulary	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	Preferred	
AUBAGIO ORAL TABLET 14 MG, 7 MG	teriflunomide	Non-Preferred	PA
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG		Non-Preferred	PA
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		Preferred	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		Preferred	QLL
BETASERON SUBCUTANEOUS KIT 0.3 MG		Preferred	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		Non-Preferred	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML		Non-Preferred	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML		Non-Preferred	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		Non-Preferred	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		Non-Preferred	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		Non-Preferred	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML		Non-Preferred	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML		Non-Preferred	PA; QLL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		Non-Preferred	PA
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		Preferred	
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	Preferred	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	Preferred	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG		Non-Preferred	PA; QLL
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	dimethyl fumarate	Non-Preferred	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	dimethyl fumarate starter pack	Non-Preferred	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	Common Formulary	PA; QLL
*Multiple Sclerosis Agents***			
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Copaxone	Non-Preferred	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	glatiramer acetate	Preferred	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	glatiramer acetate	Non-Preferred	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	glatiramer acetate	Non-Preferred	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		Non-Preferred	PA
<i>memantine hcl oral solution 2 mg/ml</i>		Preferred	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		Preferred	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Namenda Titration Pak	Preferred	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	memantine hcl	Non-Preferred	PA
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		State Carve-Out	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Gralise	Preferred	
GRALISE ORAL TABLET 300 MG, 600 MG	gabapentin (once-daily)	Preferred	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>		State Carve-Out	
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>pimozide oral tablet 1 mg, 2 mg</i>		State Carve-Out	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		State Carve-Out	
*Restless Leg Syndrome (RLs) Agents***			
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG		Preferred	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI ORAL TABLET 100 MG		State Carve-Out	
*Smoking Deterrents***			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		Common Formulary	QLL
<i>ft nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>ft nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>ft nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>ft nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>goodsense nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>goodsense nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	Common Formulary	QLL; OTC
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		Common Formulary	QLL; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	Common Formulary	QLL; OTC
<i>sm nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>sm nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>		Common Formulary	QLL
<i>varenicline tartrate oral tablet 0.5 mg</i>		Common Formulary	QLL
<i>varenicline tartrate oral tablet 1 mg</i>	Chantix	Common Formulary	QLL
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Chantix	Common Formulary	QLL
NICOTROL INHALATION INHALER 10 MG		Common Formulary	QLL
NICOTROL NS NASAL SOLUTION 10 MG/ML		Common Formulary	QLL
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	Preferred	
GILENYA ORAL CAPSULE 0.25 MG		Non-Preferred	PA
GILENYA ORAL CAPSULE 0.5 MG	fingolimod hcl	Non-Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG		Non-Preferred	PA
PONVORY ORAL TABLET 20 MG		Non-Preferred	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG		Non-Preferred	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG		Non-Preferred	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG		Non-Preferred	PA
ZEPOSIA ORAL CAPSULE 0.92 MG		Non-Preferred	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)		Non-Preferred	PA
*Thienbenzodiazepines & SsrIs***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>		State Carve-Out	
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Symbyax	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	olanzapine-fluoxetine hcl	State Carve-Out	
*Vasomotor Symptom Agents - Ssris***			
<i>paroxetine mesylate oral capsule 7.5 mg</i>		State Carve-Out	
RESPIRATORY AGENTS - MISC.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET 50 MG, 75 MG		State Carve-Out	
KALYDECO ORAL TABLET 150 MG		State Carve-Out	
*Cystic Fibrosis Agents - Miscellaneous***			
BRONCHITOL INHALATION CAPSULE 40 MG		Common Formulary	PA; QLL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG		Common Formulary	PA; QLL
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		Common Formulary	PA; QLL
TETRACYCLINES			
*Tetracyclines***			
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		Common Formulary	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		Common Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	Common Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>		Common Formulary	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		Common Formulary	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>		Common Formulary	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		Common Formulary	
THYROID AGENTS			
*Antithyroid Agents***			
<i>methimazole oral tablet 10 mg, 5 mg</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>propylthiouracil oral tablet 50 mg</i>		Common Formulary	
*Thyroid Hormones***			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Euthyrox	Common Formulary	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	Common Formulary	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	Common Formulary	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Adthyza	Common Formulary	AL (Max 64 Years)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Adthyza	Common Formulary	AL (Max 64 Years)
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Common Formulary	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Common Formulary	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	liothyronine sodium	Common Formulary	
ERMEZA ORAL SOLUTION 150 MCG/5ML		Common Formulary	
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	levothyroxine sodium	Common Formulary	
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	levothyroxine sodium	Common Formulary	
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	levothyroxine sodium	Common Formulary	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
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	Common Formulary	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML		Common Formulary	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS			
*Antispasmodics***			
<i>dicyclomine hcl oral capsule 10 mg</i>		Common Formulary	AL (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		Common Formulary	AL (Max 64 Years)
*Belladonna Alkaloids***			
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	Common Formulary	AL (Max 64 Years)
<i>oscimin oral tablet 0.125 mg</i>	Levsin	Common Formulary	AL (Max 64 Years)
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	Common Formulary	AL (Max 64 Years)
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	Common Formulary	AL (Max 64 Years)
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	Common Formulary	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		Common Formulary	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		Common Formulary	QLL; AL (Max 6 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	Common Formulary	OTC
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	Common Formulary	
<i>famotidine oral tablet 40 mg</i>	Pepcid	Common Formulary	
<i>sm acid reducer oral tablet 200 mg</i>	Tagamet HB	Common Formulary	OTC
*Misc. Anti-Ulcer***			
<i>sucralfate oral tablet 1 gm</i>	Carafate	Common Formulary	QLL
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Common Formulary	PA; QLL
*Proton Pump Inhibitor-Antacid Combinations***			
<i>goodsense omeprazole/sodium bicarbonate oral capsule 20-1100 mg</i>	Zegerid OTC	Non-Preferred	PA; OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	Zegerid OTC	Non-Preferred	PA
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>		Non-Preferred	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>		Non-Preferred	PA
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML		Non-Preferred	PA
ZEGERID ORAL CAPSULE 20-1100 MG	goodsense omeprazole/sodium bicarbonate	Non-Preferred	PA
ZEGERID ORAL CAPSULE 40-1100 MG	omeprazole-sodium bicarbonate	Non-Preferred	PA
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	omeprazole-sodium bicarbonate	Non-Preferred	PA
*Proton Pump Inhibitors***			
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Dexilant	Non-Preferred	PA
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	Non-Preferred	PA
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	NexIUM	Non-Preferred	PA; QLL
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	Non-Preferred	PA; OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>		Non-Preferred	PA; OTC
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	Prevacid SoluTab	Non-Preferred	PA; OTC
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	Non-Preferred	PA
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	Non-Preferred	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Prevacid SoluTab	Non-Preferred	PA
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	Non-Preferred	PA; OTC
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		Preferred	QLL
<i>omeprazole oral tablet delayed release 20 mg</i>		Non-Preferred	PA; OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		Non-Preferred	PA; OTC
<i>pantoprazole sodium oral packet 40 mg</i>	Protonix	Non-Preferred	PA; QLL
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	Preferred	QLL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	Non-Preferred	PA
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	rabeprazole sodium	Non-Preferred	PA
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	dexlansoprazole	Non-Preferred	PA
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		Supplemental Formulary	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		Supplemental Formulary	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	esomeprazole magnesium	Non-Preferred	PA; OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	esomeprazole magnesium	Non-Preferred	PA
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	esomeprazole magnesium	Preferred	QLL
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML		Supplemental Formulary	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	lansoprazole	Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	goodsense lansoprazole	Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	lansoprazole	Non-Preferred	PA
PRILOSEC ORAL PACKET 10 MG, 2.5 MG		Non-Preferred	PA
PROTONIX ORAL PACKET 40 MG	pantoprazole sodium	Preferred	QLL
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	pantoprazole sodium	Non-Preferred	PA; QLL
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Cuvposa	Common Formulary	AL (Max 12 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		Common Formulary	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Pylera	Non-Preferred	PA
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Pylera	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
PYLERA ORAL CAPSULE 140-125-125 MG	bis subcit-metronid-tetracyc	Preferred	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>		Non-Preferred	PA; QLL
OMECLAMOX-PAK ORAL 500-500-20 MG		Non-Preferred	PA
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		Non-Preferred	PA
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	Common Formulary	QLL
URINARY ANTISPASMODICS			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		Non-Preferred	PA
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	Non-Preferred	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		Preferred	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		Preferred	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>		Preferred	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	Preferred	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		Non-Preferred	PA
<i>tolterodine tartrate oral tablet 1 mg</i>		Non-Preferred	PA
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	Non-Preferred	PA
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		Non-Preferred	PA
<i>trospium chloride oral tablet 20 mg</i>		Non-Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	tolterodine tartrate er	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DETROL ORAL TABLET 1 MG, 2 MG	tolterodine tartrate	Non-Preferred	PA
GELNIQUE TRANSDERMAL GEL 10 %		Non-Preferred	PA
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR		Common Formulary	OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR		Non-Preferred	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	fesoterodine fumarate er	Preferred	
VESICARE LS ORAL SUSPENSION 5 MG/5ML		Non-Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG	solifenacin succinate	Non-Preferred	PA
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Myrbetriq	Non-Preferred	PA
GEMTESA ORAL TABLET 75 MG		Non-Preferred	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		Non-Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	mirabegron er	Non-Preferred	PA
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		Common Formulary	QLL
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl oral tablet 100 mg</i>		Non-Preferred	PA
VACCINES			
*Viral Vaccines***			
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		Common Formulary	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		Common Formulary	AL (Min 60 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
VAGINAL AND RELATED PRODUCTS			
*Imidazole-Related Antifungals***			
<i>3 day vaginal vaginal cream 2 %</i>		Common Formulary	Female Only; OTC
<i>clotrimazole vaginal cream 1 %</i>		Common Formulary	Female Only
<i>ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC
<i>ft miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		Common Formulary	Female Only; OTC
<i>gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		Common Formulary	Female Only; OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		Common Formulary	Female Only; OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		Common Formulary	Female Only; OTC
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC
<i>sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		Common Formulary	Female Only; OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		Common Formulary	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
*Spermicides***			
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %		Preferred	OTC
TODAY SPONGE VAGINAL 1000 MG		Preferred	OTC
*Vaginal Anti-Infectives***			
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	Preferred	
CLEOCIN VAGINAL CREAM 2 %	clindamycin phosphate	Non-Preferred	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Preferred	
CLINDESSE VAGINAL CREAM 2 %		Preferred	
NUVESSA VAGINAL GEL 1.3 %		Preferred	
VANDAZOLE VAGINAL GEL 0.75 %	metronidazole	Non-Preferred	PA
XACIATO VAGINAL GEL 2 %		Non-Preferred	PA
*Vaginal Contraceptive Ph Modulator - Combinations***			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Common Formulary	QLL
*Vaginal Estrogens***			
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	Common Formulary	QLL
<i>estradiol vaginal tablet 10 mcg</i>	Vagifem	Common Formulary	
VAGIFEM VAGINAL TABLET 10 MCG	estradiol	Common Formulary	
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	Common Formulary	
*Vaginal Progestins***			
CRINONE VAGINAL GEL 4 %, 8 %		Non-Preferred	PA
VASOPRESSORS			
*Anaphylaxis Therapy Agents***			
<i>epinephrine injection solution auto- injector 0.15 mg/0.15ml</i>	Auvi-Q	Preferred	QLL
<i>epinephrine injection solution auto- injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	Preferred	QLL
<i>epinephrine injection solution auto- injector 0.3 mg/0.3ml</i>	EpiPen 2-Pak	Preferred	QLL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	epinephrine	Non-Preferred	PA; QLL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	Non-Preferred	PA; QLL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	Preferred	QLL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	epinephrine	Preferred	QLL
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML		Non-Preferred	PA; QLL
*Vasopressors***			
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		Common Formulary	QLL
VITAMINS			
*Biotin***			
<i>biotin oral tablet 5 mg</i>		Common Formulary	OTC
*Vitamin A***			
<i>vitamin a oral capsule 3 mg (10000 ut)</i>		CSHCS Coverage	OTC
*Vitamin B-2***			
<i>b-2 oral tablet 100 mg, 50 mg</i>		CSHCS Coverage	OTC
<i>cvs vitamin b-2 oral tablet 100 mg</i>		CSHCS Coverage	OTC
<i>true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg</i>		CSHCS Coverage	OTC
<i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i>		CSHCS Coverage	OTC
*Vitamin B-3***			
<i>niacin er oral capsule extended release 250 mg</i>		Preferred	OTC
<i>niacin er oral tablet extended release 1000 mg</i>		Common Formulary	OTC
<i>niacin er oral tablet extended release 500 mg</i>	Slo-Niacin	Preferred	OTC
<i>niacin er oral tablet extended release 750 mg</i>	Endur-Acin	Preferred	PA; OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>niacin oral tablet 250 mg, 50 mg</i>		Common Formulary	OTC
<i>niacinamide er oral tablet extended release 500 mg</i>	Endur-Amide	Common Formulary	OTC
<i>niacinamide oral tablet 100 mg</i>		Common Formulary	OTC
<i>qc niacin oral tablet 100 mg</i>		Common Formulary	OTC
<i>true vitamin b3 oral tablet 250 mg, 50 mg</i>		Common Formulary	OTC
<i>true vitamin b3 oral tablet 500 mg</i>		Preferred	OTC
<i>true vitamin d3 oral tablet 50 mcg</i>	Thera-D 2000	CSHCS Coverage	OTC
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG	niacinamide er	Common Formulary	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	niacin er	Preferred	OTC
*Vitamin B-6***			
<i>sm vitamin b-6 oral tablet 100 mg</i>		Preferred	OTC
<i>true vitamin b6 oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	OTC
*Vitamin C***			
<i>vitamin c oral tablet 500 mg</i>	Easy-C Immune Health	CSHCS Coverage	OTC
*Vitamin D***			
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>cvs d3 oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>d3 high potency oral capsule 50 mcg (2000 ut)</i>		CSHCS Coverage	OTC
<i>d3-1000 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>eql vitamin d3 oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	CSHCS Coverage	OTC
<i>ft vitamin d3 oral capsule 50 mcg (2000 ut)</i>		CSHCS Coverage	OTC
<i>ft vitamin d3 oral tablet 50 mcg</i>	Thera-D 2000	CSHCS Coverage	OTC
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	Common Formulary	OTC
<i>true vitamin d3 capsule 50 mcg (2000 ut) oral</i>		CSHCS Coverage	OTC
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Decara	Common Formulary	OTC
<i>true vitamin d3 oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>true vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	Common Formulary	OTC
<i>true vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	Common Formulary	OTC
<i>true vitamin d3 oral tablet 1.25 mg (50000 ut)</i>	Dialyvite Vitamin D3 Max	Common Formulary	OTC
<i>true vitamin d3 oral tablet 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>true vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	Common Formulary	OTC
<i>true vitamin d3 oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	Common Formulary	OTC
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Drisdol	Common Formulary	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>		CSHCS Coverage	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Decara	Common Formulary	OTC
<i>vitamin d3 oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	Common Formulary	OTC
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>		Common Formulary	OTC
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	Common Formulary	OTC
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d3 tablet 25 mcg oral</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	Thera-D 2000	CSHCS Coverage	OTC
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	Common Formulary	OTC
<i>well vitamin d3 oral capsule 50 mcg (2000 ut)</i>		CSHCS Coverage	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	ergocalciferol	CSHCS Coverage	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	true vitamin d3	Common Formulary	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
*Vitamin E***			
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>		Common Formulary	AL (Max 12 Years); OTC
<i>e-200 oral capsule 90 mg (200 unit)</i>		Common Formulary	OTC
<i>true vitamin e oral capsule 180 mg, 450 mg, 90 mg</i>		CSHCS Coverage	OTC
<i>vitamin e capsule 180 mg (400 unit) oral</i>		CSHCS Coverage	OTC
<i>vitamin e capsule 450 mg (1000 ut) oral</i>		CSHCS Coverage	OTC
<i>vitamin e oral capsule 180 mg (400 unit)</i>		Common Formulary	OTC
<i>vitamin e oral solution 15 mg/0.67ml</i>		CSHCS Coverage	AL (Max 12 Years); OTC
<i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i>		CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>vitamin supplement e-1000 oral capsule 450 mg (1000 ut)</i>		Common Formulary	OTC
<i>vitamin supplement e-400 capsule 180 mg (400 unit) oral</i>		CSHCS Coverage	OTC
<i>vitamin supplement e-400 oral capsule 180 mg (400 unit)</i>		Common Formulary	OTC
*Vitamin K***			
<i>phytonadione oral tablet 5 mg</i>		Common Formulary	QLL

